



Clear Webinar

Cannabis and Celebrations!

May 16, 2019



let's celebrate!

Cannabis & Celebration!



Clear

Please note:

This webinar is being recorded

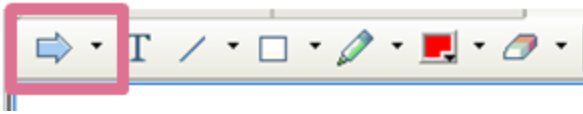
Personal information in this initiative is collected under s.26(c) and 26(d)(ii) of the Freedom of Information and Protection of Privacy Act. The information is being collected in order to facilitate training and education as part of Clear. This webinar is being recorded and will be shared with program participants. We ask that you refrain from identifying patients, specific team members or offering any other personal information. If you have further questions, please contact the BCPSQC at 604 668 8210 or clear@bcpsqc.ca.

Interacting in WebEx

The screenshot displays a WebEx session interface. On the left, a presentation slide titled "Today's Tools:" lists four items: 1. Pointer (with a blue arrow icon), 2. Raise Hand (with a hand icon), 3. Yes / No (with green checkmark and red X icons), and 4. Chat. The top toolbar of the presentation window includes a blue arrow icon, which is highlighted with a pink box. On the right, the "Participants" sidebar shows a list of participants: "Panelist: 1" and "BCPSQC - 2 (Host, me)". Below the list, there are icons for "Raise Hand", "Yes/No", and "Chat", which are also highlighted with pink boxes. At the bottom of the sidebar, there is a "Send to:" dropdown menu set to "All Participants" and a "Send" button, both highlighted with a pink box. The bottom status bar shows "Full Screen", "63%", and "View" options.

Today's Tools:

1. Pointer ➡
2. Raise Hand 🙋
3. Yes / No ✓ or ✗
4. Chat



Who's Online?

- ☐ Aberdeen Hospital
- ☐ Augustine House/Haven House
- ☐ Beacon Hill Villa
- ☐ Bevan Lodge Residential
- ☐ Comox Valley Seniors Village
- ☐ Cumberland Lodge
- ☐ Dufferin Care Centre
- ☐ Elim Village, The Harrison/Harrison West
- ☐ Glacier View Lodge
- ☐ Good Samaritan Wexford Creek
- ☐ Gorge Road Hospital
- ☐ Guildford Seniors
- ☐ Heritage Square
- ☐ Jackman Manor
- ☐ Kamloops Seniors Village
- ☐ Kiwanis Village Lodge
- ☐ Louis Brier Home and Hospital
- ☐ Maple Ridge Seniors Village
- ☐ Nanaimo Seniors Village
- ☐ Nanaimo Traveller's Lodge (Eden Gardens)
- ☐ Peace Villa
- ☐ Powell River General Hospital
- ☐ Qualicum Manor
- ☐ Renfrew Care Centre
- ☐ Richmond Lions Manor Bridgeport
- ☐ Rosemary Heights Seniors Village
- ☐ Rotary Manor
- ☐ Royal City Manor
- ☐ Selkirk Place (Selkirk Seniors Village)
- ☐ Shorncliffe
- ☐ Simon Fraser Lodge
- ☐ Stanford Place
- ☐ The Pines
- ☐ The Residence at Morgan Heights
- ☐ The Residence in Mission
- ☐ Valhaven Rest Home
- ☐ Valleyhaven
- ☐ Waverly-Grosvenor House Ventures
- ☐ Willingdon Creek Village
- ☐ Woodgrove Manor
- ☐ Yucaita Lodge

Don't see your name? Use the text tool to tell us in the Chatbox!



CLEAR TEAM CELEBRATION VIDEOS

Yucalta Lodge

Clear Committee members, past and present:

- Danielle Girard
- Deena Johnson
- Chris MacDonald
- Helen Wackerman
- Lisa Sparling-White
- Emily Smith
- Marcy Lysy
- Cindy Fox
- Carmen Christiansen
- Joanne Amberson
- Becky Packer
- Simon Robertson
- Carolyn Tallack
- Kathleen McFadden
- Jae Yon Jones

Rotary Manor

Clear Committee members, past and present:

- Julie Lee – Residential Care Coordinator
- Carolyn McCurdy – Clerk III
- Maija Vesaniemi – Charge Nurse (DC2)
- Candace Yaciw, Charge Nurse
- Barbara Tivadar – Recreation Coordinator

Eden Gardens

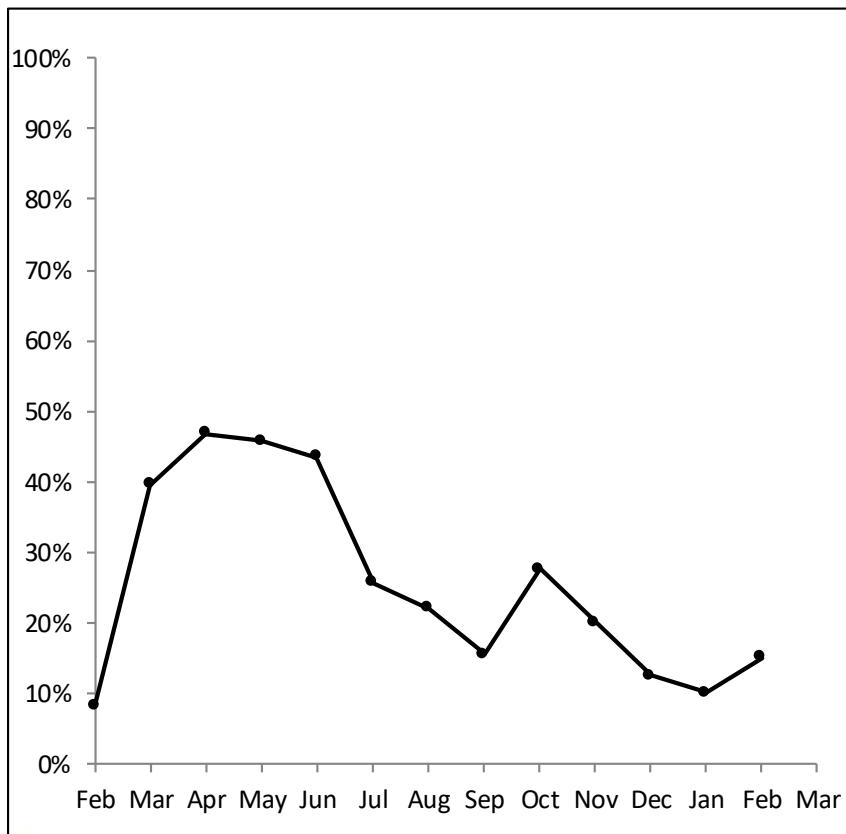
Clear Committee members, past and present:

