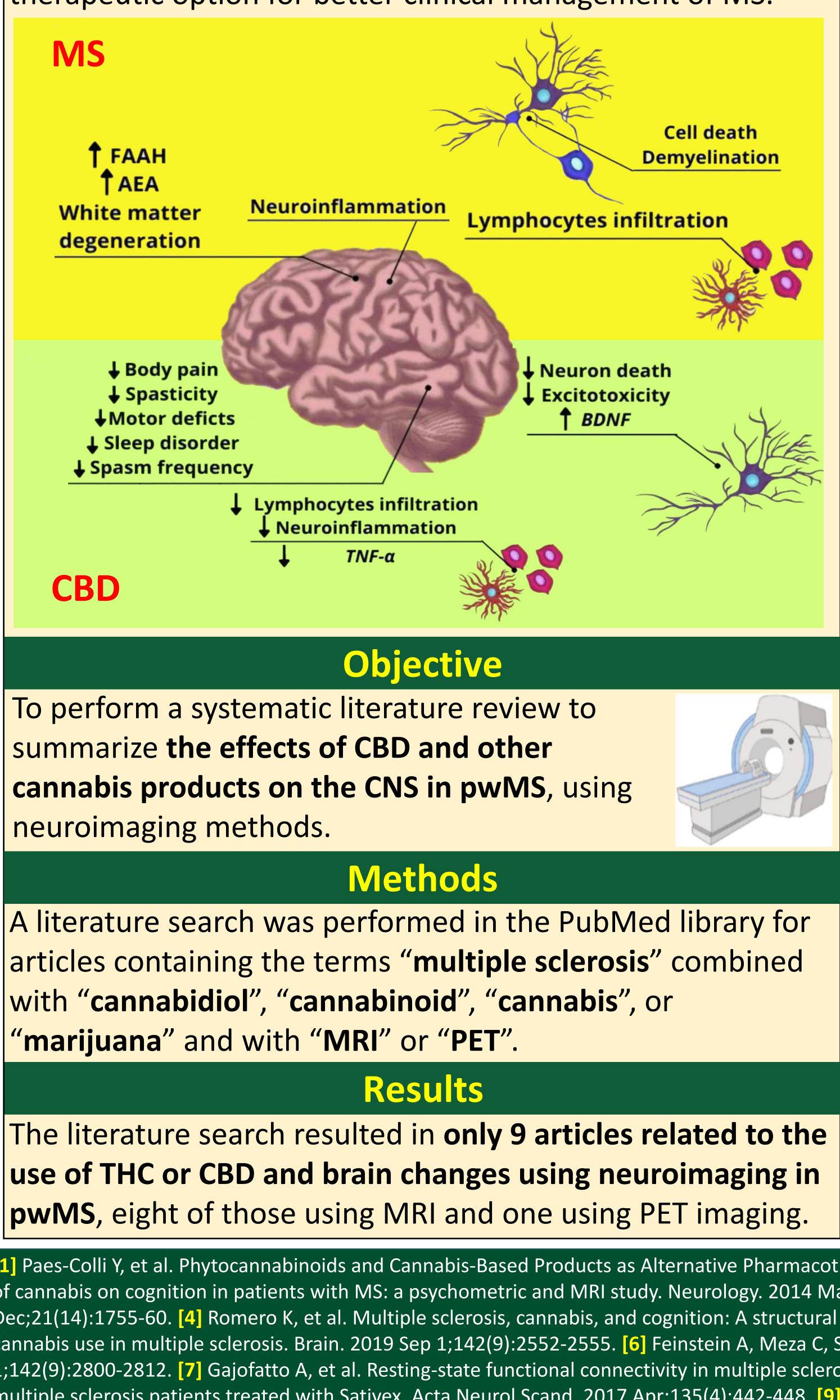
# Assessing the Effectiveness of Cannabidiol for Reducing Brain Inflammation and Improving Cognitive Function in Multiple Sclerosis Using Neuroimaging Markers: A Systematic Review

Health

UNIVERSITY OF MIAMI MILLER SCHOOL of MEDICINE

### Introduction

Multiple sclerosis (MS) is an auto-immune disorder that disrupts neural communication in the central nervous system (CNS). People with multiple sclerosis (pwMS) consume cannabis-based products for alleviating symptoms such as spasticity, pain, and sleep difficulties. Multiple studies and clinical trials have demonstrated the benefits of  $\Delta 9$ tetrahydrocannabinol (THC) for relieving these symptoms in PWMS. However, less attention has been given to cannabidiol (CBD) which, unlike the psychoactive THC, provides several benefits due to its anti-inflammatory, anti-oxidative, and **neuroprotective properties** making it a strong add-on therapeutic option for better clinical management of MS.<sup>1</sup>



