# Managing Cannabis Hyperemesis Syndrome (CHS)

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<th>Take a history</th>
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| • When did you start using cannabis?  
  o Diagnosis should be considered in patients using more than one year  
• How often do you use cannabis?  
  o Most patients with CHS use cannabis weekly or more, most often daily (though history may not be accurate)  
• What types of marijuana products do you use? (e.g. Vaping devices or “carts”, “flower”, joints, blunts, bong, edibles)  
  o More potent preparations increase the risk  
• Tell me about your GI symptoms: Rule out organic causes  
  o Most common symptoms include: morning nausea, abdominal pain, vomiting, food aversion, anxiety, dehydration and weight loss.  
  o Stool patterns and consistency remain normal  
  o DDx includes cyclic vomiting, pregnancy, eating disorders, abdominal migraine  
• Do hot showers relieve the nausea?  
  o Relief with hot water is pathognomonic for CHS | • The treatment of CHS is abstinence from cannabis. The symptoms resolve with sustained cessation. | • Treat dehydration if present. Consider oral hydration if tolerated or IV hydration as needed.  
• Consider trial of ondasetron 4 mg TID for one week for nausea  
• Haloperidol if refractory to ondansetron. 1 mg IV has been shown to be effective. This converts to 0.5 mg PO TID prn Not to exceed 3 doses in 24 hours or to extend beyond 7 days.  
• Capsaicin cream can be used topically for abdominal pain  
• Lorazepam is the most cited treatment for nausea, though we recommend reserving for hospitalized patients during the period of admission  
• Symptoms generally resolve within days to 2 weeks but may reoccur with resumption of cannabis use |
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| Treat other withdrawal symptoms as indicated | • Withdrawal symptoms typically start within a week of cessation and can last for several weeks.  
  | *Inomnia*: melatonin, hydroxyzine  
  | *Headaches*: acetaminophen, ibuprofen  
  | *Anxiety*: hydroxyzine, buspirone, propranolol, clonidine. **AVOID benzodiazepines and gabapentin due to high addiction potential.** |
|---|---|
| When acute GI symptoms resolve, treat cannabis cravings. Consider **N-acetyl cysteine (NAC)*** | • NAC is not FDA approved, but it is available over the counter.  
  | • Recommended dose is 1200 mg bid. Start with 600 mg and taper up  
  | **Day 1**: 600mg (1 tablet) with breakfast  
  | **Day 2**: 600mg with breakfast and 600mg with dinner  
  | **Day 3**: 1,200mg with breakfast and 600 mg with dinner  
  | **Day 4**: 1,200mg BID  
  | • Continue at full dose for 8 weeks or as clinically indicated  
  | **Note** that NAC can cause abdominal discomfort and should be started after nausea and vomiting from CHS resolve. |
| Offer supportive counseling | • Teens attempting behavior change can benefit from supportive counseling.  
  | • Many teens who use THC have co-occurring mood and/or anxiety disorders and may be willing to accept a referral for help with these issues |

*N-acetyl cysteine (NAC) has been shown to reduce cravings in two trials with adolescent participants

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