- Denise-DOC
- Diana-RN
- Kim-LPN
- Tara-LPN
- Dr Javaheri-MD
- Dr Kerridge-MRP
- Dr Fletcher-MRP
- Dr Dodo-MRP

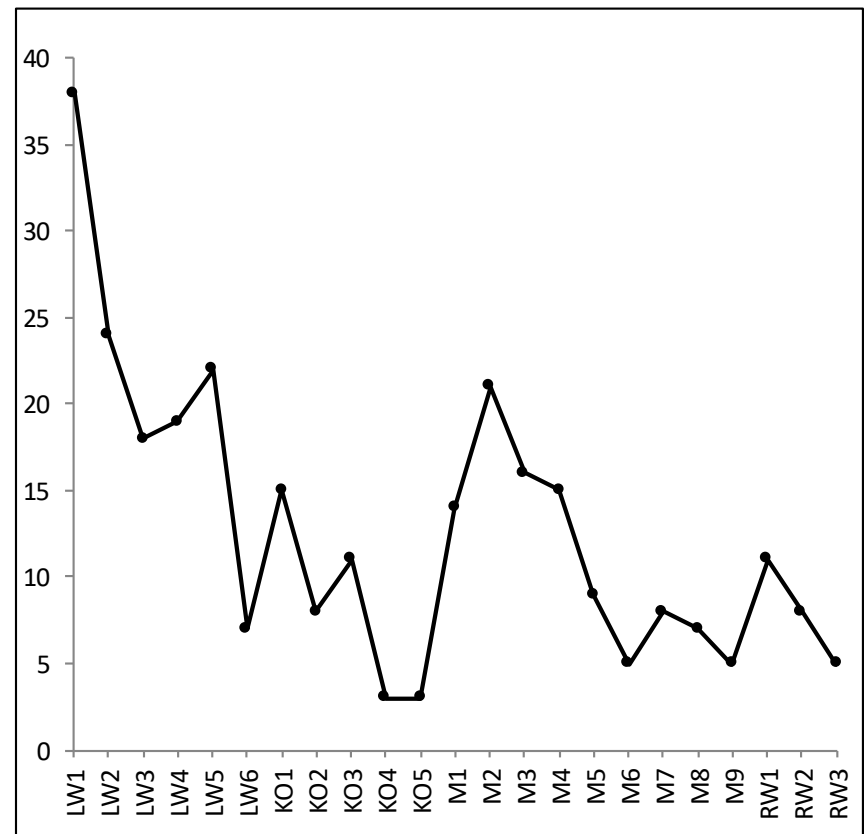
YOUR DATA ACCOMPLISHMENTS!

