

a nezaslepenému nebo nerandomizovanému designu studie (49, 50). Problém je, že žádné studie nepoužívají standardizovanou dávku nebo způsob podávání a studované populace se liší podle etiologie bolesti.

Publikované studie hodnotící konopí nebo kanabinoidy pro léčbu posttraumatické stresové poruchy (PTSD) se zaměřily na různé specifické populace (veterány, nápravné populace, ambulantní pacienti s PTSD) s použitím THC v dávkách 3 až 5 mg. Studie zjistily zlepšení nočních můr a některé prokázaly zlepšení globálních výsledků PTSD, a symptomů onemocnění (53–55).

Syntetická THC (dronabinol, nabilon) jsou schválena americkým FDA v léčbě nevolnosti a zvracení vyvolaných chemoterapií a používá se k tomuto účelu již desítky let. CBD byl schválen k léčbě vzácných forem dětské epilepsie, jako je syndrom Dravetové a Lennox-Gastautův syndrom (56, 57).

Konopí mohou užívat jednotlivci, kteří hledají paliativní léčbu. Mezi jejich příznaky často patří bolest, nevolnost, nespavost, neklid nebo noční pocení. Dostupné studie jsou však omezené, používají řadu produktů a uvádějí různé výsledky (56). V jednom

doporučení se léčebné konopí v prostředí paliativní péče doporučuje pouze v případech, že jiné možnosti léčby založené na důkazech jsou neúčinné nebo nedostupné (57).

Existují jen malé nebo žádné důkazy na podporu užívání konopí pro zvládnání kachexie. Klinicky se konopí používá především u syndromu chřadnutí u AIDS nebo kachexie spojené s rakovinou, ale důkazy k tomuto použití neexistují. V metaanalýze účinnosti konopí u kachexie nebyla při léčbě konopím pozorována žádná změna chuti k jídlu, kvality života ani nárůstu hmotnosti (58).

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