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# Interface of Cannabis and Early Psychosis-- Priorities in Research and Service Development

Amresh Srivastava

University of Western Ontario, amresh.srivastava@sjhc.london.on.ca

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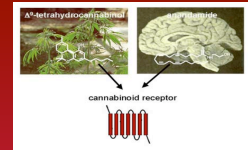
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**INTERFACE OF CANNABIS AND EARLY PSYCHOSIS- PRIORITIES IN RESEARCH AND SERVICE DEVELOPMENT**

Amresh Shrivastava, Department of Psychiatry, University of Western Ontario, London, Canada



**ABSTRACT**

Introduction: cannabis continues to affect mental health. Its abuse is on rise globally. In Canada a rise by 30% in last ten years has been observed in high school students. Interrelationship of cannabis with psychosis and schizophrenia is a complex one. Cannabis is highly comorbid with psychosis, & related to functional disability and outcome. It poses several challenges in understanding causal relationship for comorbidity, underlying neurochemical basis and specifics of service development. Prevalence of Cannabis varies from 20 to 50% early psychosis. Objective of this paper is to review available literature to identify challenges for newer targets of research and preventive measures. Method: Recent literature from electronic data base search identifies risks and relationship of cannabis and psychosis. Results. Cannabis is a risk factor for both psychosis and schizophrenia. & Appears to have causal relationship for early and later age psychosis. Mood symptoms are also significant but less recognized. Understandings of the process and causes have significantly advanced with discovery of cannabinoid receptors and endogenous cannabinoids. It is clear that cannabis increases brain vulnerability, causes poorer outcome and more side effects. Cannabis causes cognitive dysfunction that perhaps works as a common denominator for the risk-vulnerability. It appears to have independent genetic component related to disruption in neurotransmission affecting neuronal plasticity. Much less attention has been paid in developing services targeted towards harm reduction and developing therapeutics. Conclusion. Cannabis is potential risk factor for poorer outcome in psychosis. New biological and social service initiatives will add value to early psychosis programs

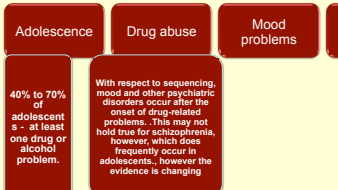
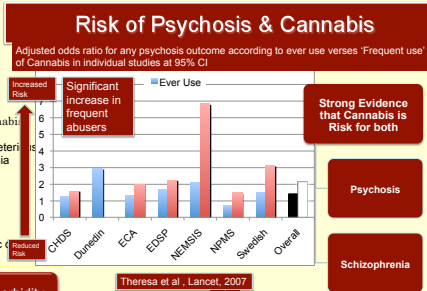
**CONTACT**

Name: Amresh Shrivastava  
Organization: Department of psychiatry, University of Western Ontario, London, ON, Canada  
Email: dr.amresh@gmail.com  
Phone: +15196318510 x 49252  
Website: www.amreshshrivastava.com

**INTRODUCTION**

What do we know with 'Limited Evidence'  
 \*The brain changes seen by imaging  
 \*Influence on brain development during adolescence  
 \*Nature of most toxic metabolite which is psychosis-genic.  
 \*Role of CB receptors in schizophrenia and psychosis  
 \*The pathogenesis of risk.  
 \*The 'Cannabis Phenotype of Psychosis'  
 \*Validity of Diagnosis: 'Cannabis-Induced-Psychosis' Vs. 'Cannabis Toxic-Psychotic State'  
 > Adolescent mental health & Cannabis suggest long-term deleterious outcomes in cognition, depressive symptoms, schizophrenia  
 > neurodevelopmental effect.  
 > predisposing genetic and/or environmental factors  
 > Gender specific differences.  
 > how cannabinoids influence neurodevelopment  
 > development of therapeutic tools for a variety of neuropsychiatric