Teams Reporting over Time

Teams Completing Monthly Reports

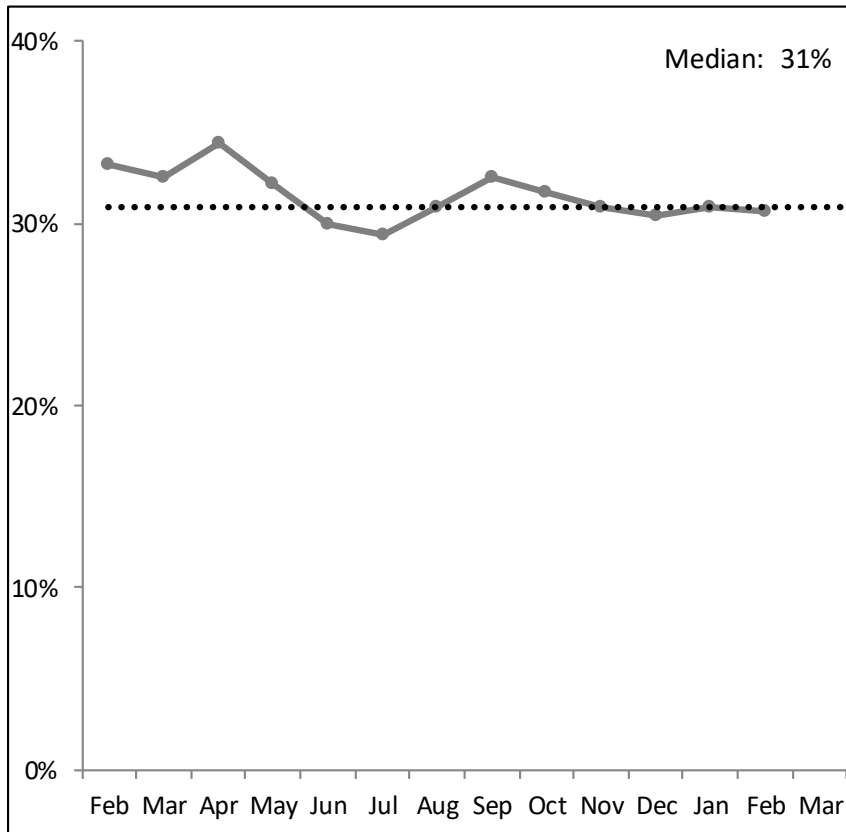


Team Attendance at Events/Webinars

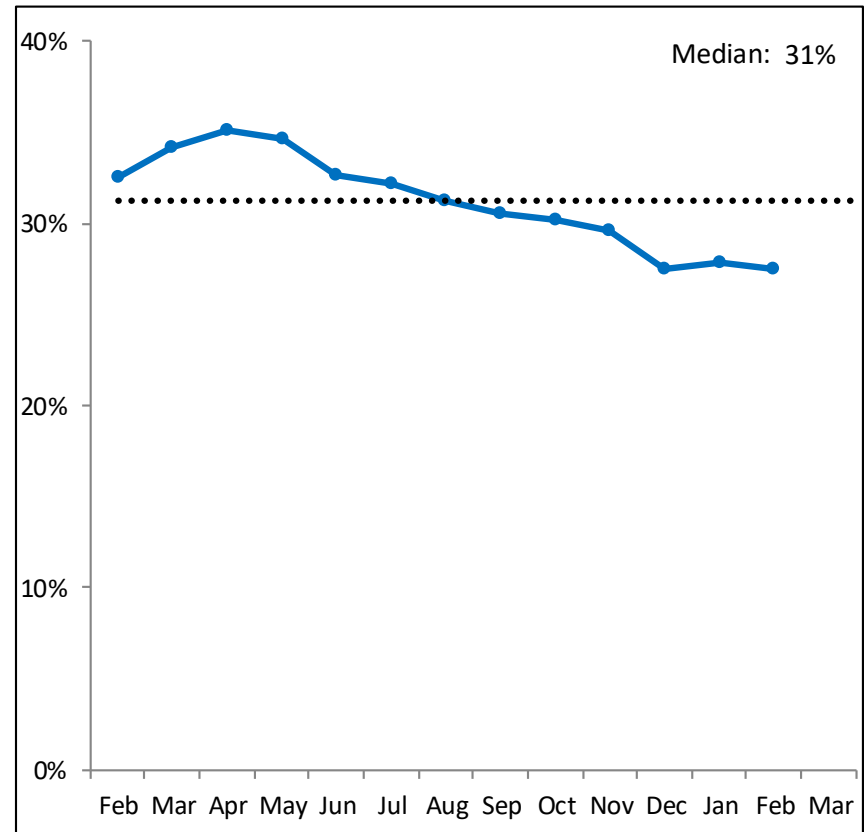


Antipsychotic Use: All Clear Teams

% of residents on any antipsychotics
(total use)

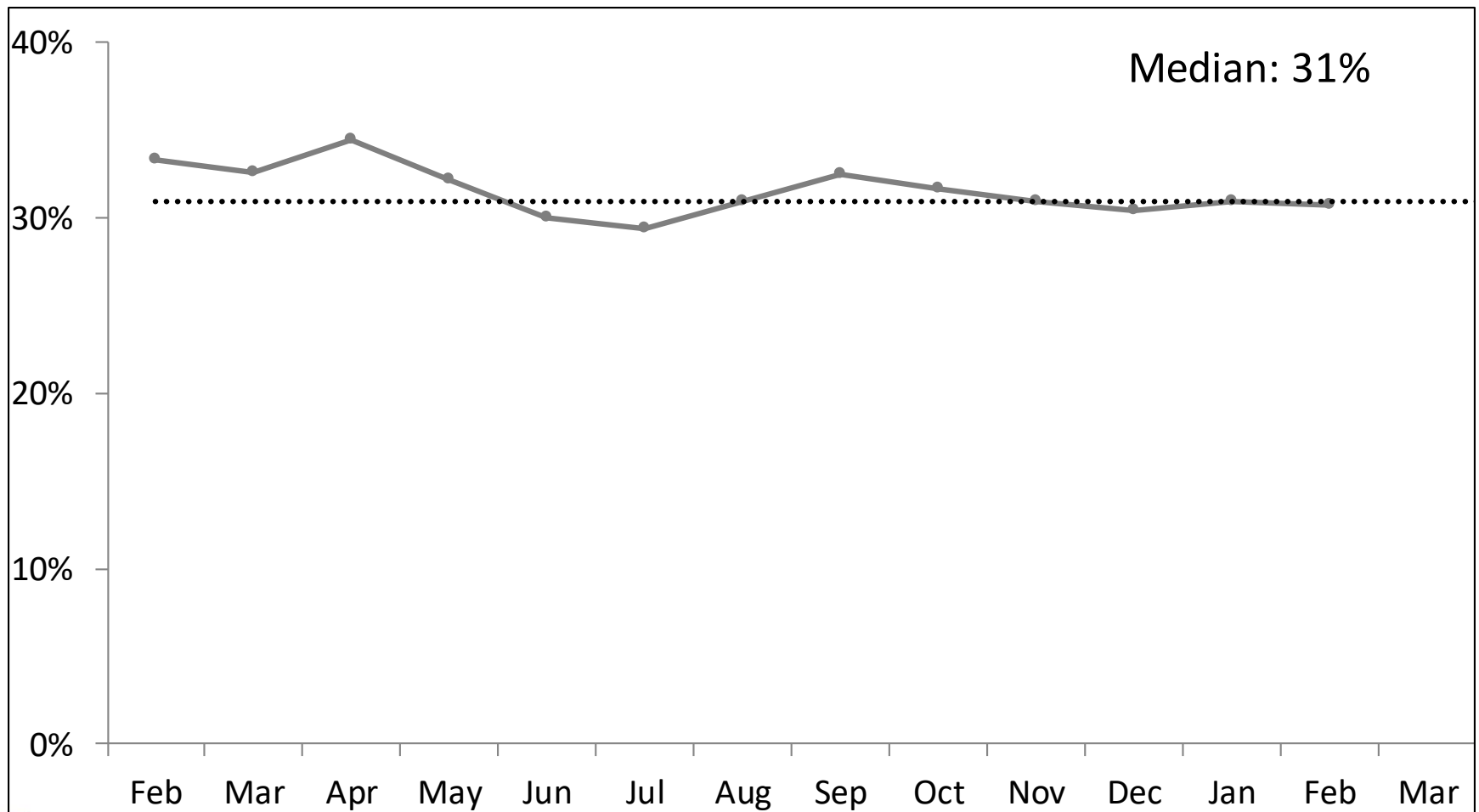


% of residents on antipsychotics without a diagnosis
of psychosis (potentially inappropriate)



