

Certifying patients for Obstructive Sleep Apnea (OSA) in the MN Medical cannabis program

- OSA is a serious condition that needs effective treatment. Very little research has been done on which medical cannabis products – if any – are effective for treating OSA. Because other therapies have been shown to be effective, the Office of Medical Cannabis urges health care providers to work with patients to try multiple therapies that have been shown to be effective before certifying patients for OSA.
- CPAP (continuous positive airway pressure) is known to be effective, but historically some patients have discontinued using CPAP because they found it intolerable. Improvements to CPAP are introduced periodically, with the hope of greater adherence. In addition to CPAP, there are other technologies that have been shown to be effective. By keeping current on options, you will be able to help your patients make informed decisions. A recent review of OSA and its treatment is cited below (Deacon 2016).
- The American Academy of Sleep Medicine in April, 2018 issued a position statement opposing use of cannabis for treatment of obstructive sleep apnea: “... medical cannabis and/or its synthetic extracts should not be used for the treatment of OSA due to unreliable delivery methods and insufficient evidence of effectiveness, tolerability, and safety” (Ramar 2018).
- A common side effect of medical cannabis is drowsiness. The risk of harm due to this side effect is amplified in patients who already feel drowsy during the day because of their OSA. Taking medical cannabis products only before going to bed can reduce the risk of drowsiness as a side effect. Please discuss this with your patient.
- Patients need to meet published diagnostic criteria that include a sleep study. American Academy of Sleep Medicine guidelines for diagnostic testing (Kapur 2017) and evaluation, management and long-term care (Epstein 2009) of OSA in adults are cited below.
- When you certify a patient for OSA you will be asked to provide the date of the patient’s most recent sleep study and the Apnea-Hypopnea Index (AHI), Respiratory Event Index (REI), or Respiratory Disturbance Index (RDI) in the report from that sleep study.
- Assess whether medical cannabis is effectively managing your patient’s OSA. For patients with $AHI \geq 15$ repeat sleep testing with a level 3 device is recommended (portable monitor with at least three channels of data [e.g. oximetry, airflow, respiratory effort]). If medical cannabis is not effectively managing the patient’s OSA, work with the patient to find alternative therapies.
- As soon as you certify a patient for OSA, the patient will be sent by email a document making some of the same points made in this document. Click [HERE](#) (hyperlink) to see the document, which can also be found on the Office of Medical Cannabis web site in the “For Patients” section.

CERTIFYING PATIENTS FOR OBSTRUCTIVE SLEEP APNEA (OSA)

Deacon NL, Jen R, Li Y, Malhotra A. Treatment of obstructive sleep apnea: Prospects for personalized combined modality therapy. *Ann Am Thorac Soc* 2016;13:101-108.

Epstein LJ, Strollo KD, Riedman N, Malhotra A, Patil SP, Ramar K, et al. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med* 2009;5:263-276.

Kapur VK, Auckley DH, Chowdhuri S, Kuhlmann DC, Mehra R, Ramar K, Harrod CG. Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: An American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med* 2017;13:479-504.

Ramar K, Rosen IM, Kirsch DB, Chervin RD, Aurora RN, et al. Medical cannabis and the treatment of obstructive sleep apnea: an American Academy of Sleep Medicine position statement. *J Clin Sleep Med* 2018;14:679-681.

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