

# Marijuana rivals mainstream drugs for HIV/AIDS symptoms

May 29 2009

---

Those in the United States living with HIV/AIDS are more likely to use marijuana than those in Kenya, South Africa or Puerto Rico to alleviate their symptoms, according to a new study published in *Clinical Nursing Research*, published by SAGE. Those who did use marijuana rate it as effective as prescribed or over the counter (OTC) medicines for the majority of common symptoms, once again raising the issue that therapeutic marijuana use merits further study and consideration among policy makers.

A significant percentage of those with [HIV/AIDS](#) use marijuana as a symptom management approach for anxiety, depression, fatigue, diarrhoea, nausea, and peripheral neuropathy. Members of the University of California, San Francisco (UCSF) International HIV/AIDS Nursing Research Network examined symptom management and quality of life experiences among those with HIV/AIDS in the US, Africa, and Puerto Rico, to gain a fuller picture of marijuana's effectiveness and use in this population.

With data from a longitudinal, multi-country, multi-site, randomised control clinical trial, the researchers used four different evaluation tools to survey demographics, self-care management strategies for six common symptoms experienced by those living with HIV/AIDS, quality of life instrument and reasons for non-adherence to medications.

Either marijuana use for symptom management is vastly higher in the US, or participants elsewhere chose not to disclose that they use it: nine

tenths of study participants who said they used marijuana live in the US. No African participants said they used it, and the remaining ten percent were from Puerto Rico.

The researchers found no differences between marijuana users and nonusers in age, race, and education level, income adequacy, having an AIDS diagnosis, taking ARV medications, or years on ARV medications. But the two groups did differ in that marijuana users had been HIV positive longer, and were more likely to have other medical conditions. Transgender participants were also more likely to use marijuana.

Participants using marijuana as a management strategy were spread fairly consistent across all six symptoms, ranging from a low of 20% for fatigue to a high of 27% for nausea. Prescribed medications were used by 45% of those with fatigue, ranging down to almost 18% of those with neuropathy.

The findings contained nuances when comparing marijuana to other medications. Those who used marijuana rated their anxiety significantly lower than those who did not, and women who used marijuana had more intense nausea symptoms. For those who use both marijuana and medications for symptom management, antidepressants were considered more effective than marijuana for anxiety and depression, but marijuana was rated more highly than anti-anxiety medications. Immodium was better for [diarrhoea](#) than marijuana, as were prescribed medications for fatigue. However, marijuana was perceived to be more effective than either prescribed or OTC medications for nausea and neuropathy. However, the differenced in perceived efficacy in all these results were slight.

As found in previous studies, those who used marijuana were less likely to comply with their regime of ARV medications. But perhaps counter-

intuitively of the many reasons given for skipping pills, 'forgetfulness' was no different in this group than among those who did not use marijuana. Marijuana use is known to contribute to patients' lack of compliance with ARV drugs, however those who use marijuana to target a particular symptom are actually more likely to stick closely to their ARV regimen too. The researchers point out that of those who used marijuana for their symptoms, it is not known whether they also used the drug for recreation. Patterns of how marijuana use interferes with patients' adherence to medication regimens, along with other drugs, warrant further study.

The 775 participants were recruited from Kenya, South Africa, two sites in Puerto Rico, and ten sites in the United States. They had on average been diagnosed for a decade - the majority (70%) were taking anti-retroviral (ARV) medications and more than half had other [medical](#) conditions alongside HIV/AIDS. It is hard to pinpoint the marijuana use targeted to alleviate symptoms of those other illnesses as distinct from those relating solely to HIV/AIDS.

Data suggest that marijuana is a trigger among those susceptible to psychosis, and is also associated with the risk of suicidal thoughts. However it is not linked to an increased risk of lung cancer (over and above risks associated with smoking it along with tobacco).

The question of the use of marijuana for symptom management when legal drugs are available remains a practice and policy issue.

"Given that marijuana may have other pleasant side effects and may be less costly than prescribed or OTC drugs, is there a reason to make it available?" asks study leader Inge Corless. "These are the political ramifications of our findings. Our data indicate that the use of marijuana merits further inquiry."

More information: [Marijuana](#) Effectiveness as an HIV Self-Care Strategy by Inge B. Corless, Teri Lindgren, William Holzemer, Linda Robinson, Shahnaz Moezzi, Kenn Kirksey, Christopher Coleman, Yun-Fang Tsai, Lucille Sanzero Eller, Mary Jane Hamilton, Elizabeth F. Sefcik, Gladys E. Canaval, Marta Rivero Mendez, Jeanne K. Kemppainen, Eli H. Bunch, Patrice K. Nicholas, Kathleen M. Nokes, Pamela Dole and Nancy Reynolds is published in the May 2009 issue of *Clinical Nursing Research* (Volume 18, No. 2). The article will be free to access online for a limited period from [cnr.sagepub.com/cgi/reprint/18/2/172](http://cnr.sagepub.com/cgi/reprint/18/2/172)

Source: SAGE Publications

Citation: Marijuana rivals mainstream drugs for HIV/AIDS symptoms (2009, May 29) retrieved 19 April 2024 from <https://medicalxpress.com/news/2009-05-marijuana-rivals-mainstream-drugs-hivaid.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.