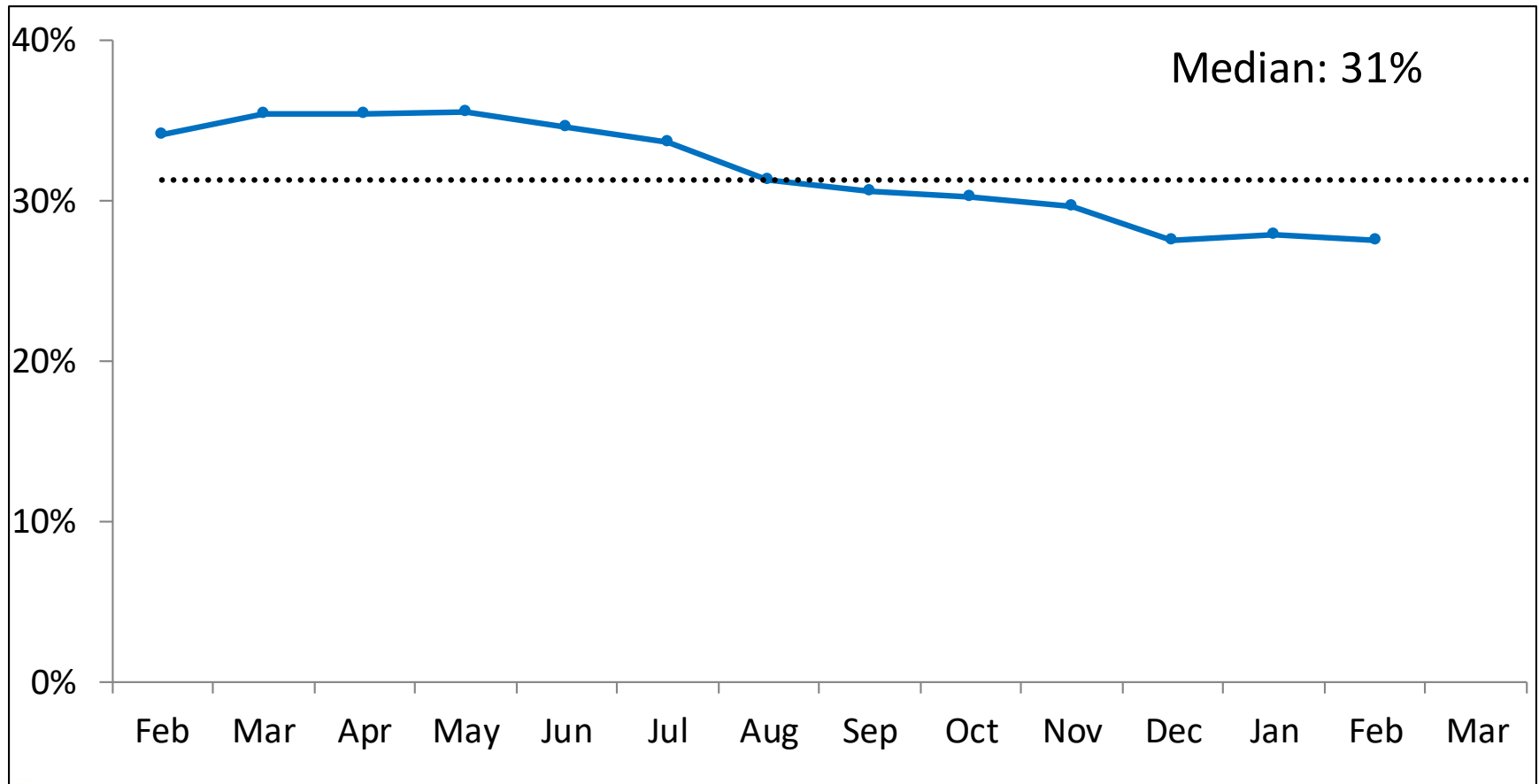
Antipsychotic Use: All Clear Teams

- % of residents on any antipsychotics (total use)



Antipsychotic Use: Teams reporting since August (n=14)

- % of residents on antipsychotics without a diagnosis of psychosis (potentially inappropriate)



Cumulative Progress

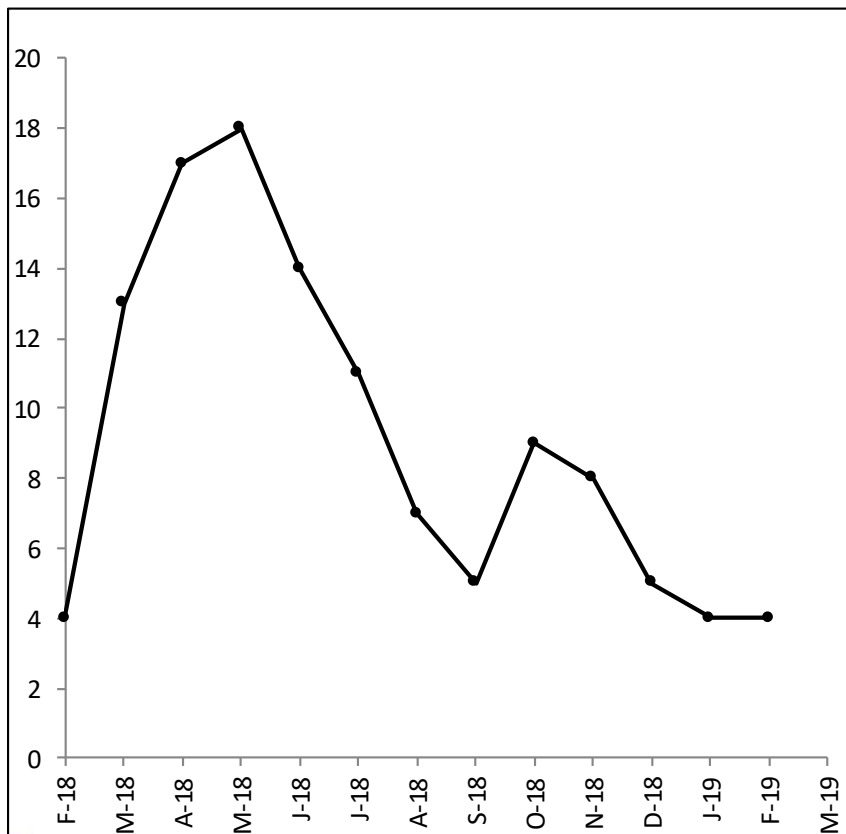
In a sample of ~1760 residents, there were:

