

Medical cannabis is not effective in chronic headache

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The use of cannabis for medicinal purposes is deeply rooted through history, dating back to ancient times. Currently, although clinical trials of cannabis for neuropathic pain have shown promising results, there has been little research on its use specifically for primary headache disorders, including migraine, cluster headache and medication overuse headache. However, this evidence is primarily limited to case based, anecdotal, or laboratory-based scientific research; no placebo-controlled clinical studies examining the use of cannabis as mono-therapy for primary headache there are. There is some evidence highlighting the potential value of cannabis in combination therapies, as a supplement to traditional treatments, or as a secondary treatment in refractory cases, including the medication overuse headache, but again this evidence is far from any recommendation. At this time, a multicenter, double-blind, placebo-controlled study is being performed to examine the safety and efficacy of dronabinol (a synthetic cannabinoid) metered dose inhaler for the symptomatic treatment of migraine (clinicaltrials.gov, NCT Identifier: NCT00123201). The trial completed and when published, this study could give valuable insights into the efficacy and risks of cannabinoids for the acute treatment of migraine attacks. For migraine prevention there is no similar trial. For patients suffering from refractory cluster headache who are in a desperate and vulnerable situation, illicit psychoactive substances might often be considered a last resort, but still this indication stands far away from any scientific evidence favoring the use of cannabis in cluster headache treatment, as in any other headache subtype.