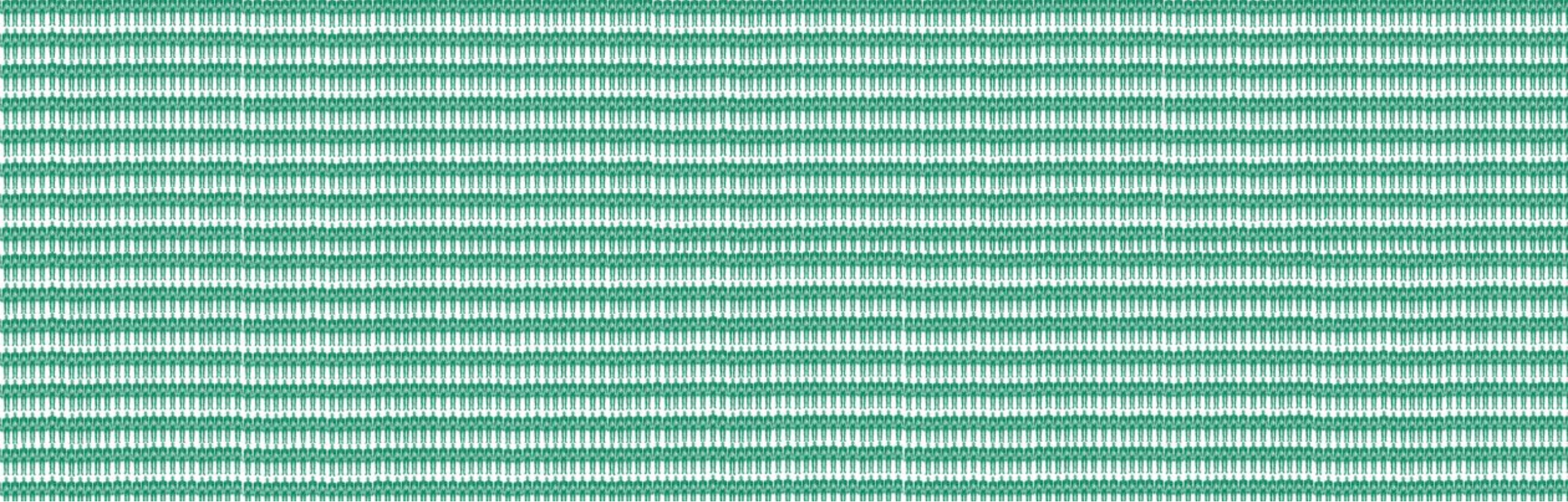




The Dose Makes the Poison

The Presentation, Treatment, and Management of
Cannabinoid Hyperemesis Syndrome in Diverse Settings

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Clinical Setting

- Valley Medical Center in Renton, Washington
- Serves South King County
 - Renton, Kent, Covington, Maple Valley, parts of Auburn, SeaTac/Tukwila
- 328 available beds/ ED volume of over 90,000 visits in 2025



Clinical Presentation of Cannabinoid Hyperemesis Syndrome

- Cannabinoid Hyperemesis Syndrome remains a clinical diagnosis.
- Focus on these elements:
 - Cannabis exposure (classically >1 yr of use and ≥ 4 days per week)
 - Vomiting pattern (episodic, painful and severe)
 - Symptom relationship to cannabis (typically within 24 hrs of cannabis use)
 - Characteristic behaviors such as compulsive hot showers or baths
 - Excluding alternatives: gastroenteritis, pregnancy, obstruction, cyclical vomiting syndrome, etc

Treatment of CHS

- Five years ago, my colleagues and I systematically reviewed case reports which described treatment strategies for CHS.
- Reports were pulled in 2021.
- In summary, there is low-level evidence supporting efficacy and use of **dopamine antagonists, capsaicin cream, and benzodiazepines.**
- Anticipate multimodal approach.

