REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Title:
IMPORTANCE OF ASSESSING FOR CANNABIS USE PRIOR TO PROPOFOL SEDATION FOR ENDOSCOPY

Authors:
Antonio Cerezo Ruiz

DOI: 10.17235/reed.2020.7716/2020
Link: PubMed (Epub ahead of print)

Please cite this article as:
Cerezo Ruiz Antonio. IMPORTANCE OF ASSESSING FOR CANNABIS USE PRIOR TO PROPOFOL SEDATION FOR ENDOSCOPY. Rev Esp Enferm Dig 2020. doi: 10.17235/reed.2020.7716/2020.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

CC 7716

IMPORTANCE OF ASSESSING FOR CANNABIS USE PRIOR TO PROPOFOL SEDATION FOR ENDOSCOPY

Antonio Cerezo-Ruiz

Gastroenterology Dpt. Parejo y Cañero Hospital. Córdoba (Spain)

Correspondence: e-mail: dracerez@hotmail.com

Keywords: Propofol. Cannabis. Endoscopy.

Dear Editor,

Currently, our state Practice Guidelines for sedation in endoscopy procedures[1] recommend a brief pre-assessment in the consults for medical and egg/soy allergies, diseases, treatments and surgeries, as well as oral examination, in order to assess ASA (American Society of Anesthesiology) and Mallampati scores.

Since 2018 we practice deep sedation in our hospital with propofol as sole medication conducted by endoscopist in patients ASA I and II, according to the mentioned Guidelines.

Cannabis and its variations are the most used illicit drug worldwide as just in Spain, unfortunately with increasing usage reported year to year. In our country, the prevalence of significant comsuption in the youth was 5,6% (6% men and 5,3% women) in 2019[2]. More recently, we´ve noticed an increase in patients who require high doses of propofol for their weigh without reaching a full anesthetic induction, due certainly to cannabis use.

It´s known the interaction of propofol and cannabis at clínical practice levels, not really at basic research. There´s scant information regarding that issue, and it´s not clearly defined in the data. There is an antagonist effect between Δ9 tetrahydrocannabinol (THC) and propofol, by blocking their receptors. It´s thought to be due a inhibition of

hippocampal gamma-hydroxy-butyrate release by activation of the cannabinoid 2 receptor[3], that leads to higher overall propofol dose, therefore with a loss in cardiovascular and respiratory safety.

In my opinión, in addition to a correct medical record, it´s crucial to inquire explicitly about the use of cannabis when we suspect it: odd behavior at consults, symptoms such as diarrhoea or vomiting with no other pathologies in the complementary techniques ...

Finally, the main implication in that scenario is that deep sedation for endoscopy should be performed by Anesthesiology no matter what ASA score, according to the increased cardiovascular and respiratory risk.

REFERENCES

1. Igea F, Casellas JA, González-Huix et al. Sedación en endoscopia digestiva. Guía de práctica clínica de la Sociedad Española de Endoscopia Digestiva. Rev Esp Enferm Dig. 2014;106:195-211.
2. Heatlh Ministry. Government of Spain. The ESPAD (European School Survey Project on Alcohol and Other Drugs) report 2019. Available from: https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/20201112_Informe_ESPAD_2019_final.pdf [Internet]. [Revised 3 Dec 2020].
3. Woo M, Andrews CN. Implications of cannabis use on sedation for endoscopic procedures. Gastrointest Endosc. 2019;90(4):656-8.