Cannabinoid Hyperemesis Syndrome (CHS)

CHS is characterized by cyclical nausea, vomiting & abdominal pain in the setting of regular cannabis use but should be considered a diagnosis of exclusion.

Toxicity / Risk Assessment

CHS typically occurs following long-term (months-years) of regular heavy cannabis use

The diagnosis of CHS is a diagnosis of exclusion

- Other causes of abdominal pain and / or vomiting must be excluded

Clinical features:

- Severe cyclical vomiting often with abdominal pain
- Heavy regular cannabis use (typically > 1 year)
- Temporary relief with hot water (bath/ shower)

Management

Treatment is predominantly supportive with attention to detection and treatment of complications

Cessation of cannabis use is the only management intervention known to reduce the likelihood of recurrent episodes

Nausea/Vomiting/Abdominal pain

- Droperidol IV/IM 1.25 mg stat (can be repeated after 15 minutes, max dose 20 mg in 24 hours)
  (OR haloperidol IV/IM 5 mg, max dose 20 mg in 24 hours)
- Dexamethasone IV 4-8 mg may be beneficial
- Ondansetron appears less efficacious than droperidol / haloperidol for treatment of CHS
- Capsaicin cream applied topically to abdomen twice daily (wear gloves) may be beneficial in some cases
  - Apply 0.075% cream to the peri-umbilical area (roughly 15 x 20 cm)
  - AVOID prolonged capsaicin topical exposure (do not use occlusive dressing)
- Allow patient to access hot showers as required

Supportive management

- Fluid and electrolyte replacement

Disposition:

Patients in whom symptoms have resolved can be discharged once tolerating oral intake

Support efforts to stop cannabis use. Refer to Alcohol and Other Drugs Service as appropriate

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