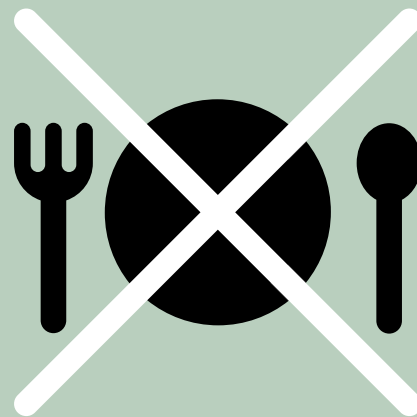
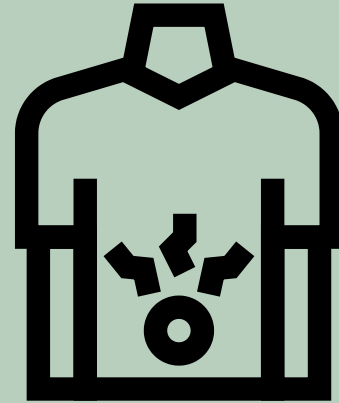


Cannabinoid Hyperemesis Syndrome



Definition

CHS is a condition characterized by cyclical nausea, vomiting, and abdominal pain following chronic cannabis use.

Key Features

- Symptoms resolve after cessation of cannabis use
- Relieved by hot showers or baths (pathognomonic)
- Cannabis can be bi-phasic

Prevalance

- Prevalence: Increasing as cannabis use becomes more widespread

Etiology and Pathophysiology

Mechanism of Vomiting

- Chronic overstimulation of cannabinoid receptors
- Derangement in endocannabinoid system regulation

Potential Contributing Factors

- Increase in THC potency and reduction in CBD in modern cannabis
- Role of transient receptor potential vanilloid-1 (TRPV1) system

Clinical Presentation

Potential Contributing Factors

- Prolonged cannabis use and episodic vomiting
- Symptom relief with cannabis cessation
- Pathologic bathing behavior (hot showers/baths)

Differentiation

- CHS vs. Cyclic Vomiting Syndrome (CVS)

*CVS lacks cannabis-related Toxicokinetics

Evaluation

Key Diagnostic Tools

- History of cannabis use and symptom patterns
- Basic labs: metabolic panel, urinalysis, pregnancy test (in females)
- Imaging: As needed, based on clinical suspicion

Differential Diagnosis

- Includes gastrointestinal, neurological, and infectious causes

Management

First-Line Therapy

- Cessation of cannabis use

Symptomatic Treatment

- Hot showers/baths
- Capsaicin cream for pain relief (TRPV1 activation)
- Medications: Haloperidol, benzodiazepines, or tricyclic antidepressants, antiemetics

Ineffective Treatments

- Traditional Antiemetics (e.g., Ondansetron)

Complications

Acute Complications

- Dehydration and electrolyte imbalances
- Aspiration pneumonitis

Chronic Risks

- Nutritional deficiencies
- Esophageal damage (e.g., Boerhaave's syndrome)

Prognosis

- Good prognosis with early diagnosis and cannabis cessation
- High relapse rate (up to 70% within six months)
- Limited success without professional support

Prevention & Patient Education

- Education on risks of chronic cannabis use
- Emphasis on abstinence for symptom resolution
- Substance abuse counseling
- “Marijuana Anonymous” and other cessation programs
- Coordination between primary care, cannabis certifier, substance abuse specialists (if indicated), and pharmacists
- Accurate diagnosis, effective education, and supportive follow-up

Key Takeaways

- CHS is an emerging condition requiring awareness and prompt management
- Emphasis on abstinence for symptom resolution
- Importance of cannabis cessation and inter-professional care for improved outcomes

Sources

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