

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/treating-bpsd-with-cannabinoids-what-we-currently-know/15451/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

Treating BPSD with Cannabinoids: What We Currently Know

### Announcer Introduction:

You're listening to NeuroFrontiers on ReachMD. Recently, our host Dr. Jerome Lisk had a chance to catch up with Dr. Raj Tampi, who's a Professor and Chairman of the Department of Psychiatry at Creighton School of Medicine, about the use of cannabinoids in patients with behavioral and psychological symptoms of dementia. Here's an excerpt from their conversation.

### Dr. Lisk:

Dr. Tampi, frequently, we have patients that come in asking about CBD. And I've had some patients that say it didn't help them. I've had other patients swear by it, that it helped with some behavioral symptoms. I always tell my patients, "Look, you have to be careful about what brand that you're getting out there because we can't solicit a brand. People can sell you snake oil. There's nothing that's really FDA-approved." But with some brands of CBD and hemp, they are getting benefits. What do you say about that?

### Dr. Tampi:

So, excellent question. There is a big order of peer review papers on using cannabinoids for treating behavioral and psychological symptoms of dementia. There are eight studies. There is actually a randomized controlled multicenter trial that is actually being done right now. We are waiting for that trial to come out. It will give us more confirmatory data. Out of the eight trials, seven trials showed benefit. The dronabinol was the most common cannabinoid that was being used, but even THC was used. Nabilone was the other synthetic cannabinoid that was used, so out of those eight studies, four studies showed that the patients tolerated the medications really well. Sedation was the most common side effect followed by delirium. So it is beneficial, but like you pointed out, I think using an FDA-approved medication like dronabinol, which is produced well, is the way to go, so I like that you point out that it has to be a brand name.

### Dr. Lisk:

What psychiatric symptoms do you think benefitted the most out of those studies?

### Dr. Tampi:

No, it actually had a spread, so anything from agitation to irritability to insomnia, so it was nonspecific. So this new randomized controlled trial will tell us more in detail, which is helpful because all the others were mainly case reports with BPSD, so I think I'm waiting for that one, that RCT.

**Dr. Lisk:**

Thank you, Dr. Tampi.

**Announcer Close:**

That was Dr. Jerome Lisk and Dr. Raj Tampi discussing the use of cannabinoids for the treatment of behavioral and psychological symptoms of dementia. To access this and other episodes in our series, visit [ReachMD dot com slash NeuroFrontiers](https://ReachMD.com/NeuroFrontiers), where you can Be Part of the Knowledge. Thanks for listening!