- 97 residents with antipsychotics discontinued
- 58 residents had antipsychotics reduced

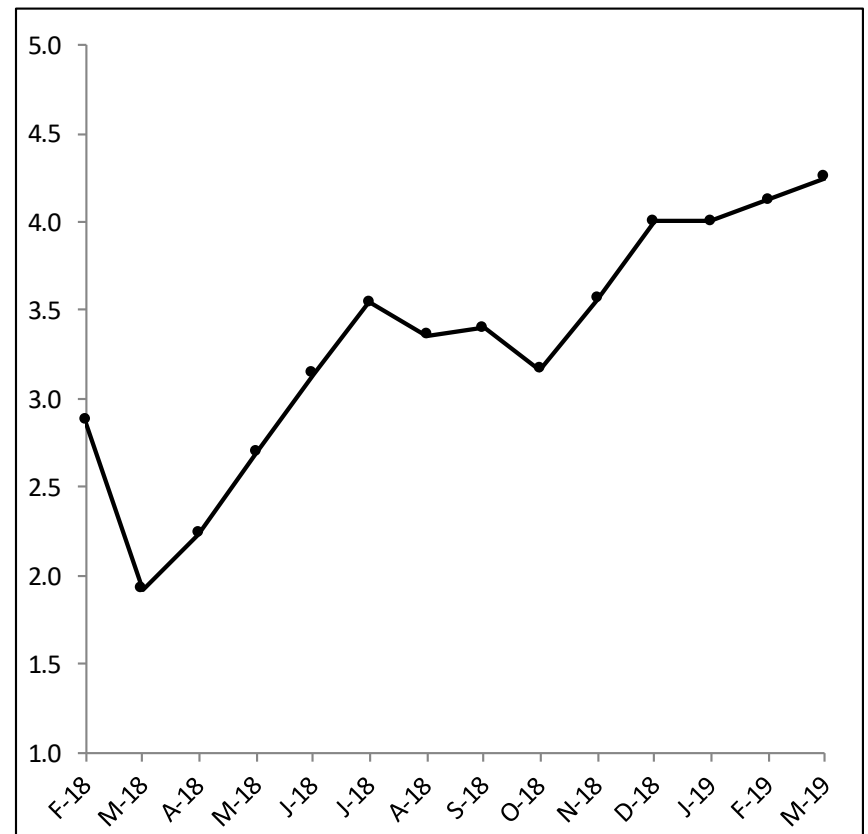
This translates to 1 out of 10 residents on antipsychotics impacted by improvement work

Team Self-Assessments

Number of Reporting Teams



Average Score



MEET YOUR HEALTH AUTHORITY LEADS

Region	Name	Email
Fraser Health	Anita Wahl	anita.wahl@fraserhealth.ca
Interior Health	Clarissa Frausel	Clarissa.Frausel@interiorhealth.ca
Island Health	Catrin Brodie	catrin.brodie@viha.ca
Northern Health	Marcia Bertschi	Marcia.Bertschi@northernhealth.ca
Vancouver Coastal Health	Jas Gill	jasjit.gill@vch.ca

Clear Website

Clear

Clear is supporting long-term care homes to carry out effective behavioural care planning and management that will lead to a reduction in the number of their residents who are prescribed antipsychotic medications. **Wave 3 of Clear launched in December 2017 and is currently underway, with 41 participating care homes.**

Interested in getting an idea of what has been happening in BC addressing antipsychotics in long-term care? Have a look at this BCCPA report: **A Pathway to Ensuring the Appropriate Use of Antipsychotics in Continuing Care.**

[Read the latest Clear Newsletter!](#)

Jump To:



Teams



Physicians



Families & Caregivers

Evaluation - Initial Data

- Coding of all data sources across the themes, strategies and barriers (to inform transition and sustainment planning)
 - Regional workshops
 - Mid initiative survey
 - Monthly reports
 - Storyboards
 - Our conversations with YOU!

Evaluation – Survey THANK YOU!

- 48 total responses
- 24 unique care homes
 - More than half of participating sites!
- Heard from all levels of leadership
 - Director of Care
 - LPN
 - Pharmacists
 - Recreation/ Occupation Therapists

Has participating in Clear helped you to improve teamwork and communication within your care team? If so, how?

- 93% of respondents said Yes
- “It has been a project that has involved the entire team resulting in a sense of community.”
- “Staff are now aware that antipsychotics are not the first line of treatment and that there are benefits to taking people off of them.”

Which specific change idea(s) have you found had the greatest impact in your care home?

- Behavior tracking tool
- Talking to families about why their loved one is on an antipsychotic
- A bedside “getting to know me” tool
- Training and huddles: getting every one on the same page

Evaluation Next Steps

- Interviews (May 2019)
- Final data updates (Summer 2019)
- Clear Wave 3 evaluation report (Fall 2019)
- Economic evaluation component (Fellowship)

Clear Evaluation

- Aiming to release by end of October 2019
- Look for the report in your email!



Cannabis in the Elderly

Dr. Nouha Ben Gaied





DR. NOUHA BEN GAIED

Why should we (or not) consider cannabis in LTC?