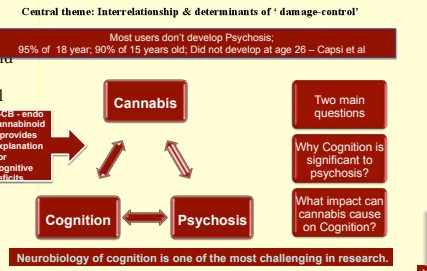
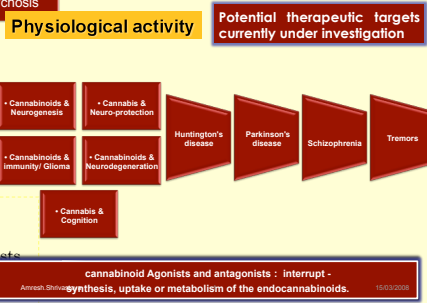
**RESULTS**



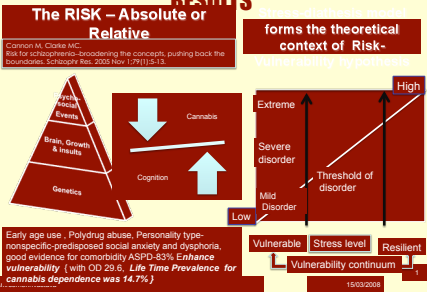
**METHODS AND MATERIALS**

Explanation for close relationship between Psychosis & cannabis is still unclear. Available evidence for 'causal relationship' suggests only possibilities

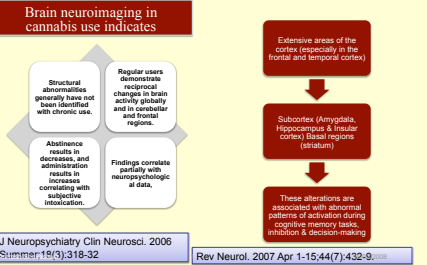
- There is a very strong epidemiological evidence for correlation/comorbidity.
- Cannabis is a risk factor for psychosis, for a variety of syndromes at later age.
- There seems to be no reliable biological explanation as to why exposure to cannabis should precipitate psychosis.
- THC causes brain effects and influences mental condition by causing abnormal transmission via dopamine
- There are regional changes in prefrontal cortex as well as sub-cortical regions most of the behavior effects are due to modulation of CB receptors.
- Cognitive impairment due to cannabis remains uncertain and unexplained



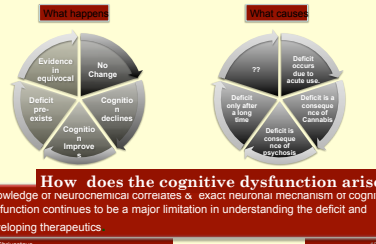
**RESULTS**



**Brain effects of Cannabis**

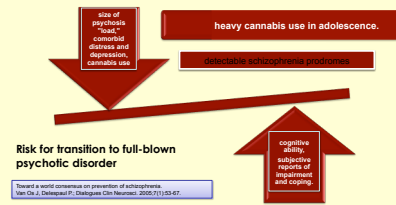


**Cognition in Psychosis due to Cannabis Use: The Evidence**

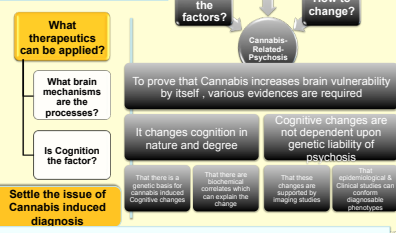


**DISCUSSION**

Towards a world consensus on prevention of schizophrenia.  
 Cannabis Research: An Evidence and Argument for Schizophrenia Prevention



**Evolving Hypothesis to test**



Objectives: To address this hypothesis: Most interesting fields are:

- Establish the pattern of cannabis usage in a cohort of schizophrenia.
- Establish the clinical pathway and correlates, determinants and risk factors for cannabis-associated psychosis.
- Investigate the correlation of neuro-cognitive status in cannabis exposure
- Investigate the correlation of neurocognitive status and time line for onset of psychosis.

**CONCLUSIONS**

- Predominant questions & Limitations of available research data
- Is cannabis involved in memory impairment?
- Do Cognitive effects (arising from Cannabis) form a 'risk-factor' for psychosis?
- What are the biochemical correlates of these cognitive changes?
- Will cognitive enhancement reduce the risk for psychosis in abusers? Will it be possible to develop such cognitive enhancers?
- Limited data still needs more political push & more group initiatives in research of Cannabis and Mental Health.
- However there are sufficient pointers to suggest the possibilities and need for more aggressive research.