

Use of medical cannabis in the treatment of endometriosis

Utilização da cannabis medicinal no tratamento da endometriose

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Dear editor,

A study published in the Brazilian Journal of Pain¹, was a pleasure for me to read, and I congratulate the authors for their excellent efforts on a concisely written article. Nevertheless, I would like to share some more information about the subject as a contribution to the literature.

One recent study was conducted in Australians with endometriosis aimed to identify costs, modes of administration, product composition, and self-reported effectiveness for those accessing medicinal cannabis in an online survey with 192 valid responses received.

Cost was a major barrier to access, necessitating reducing dosage (76.1%) and/or consuming illicit cannabis (42.9%), despite a prescription. Most (77%) consumers used two or more cannabis products, with delta-9-tetrahydrocannabinol (THC) predominant oil and flower products most frequently prescribed. Another interesting finding in this research was the report of an improvement in five symptoms that include sleep, nausea, anxiety or depression, chronic pelvic pain and dysmenorrhea, with frequencies varying from 38.7 to 68.9%².

Two other studies investigated the use of cannabis in Australian and New Zealand (NZ) women with endometriosis^{3,4}. The first research showed that of 237 respondents who reported cannabis use with a medical diagnosis of endometriosis, 186 (72.0%) of Australian and 51 (88.2%) NZ respondents reported self-administering cannabis illicitly. Only 23.1% of Australian and 5.9% of NZ respondents accessed cannabis through a doctor's prescription, with 4.8% of Australian and no NZ respondents reporting to legally self-administer cannabis. This research shows positive outcomes when using cannabis for management of endometriosis, demonstrating a therapeutic potential for medicinal cannabis, but it reveals a worrying finding that is the use without medical supervision³.

The second was a qualitative study, via online focus groups among 37 Australians and NZ with a medical diagnosis of endometriosis, which reported that the barriers to medicinal cannabis adoption identified in this cohort included high costs of legal cannabis products, lack of clarity and fairness in current roadside drug testing laws and workplace drug testing policies, concern over the impact of stigma affecting familial, social and workplace life domains, and subsequent judgment and the lack of education/engagement from their medical providers regard-

ing cannabis use. The authors¹ also reinforce clinical trials are urgently required⁴.

Other qualitative study reported what fifteen out of 30 participants being interested in research on medical cannabis for endometriosis pain management. Nevertheless, there were concerns regarding the use of cannabis due to legality issues, which might result in "losing jobs." Safety in relation to the "effects of cannabis on the developing brain," its "psychoactive effects," and the potential for "long-term effects" were also raised, highlighting the need for research to move beyond pain relief effectiveness and explore issues of medicinal cannabis and long-term safety.


In conclusion, people with endometriosis were open to participating in research they felt aligned with their needs, with a significant focus on diagnostic tools and symptom relief. Future research should aim to enable endometriosis management that meets the needs of patients and focuses on the well-being of the whole person⁵. The results presented previously, together with those described by the authors¹, reinforce the need for more robust research in this area, which is still very incipient.

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