Nouha Ben Gaied, *PhD*
Director R&D and QoS

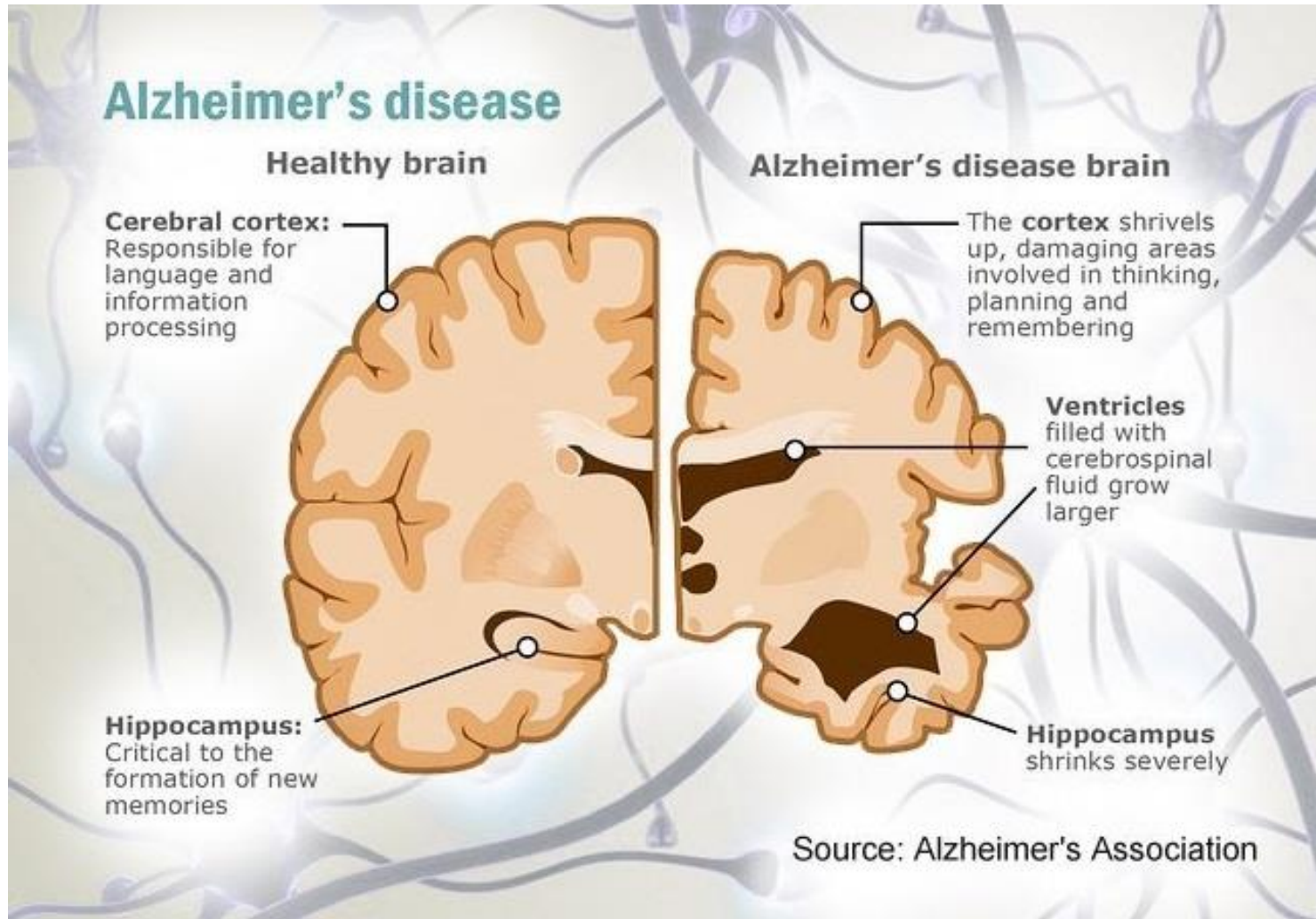
BC Patient safety and quality council
May 16th, 2019

1. Alzheimer's disease
3. Cannabis
4. State of the Art

A photograph of a person in a blue hospital gown holding a caregiver's hand. The image is partially obscured by a dark blue banner with white text. The background is blurred, showing what appears to be a hospital room with a window and some furniture.

ALZHEIMER'S DISEASE

THE BRAIN



AD IN NUMBERS



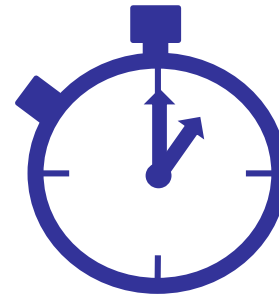
Over 70,000 people in BC are living with dementia
565,000 Canadians are affected

In 2025, more than 1.4 million in Canada)



65 % are
women

70 % of caregivers are
women



9 person receive a
diagnostic every **hour**



Cost on our healthcare
system: **over 10.4**
billion \$ per year

x2

After 65, the risk
double every 5 years

CHALLENGES IN AD

- Alzheimer's disease is a neurodegenerative disease;
- Alzheimer's disease is not part of the normal aging process.
- Alzheimer's disease is the most common form of dementia*

We do not have a cure



We don't know its causes



Late diagnostic


THE 10 WARNING SIGNS

1



MEMORY LOSS THAT AFFECTS DAY-TO-DAY ABILITIES
Forgetting things often or struggling to retain new information.

2



DIFFICULTY PERFORMING FAMILIAR TASKS
Forgetting how to do something you've been doing your whole life, such as preparing a meal or getting dressed

3



PROBLEMS WITH LANGUAGE
Forgetting words or substituting words that don't fit the context.

4



DISORIENTATION IN TIME AND SPACE
Not knowing what day of the week it is or getting lost in a familiar place.

5



IMPAIRED JUDGMENT
Not recognizing a medical problem that needs attention or wearing light clothing on a cold day.

6



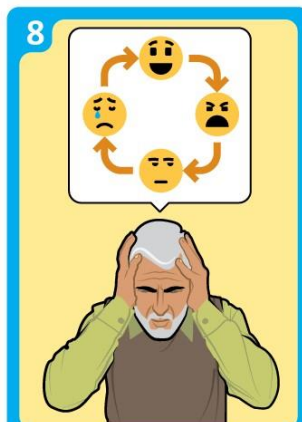
PROBLEMS WITH ABSTRACT THINKING
Having difficulty balancing a chequebook, for example, or not understanding what numbers are and how they are used.

