ศูนย์พิษวิทยารามาธิบดี
คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล
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CANNABINOID HYPEREMESIS SYNDROME (CHS)

Proposed clinical criteria for CHS

- **Essential for diagnosis:** Long-term cannabis use (>1 yr)
- **Major features**
  - Severe cyclic nausea and vomiting
  - Resolution with cannabis cessation
  - Relief of symptoms with hot showers or baths
  - Abdominal pain, epigastric or periumbilical pain
  - Weekly uses of marijuana
- **Supportive features**
  - Age < 50 yr
  - Weight loss > 5 Kg
  - Morning predominance of symptoms
  - Normal bowel habits
  - Negative laboratory, radiographic, and endoscopic test results

Treatment of CHS

- **Cannabis cessation**
- **IV fluids for dehydration and electrolyte replacement**
- **First-line treatment**
  - ✓ Hot showers (≥39°c)
  - ✓ Apply capsaicin 0.025-0.075% cream to abdomen or back of arms TID (if other preparation used, not confirmed efficacy) -- caution near faces, eyes, nipples, perineum, broken skin
- **Supportive treatment (consider one or more of the following modalities)**
  - ✓ Anti-emeitc: Ondansetron 4-8 mg IV/PO or Metoclopramide 10 mg IV
  - ✓ Benzodiazepine: Diazepam 5-10 mg IV
  - ✓ Antihistamine: Diphenhydramine 25-50 mg IV
  - ✓ Antipsychotic: Haloperidol 1-2 mg IV/ 5 mg IM (monitor EKG and observe QTc prolongation if IV use)
  - ✓ PPIs: Omeprazole 40 mg IV
- **Avoid opioids (to avoid opioid addiction)**
- **Use clear documentation in medical record for possible future visits**

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