

Cannabis and bipolar disorder: does quitting cannabis use during manic/mixed episode improve clinical/functional outcomes?

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Objective: Cannabis use in bipolar disorder has been associated with an earlier age of onset, greater severity, more time in manic/mixed episodes, more rapid cycling, poorer life functioning, and higher rates of non-adherence [1]. Thus, cannabis use appears to worsen the course of illness, but no previous studies have prospectively examined the impact of stopping cannabis use on the course of bipolar disorder, compared with never use or continued use [2]. Cannabis is the most common illicit drugs used within bipolar disorders. The objective is to examine whether bipolar disorder's patients who stop using cannabis during manic/mixed episode have better clinical and functional outcomes than who continue using or have never used.

Methods: EMBLEM was a 2-year prospective observational study of bipolar disorder adults with manic/mixed episode. Data was collected at baseline, during first 12 weeks of treatment, and up to 24 months. Patients were classified into three cannabis use groups: current use; no current but previous use; and never users. Cannabis effects on outcomes were analyzed using regression models.

Results: 1,922 patients were analyzed; 6.9% were current users, 4.6% previous, and 88.5% never users. Clinical outcomes differed significantly between the groups ($P < 0.019$): Group stopped using had highest remission (68.1%) and recovery (38.7%), lowest recurrence rates (42.1%) and relapses (29.8%). Kaplan–Meier analysis showed significant differences between the three cannabis use groups in the survival curves for the time to remission ($P < 0.0001$), recovery ($P = 0.0006$), relapse ($P = 0.0071$), and recurrence ($P = 0.0214$).

The median time to remission was longer in the current use group (571 days) compared with the other two groups (236 days for never users, 189 days for previous users), while the time to relapse and recurrence was shorter in current use group. Median time to recovery was shorter in the previous use group (565 days) and longer in the never use group (629 days). The proportion of patients with suicide attempts during the maintenance phase (6–24 months) was higher in the cannabis current use group (9/130, 6.9%) than in the never use (51/1701, 3.0%) and previous use (4/90, 4.4%) groups ($P = 0.0464$). Logistic regression showed those who stopped using had similar clinical and functional outcomes to never users (all $P > 0.05$), whereas current users had lower recovery rates ($P = 0.0035$) and remission ($P = 0.0138$), higher recurrence ($P = 0.0138$), greater work impairment ($P = 0.0156$), and were more likely not to be living with partner ($P = 0.0055$) than never users.

Conclusions: Compared with the never use group, both cannabis use groups (current use and previous use) had a higher frequency of inpatients, lower proportions of individuals living with a partner, higher rates of delusions/hallucinations and psychosis symptoms, more severe CGI hallucinations, more suicide attempts, younger ages of bipolar onset and first manic episode, more hospital admissions, and poorer medication adherence.

Bipolar patients who stop using cannabis during manic/mixed episode have similar clinical and functional outcomes to never users, while continue using have higher risk of recurrence and poorer functioning.

1. Gonzalez-Pinto A, Vega P, Ibanez B, et al. Impact of cannabis and other drugs on age at onset of psychosis. *J Clin Psychiatry*. 2008; 69(8): 1210–1216.

2. Cassidy F, Ahearn EP, Carroll BJ. Substance abuse in bipolar disorder. *Bipolar Disord*. 2001; 3(4): 181–188

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