7



MISPLACING THINGS
Putting things in strange places, like a dress in the refrigerator or a wristwatch in the sugar bowl.

8




CHANGES IN MOOD AND BEHAVIOUR
Exhibiting severe mood swings from being easy-going to quick-tempered.

9



CHANGES IN PERSONALITY
Behaving out of character, such as becoming confused, suspicious, or fearful.

10



LOSS OF INITIATIVE
Losing interest in friends, family and favourite activities.

TREATMENT OPTION

There is currently no cure for Alzheimer's disease and other dementias, nor is there a treatment that will stop the progression. Several drugs on the market and non-pharmacological treatments may help with some symptoms like memory loss, language, cognitive function and mobility.





CANNABIS LEGALIZATION

THE CANNABIS ACT

- ✓ In 2001, Canada became the first country to allow the use of cannabis for therapeutic purposes
- ✓ In October 17, 2018, Canada became the 2nd country to legalise cannabis for recreation usage with law C-45

THE CANNABIS ACT

The *Cannabis Act* creates a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada.

The Act aims to accomplish **3 goals**:

- keep cannabis out of the hands of youth
- keep profits out of the pockets of criminals
- protect public health and safety by allowing adults access to legal cannabis

The Government of Canada has committed close to \$46 million over the next five years for cannabis public education and awareness activities.

THE CANNABIS ACT

+18

Individual possession
150g/person
At home

Individual possession
30g/person
Public area

4 cannabis plants per residence allowed by the Cannabis act.

It is prohibited for any person to drive a road vehicle or to have care or control of a road vehicle if there is a detectable presence of cannabis or other drug in the person's saliva.'

Driving license withdrawal for a period of 90 days

A photograph of a person wearing a light blue hospital gown, holding their hand. A large, dark blue rectangular overlay covers the center of the image. The word "CANNABIS?" is written in white, bold, sans-serif capital letters on this overlay.

CANNABIS?

CANNABIS, THE PLANT

Different names: Pot, marijuana, mari, weed, herb;

Can be presented under various forms: tablets, liquid or oil;

Can be consumed by: smoking, ingestion, inhalation, vaporizing, applied locally.

3 species: Indica, Sativa, Hybride



Indica

Sativa

RELAXING

- Calming and relaxing effects
- Can induce drowsiness

STIMULATING

- More energy
- Increased concentration and creativity

COMPOSITION



The flower: Consumed for its high level of cannabinoids

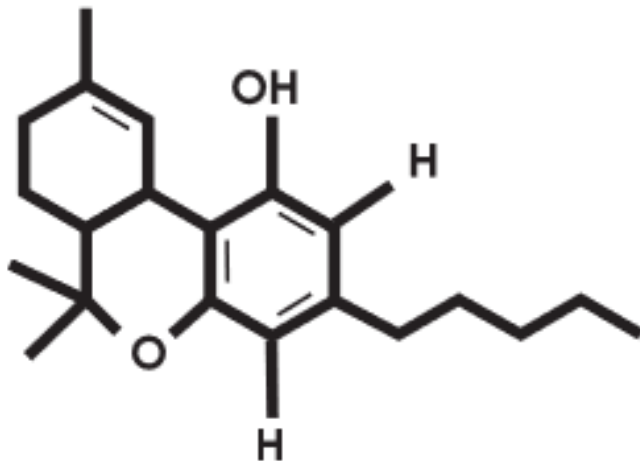
The trichome: Contain **THC** and **CBD**
Little crystal present all over the plant
Bigger and high number on the flower

The Leaf: Symbol of cannabis.
Easily recognizable:
Pronounced venation and serrated leaflets

Plant very rich in **terpenes** that provide aromas and various intense flavor to the plant: lemon, fruity, sweet, woody, spicy, earthy...

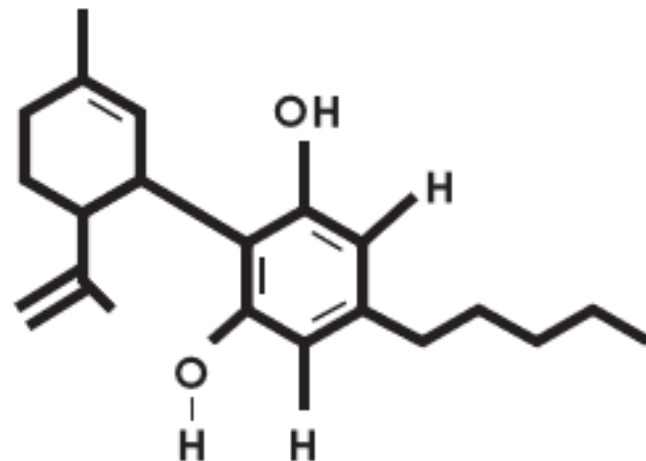
Plant very rich in **cannabinoids**, more than 10 varieties, including don't THC CBD and Cannabinol (CBN).

COMPOSITION



Tetrahydrocannabinol
THC

Psychotropic, euphoriant effects;
“*high*” effect;
At a higher concentration can lead to:
paranoia and anxiety.