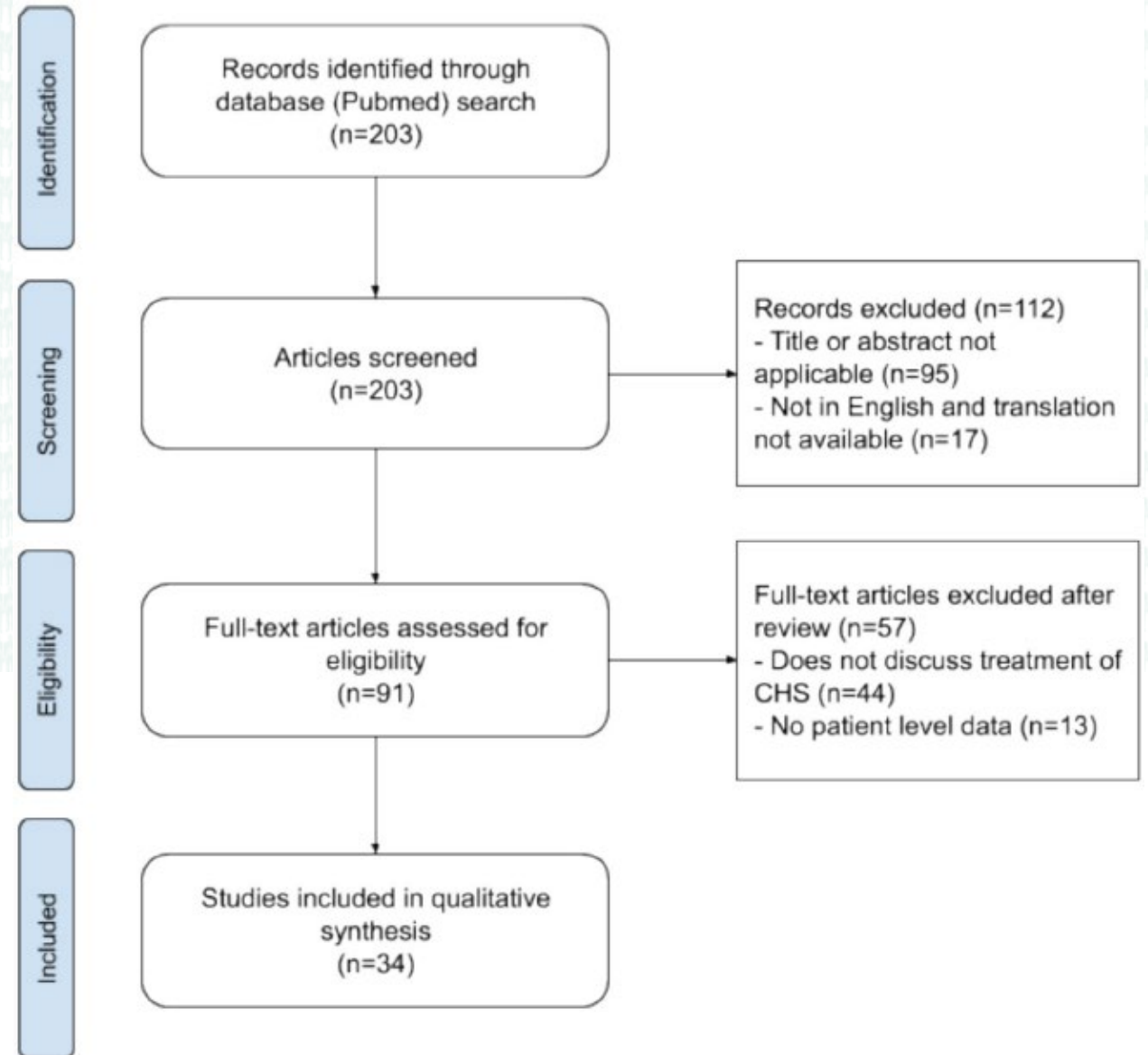


Fig. 1. PRISMA 2009 flow diagram.

Multimodal Approach

- Requiring more than one agent to obtain relief is not unusual.
- Besides symptom relief, management should include:
 - Counseling on behavioral change → prevention.
 - Cycles of remission and relapse mean that CHS can develop into a longitudinal, episodic illness.
 - This highlights the importance of **outpatient follow-up**.

Table 1

Summary of pharmacologic agents utilized in treatment of Cannabinoid hyperemesis syndrome.

Agent	# of cases ^a	# of cases ^b
Capsaicin	16	12
Ondansetron	13	1
Haloperidol	11	7
Metoclopramide	8	1
Diazepam	7	1
Lorazepam	6	5
Morphine	5	2
Clonazepam	4	4
Promethazine	3	0
Diphenhydramine	2	0
Olanzapine	2	1
Pantoprazole	2	1
Alprazolam	1	1
Aprepitant	1	1
Cyclizine	1	0
Chlorpromazine	1	0
Hydromorphone	1	0
Midazolam	1	0
Nefopam	1	1
Propranolol	1	1
Quetiapine	1	1
Ranitidine	1	0
Sulpiride	1	0

^a number of cases where the agent was considered effective.

^b number of cases where the agent was considered not only effective but also the sole successful treatment agent.

Patient Education

- Having realistic goals based on treatment setting
 - Emergency room vs inpatient treatment setting vs outpatient
- Context matters!
 - Personal, community, or cultural narratives about cannabis
- Motivational interviewing principles
 - Engaging, focusing, evoking and planning together with the patient.
 - Practicing skills:
 - Open-ended inquiry, affirmations, reflections, summary

Rolling with the Resistance

I believe you that cannabis has sometimes made you feel better. At the same time, there's a known paradoxical phenomenon where cannabis can contribute to recurrent vomiting in some people.

I also don't want to dismiss what you're experiencing. It may be that cannabis is helping, hurting, or even doing both at different points in the cycle. I think it would be helpful to follow-up with a clinician regularly to explore that together and figure out what approach works best for you.