



Poison HOTLINE

1-800-222-1222

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Did you know

Chronic, heavy marijuana use is associated with **cannabinoid hyperemesis syndrome**.

Symptoms include nausea, abdominal pain, and vomiting. With the cessation of cannabis use, these symptoms typically resolve over time.

Additional symptoms associated with chronic, heavy use include chronic bronchitis, various psychiatric conditions, as well as an increased risk of cardiovascular disease.

Some products contain synthetic cannabinoids and are sold under names such as "Spice" or "K2". These products are easily purchased on the internet, although they are banned in some states. While symptoms associated to synthetic cannabinoids may be similar to THC, they can also cause a variety of other effects.

Call **1-800-222-1222** for treatment recommendations for exposure to cannabinoids.

Marijuana Edibles

Marijuana (cannabis) edibles pertain to any food or beverage item comprised of cannabinoids. Marijuana edibles contain the psychoactive component of the cannabis plant better known as delta-9-tetrahydrocannabinol (THC). As state regulations for medical and recreational use continue to expand, edibles are becoming more accessible to the public and in turn more prevalent in the household environment.

Toxicity is expected with marijuana edible ingestions ranging anywhere from >0.2 mg/kg- 0.4 mg/kg (with the lowest threshold pertaining to youngest age groups). Mild to moderate intoxication can lead to mood alterations, somnolence, giddiness, lethargy, ataxia, and muscle jerking. With severe toxicity, children have even displayed profound altered mental status, mydriasis, and coma. Accidental ingestions are very common in children, teenagers, and non-English speaking individuals as these products can be mistaken for every day food items such as chips, candy and soda found at the grocery store.

There is no specific antidote for marijuana edible toxicity. Treatment involves symptomatic and supportive care such as providing intravenous fluids, antiemetics, and maintaining the airway. Baseline ECG and telemetry monitoring may be necessary if tachycardia and cardiac rhythm abnormalities manifest. Some experts also suggest marijuana may decrease the seizure threshold in certain patients. Symptoms may persist in a longer duration with oral ingestions when compared to inhalation exposures. Patients should be observed until they are clearly improving or asymptomatic.

Standard urinary drug screening may be conducted for diagnostic purposes, but many synthetic cannabinoids may be negative. Additional confirmatory testing can be performed for presumptive positive THC urine samples. Social work experts are typically involved in pediatric poisonings to assess the return to a safe environment when it is medically appropriate to discharge back to home. For treatment advice concerning marijuana edible toxicity, contact the IPCC at 1-800-222-1222.

*Jodi Arnold, RN, BSN, MHA, CSPI
Certified Specialist in Poison Information*

Hotline Editors: Dr. Dan McCabe, MD & Dr. Josh Trebach, MD

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