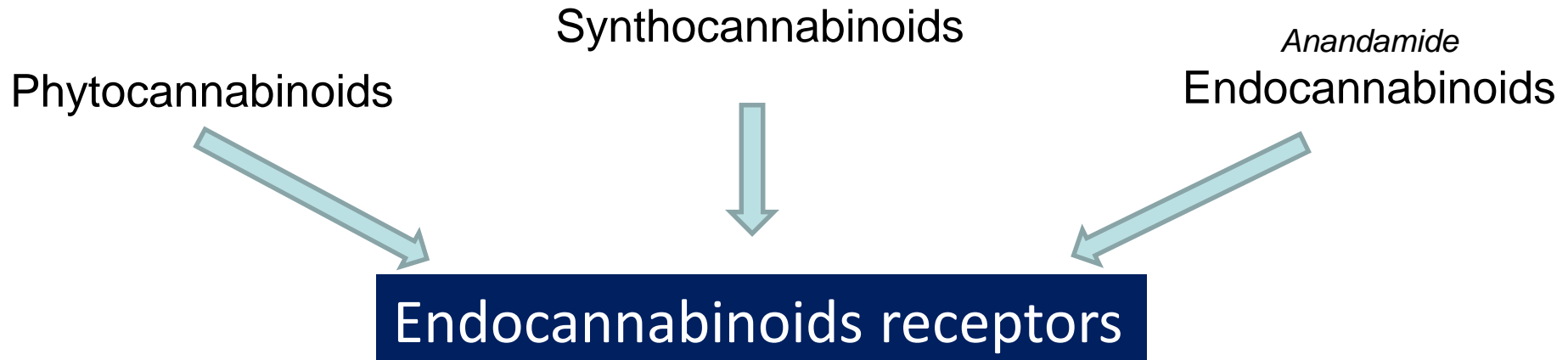


Cannabidiol
CBD

Lower concentration;
Very little psychotropic properties;
Known for its medicinal properties;
Can reduce the effect of THC.

Standardized preparation: flower 0.27-22% THC, 0.5-13% CBD
Cannabis oil: 1-18.3% THC, 0.2-20% CBD

EFFECTS ON THE BRAIN



System participate into the regulation of our body :
Appetite, pain, pleasure, immune system,
mood, memory.

CB1 Receptor

Central nervous system:
Brain, nerves and ramifications

Psychoactive Effects

THC > CBD

CB2 Receptor

Immune system cells:
Macrophages

Regulation
immune and inflammatory response

THC < CBD < **CBN**

THERAPEUTIC USE OF CANNABIS

In Canada, prescription of cannabis for medical reasons is allowed by a doctor under the *Controlled drugs and substances act*.

HOWEVER

Cannabis is not fully considered as a drug as it hasn't been approved for medical usage under the *food and drugs act*

A medical certificate can be provided to treat :

- Severe nausea et vomiting (chemotherapy)
 - Pain and spasm (Multiple sclerosis)
- Symptoms in palliative care and end of life

In 2017, 2475 medical certificate delivered

EFFECTS OF CANNABIS

Neurobiological activity

- Dopaminergic activation
- Decrease in the Acetylcholinergic activity (Hippocampus)

Symptoms

- Euphoria
- Anxiety
- Delirium
- Hallucinations
- Panic
- Aggressiveness
- Perception disorder
- Attention disorder
- Memory loss (short term memory)

WHAT ABOUT OUR ELDERLY?

A special reality:

- Aging population, at home or in long term care
- Deterioration or disfunction in certain organs;
- Pharmacokinetic, pharmacodynamic changes;
- Polypharmacy.




Use of Cannabis:

Higher risk, more frequent side effects and drug interaction;
Prescribing medicinal cannabis become more difficult.

RESPONSIVE BEHAVIOUR

- 70-80% of LTC resident have dementia
 - 90% of all residents in LTC have BPSD*

 - Responsive behaviour: agitation, aggression, paranoia, depressive behaviors, wandering, delirium, hallucinations, sleep disorders, sexual behaviours;

 - Look for the reasons/causes.
 - Physical, Intellectual,
 - Emotional
 - Capabilities
 - Environment
 - Social
 - Actions of others
- 
- Treatment of BPSD:
communication approach; non-pharmacological approaches;
Medication when **needed**

THERAPEUTIC EFFECTS (1)

Fundamental research in vitro & in vivo showed an effect on:

Anxiety;

Insomnia;

Arthritis;

Anorexia;

Certain tumor and cancer.



Very little effects on elderly

A recent study showed a beneficial effect on:

- The quality of life in the elderly population;
 - Reduced risk of falls;
- Decrease use of certain drugs (opioids).

THERAPEUTIC EFFECTS (3)



Marinol® (dronabinol, USA)

- Orale administration
- Synthetic THC
- Treatment of nausea, vomiting in chemotherapy and weight loss with HIV patient
- Pills of 2.5, 5 and/or 10mg



Cesamet® (nabilone, Canada)

- Orale administration
- Dronabinol analog
- Treatment of nausea and vomiting (chemotherapy)
- Pill of 1mg.

Sativex®: (Canada, EU, Latin America): Oral spray, THC+CBD 1/1, MS treatment

CANNABIS AS A CURE?

No studies or clinical trials have looked at the effects of cannabis, or any of its derivatives, to learn more about the causes of Alzheimer's disease or to improve cognitive functions.

EFFECT of NABILONE

- Study lead by Dr Krista Lanctôt;
- 14-week randomized, double-blinded trial;
- Administration of Nabilone (6 weeks), 1 week of rest, followed by placebo (6 weeks);
- 38 adults with moderate to severe Alzheimer's disease who live at home or in long-term care;
- 77% of men, mean age 87 years;

RESULTS SO FAR

Evaluation:

- Behaviour symptoms;
- Memory;
- Physical changes.

Results: *(compared to placebo)*

- ✓ Significant improvement in agitation symptoms;
- ✓ Significant improvement in behaviour symptoms;
- ✓ A slight improvement in cognition and appetite.

BUT

A sedation effect is observed in 45% of participant (16% placebo)

A NEW TRIAL

- Lead by researcher at King's College London
- First major UK clinical trial to address behaviour symptoms using **SATIVEX®**
- 60 volunteer with symptoms of dementia and Alzheimer's disease
- Elderly in nursing or assisted living homes
- Age 55-90 years old

WHAT YOU NEED TO REMEMBER

- Make the difference between THC and CBD;
- Promising results to treat behavioral symptoms;
- No studies have demonstrated the effect of cannabis or any of its derivatives on cognition or memory;
- Studies in people with Alzheimer's disease are still at an early stage.
- Larger cohorts should be enrolled to confirm the observed results;
- The legalization of cannabis will certainly support research in this area.

THANK YOU.

Q&A

SUMMARY AND CLOSE

