

Oral Abstracts

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CLINICAL AUDIT QUESTIONS CANNABIS HYPEREMESIS SYNDROME

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In 2004, a *Cannabis Hyperemesis Syndrome* was proposed by Allen et al (1, 2); subsequently case reports emerged (7, 8, 9, 10) generally supporting this notion despite some medical criticism and alternative explanation (3, 4, 5, 6). Since 2006, a number of patients have been identified within the Alcohol & Drug treatment sector and in Emergency Department settings with suspected *Cannabis Hyperemesis Syndrome*. While an association between Cannabis use and Hyperemesis is now reported, causation remains unproven. Further, *Cyclic Vomiting Syndrome* (CVS) is very similar in most aspects to the "*Cannabis Hyperemesis Syndrome*" and might be an alternative diagnosis.

Over the past 6 years, 12 cases referred to Western Hospital's Department of Addiction Medicine & Toxicology with a suspected diagnosis of *Cannabis Hyperemesis Syndrome* were investigated and in most, a Cannabis use association was not always present in the history and a few had a history more suggestive of withdrawal as a trigger rather than recent heavy Cannabis use. Most did not respond to usual antiemetics however all responded to Droperidol. A family history of migraine was a common background finding. Cannabis use is common as is "emotional stress" and eating chocolate, also reported triggers of CVS. Following this clinical audit, the fact the Cannabis use alone triggers Hyperemesis is questioned.

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