

**Medical Cannabis in use with Generalized Anxiety Disorder**

**Introduction:**

Generalized Anxiety Disorder (GAD) affects about 6.8 million adults in the United States (3.1% of the population). It is defined by disproportionate, persistent, and excessive anxiety for a minimum of 6 months. The GAD-7 is a 7-item tool that assesses the severity of GAD clinically and in the literature.

After extensively reviewing the literature, we identified and reviewed seven studies that had inclusion criteria for enrolling participants specifically diagnosed with GAD. The primary objective of these studies included the impact of medical cannabis on lowering scores of GAD-7 and other notable evaluating criteria. We found case studies, case study series, case control studies, and cohort studies – all observational studies. Of note, no randomized controlled trials (RCTs) have been published in the literature at this time with the criteria we used for the review. RCTs can show causation and limit possible biases inherent in the structuring of some observational studies.

In the absence of RCTs, well-conducted prospective observational studies, in some cases, can provide real-world data that can assist clinical knowledge. All of the observational studies reviewed showed a statistically significant reduction in GAD-7 scores at follow-up versus baseline when using various forms of medical cannabis. The studies had follow-up periods varying from 1-month, 3-months, 6-months, and 12-months. All of the studies were conducted with adults and had at least a 6-month follow-up period. Most of the observational studies showed a clinically significant reduction of GAD-7 scores, signified by at least a 4-point reduction versus baseline. A few of the studies showed a 50% reduction in GAD-7 scores versus baseline. The most robust of these studies were conducted within the United Kingdom Medical Cannabis Registry. One of the studies found that 20 – 30 mg per day CBD plus or minus 100 mg per day of THC was clinically effective in reducing GAD-7 scores – especially in participants with severe GAD. Limitations of these observational studies included possible biases, a limited internal validity due to a lack of blinding and randomization, and no placebo group or comparator groups of traditional GAD medications were used.

Robust observational data shows a clear and consistent association between medical cannabis and relief of GAD that advances clinical knowledge. In the absence of RCTs, however, the overall level of evidence remains limited.

**Conclusion:**

Based on our research and the evidence presented, we recommend that GAD should not be added to the Mississippi Department of Health list of qualifying medical conditions at this time. We encourage the future conduct of RCTs to assess the safety and efficacy of medical cannabis in all patient populations and to find a consistent and effective agent (CBD and THC isolates versus full-spectrum and combinations), methods of administration, and target dose regimen.

**References**

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