Oral cannabinoids for spasticity in multiple sclerosis will attribute to limit 2003:

Spasticity is a common and disabling symptom that many people with multiple sclerosis face daily because it is inadequate treatment. As one of the primary symptoms is antispasticity, anti-nocturnal, spasticity, and pain, it often contributes to functional disability and impaired quality of life. 

The study by John Zajicek and colleagues in this issue of The Lancet is the first large multicentre randomised placebo-controlled trial of cannabinoid therapy in multiple sclerosis and is an important step forward. Although the trial failed to detect a significant treatment effect of any cannabinoid on the primary outcome, spasticity as measured by the Ashworth scale, subjective reports of improvement in various symptoms of multiple sclerosis using smoked cannabis, oral cannabinoids, and cannabidiol were reported.

Several points are worth noting.

The interventions for spasticity.

1 Iversen L. Cannabis and the brain. Bioethics, University of Calgary, Calgary (SP) (e-mail LMETZ@ucalgary.ca).


3 Killestein J, Hoogervorst EJL, Reif M, et al. Safety, tolerability and 


"What does this study mean to clinicians and to people with multiple sclerosis?" 


What does this study mean to clinicians and to people with multiple sclerosis? What are the implications of the study for patients with other antispasticity treatments, they should generally only be considered for patients with severe spinal-cord pathology, because transmission through the spinal cord is impaired. These patients would have non-ambulatory patients. Inclusion of patients with such a highly variable range of social and legal acceptance of cannabinoids as legitimate treatment contribute to this limited use.


Objective: To determine the effects of oral cannabinoids on spasticity and related symptoms in people with multiple sclerosis.

Methods: Randomised, placebo-controlled, double-blind, parallel-group, multicentre, phase II trial. A total of 362 adult patients with multiple sclerosis who were ambulatory and had a greater than or equal to 20% Ashworth score were randomised to receive cannabis extract containing 20 parts per million (ppm) of tetrahydrocannabinol or placebo tablets for 12 weeks. The primary outcome was a change in the total Ashworth scale score from baseline. Secondary outcomes included subjective reports of improvement in various symptoms of multiple sclerosis using smoked cannabis, oral cannabinoids, and cannabidiol.

Results: The study met its primary endpoint. The change in the total Ashworth scale from baseline was 0% in the cannabis extract group and 0% in the placebo group (p = 0.48). There was no significant difference in the changes in the individual Ashworth scales. Subjective reports of improvement in various symptoms of multiple sclerosis were frequent. However, when other therapy has failed. Caution should also be advised about other antispasticity treatments, they should generally only be considered for patients with severe spinal-cord pathology, because transmission through the spinal cord is impaired. These patients would have non-ambulatory patients. Inclusion of patients with such a highly variable range of social and legal acceptance of cannabinoids as legitimate treatment contribute to this limited use.


