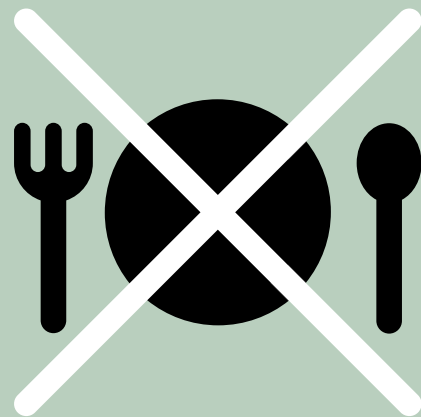
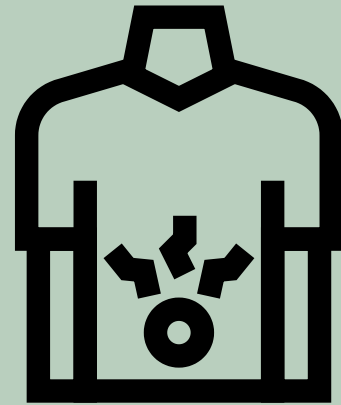


# Cannabinoid Hyperemesis Syndrome



## 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

- Cue L, Chu F, Cascella M. Cannabinoid Hyperemesis Syndrome. [Updated 2023 Jul 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK549915/>
- Budney, A. J., Sofis, M. J., & Borodovsky, J. T. (2019). An update on cannabis use disorder with comment on the impact of policy related to therapeutic and recreational cannabis use. European archives of psychiatry and clinical neuroscience, 269(1), 73–86. <https://doi.org/10.1007/s00406-018-0976-1>