Cannabis: Dosing and Titration

MacCallum CA, Russo E. Practical considerations in medical cannabis administration and dosing. 2018
Eadie et al. Duration of Neurocognitive Impairment with Medical Cannabis Use: A Scoping Review. 2021

Cannabis medicine doses and regimen must be made for each individual specifically. A "Start Low and Go Slow" titration method is recommended to reduce chances of adverse effects and impairment. A CBD-dominant product is often chosen first, with the slow addition of THC if treatment goals are not achieved. Following initiation, follow-up and monitoring is essential.

**Oil vs Inhalation**

- Oral THC effects are easier to judge due to the listed concentration
- Vaporization is subject to variables such as chamber size, inhalation depth, breath holding, and chemovar THC strength, which can influence dose

**Follow-up and Monitoring**

- Special populations:
  - Minimal experience, chronic pain: 2 Weeks
  - Moderate to severe comorbidities: 2-4 Weeks
  - Difficulty adhering to treatment:
  - Experienced, Minimal comorbidities: Within
  - Adheres to treatment plan: 3 Months

Ideally, THC-predominant preparations should be started at bedtime to limit adverse effects seen (but not required)

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**Notes**

- Patients should keep track of symptoms, response and efficacy to discuss at followup visits
- Most patients use 1-3g of cannabis per day
- Most patients using nabiximols require 6-8 sprays per day for symptom relief (max. 12)
- CBD-predominant products have fewer psychotropic effects, and may require higher dosing

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