1 Paes-Colli Y, et al. Phytocannabinoids and Cannabis-Based Products as Alternative Pharmacotherapy in Neurodegenerative Diseases: From Hypothesis to Clinical Practice. Front Cell Neurosci. 2022 May 30;16:917164. [2] Pavisian B, et al. Effects of cannabis on cognition in patients with MS: a psychometric and MRI study. Neurology. 2014 May 27;82(21):1879-87. [3] Feinstein A, et al. What to make of cannabis and cognition in MS: In search of clarity amidst the haze. Mult Scler. 2015 Dec;21(14):1755-60. [4] Romero K, et al. Multiple sclerosis, cannabis, and cognition: A structural MRI study. Neuroimage Clin. 2015 Apr 9;8:140-7. [5] Penner IK and Hartung HP. The dark side of the moon: looking beyond beneficial effects of cannabis use in multiple sclerosis. Brain. 2019 Sep 1;142(9):2552-2555. [6] Feinstein A, Meza C, Stefan 1;142(9):2800-2812. 7 Gajofatto A, et al. Resting-state functional connectivity in multiple sclerosis patients receiving nabiximols for spasticity. BMC Neurol. 2023 Mar 29;23(1):128. 8 Carotenuto A, et al. Upper motor neuron evaluation in multiple sclerosis patients treated with Sativex. Acta Neurol Scand. 2017 Apr;135(4):442-448. [9] Ball S, et al. The Cannabinoid Use in Progressive Inflammatory brain Disease (CUPID) trial: a randomised double-blind placebo-controlled parallelgroup multicentre trial and economic evaluation of cannabinoids to slow progression in multiple sclerosis . Health Technol Assess. 2015 Feb;19(12):vii-viii, xxv-xxxi, 1-187. [10] Workman CD, et al. The effects of chronic Δ-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) use on cerebral glucose metabolism in multiple sclerosis: a pilot study. Appl Physiol Nutr Metab. 2020 Apr;45(4):450-452.

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### **MRI Studies**

**Five articles** examined cognitive changes in **pwMS who** smoked cannabis, showing cognitive deficits correlating with tissue volume reduction on structural MRI and less efficient activation on functional MRI.<sup>2-6</sup>

One of these studies also showed recovery in some cognitive functions after a 28-day abstinence from cannabis.

**Two articles** examined **pwMS treated with nabiximols** (THC:CBD), showing reduced spasticity and changes in brain functional connectivity, but no microstructural improvements based on diffusion MRI.<sup>7-8</sup>

**One article** from the CUPID study found that **dronabinol (THC)** had no effect on brain lesion volumes in pwMS compared to other cannabis compounds.<sup>9</sup> None of the articles that used MRI examined the effect of **CBD** alone on the brains of pwMS.

### **PET Studies**

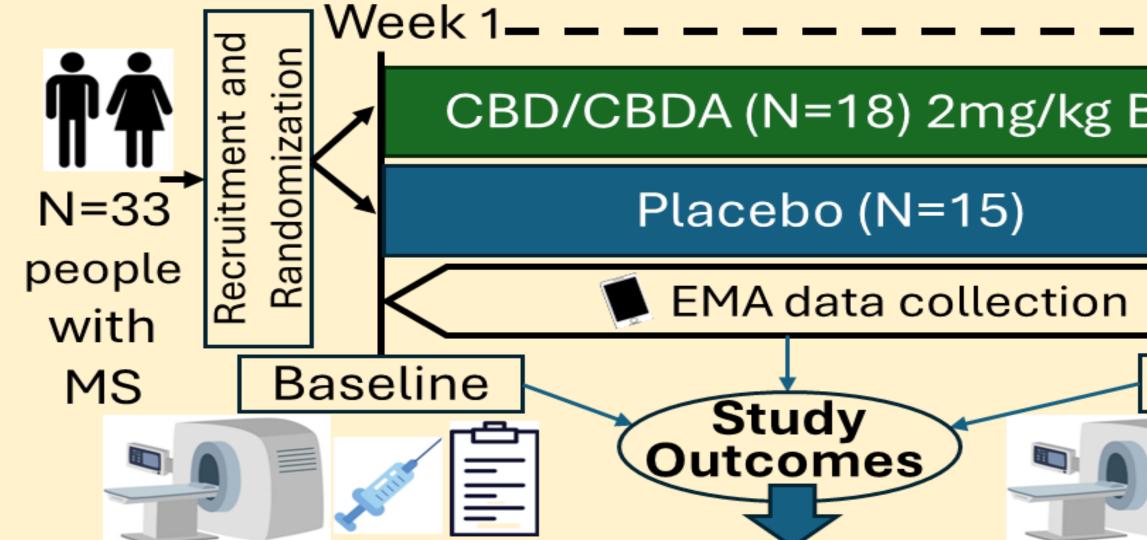
**One PET study** showed the **differential effects of THC and CBD** on brain metabolism **in pwMS**, with those taking THC showed hypermetabolism of cerebral fluorodeoxyglucose while those taking CBD had hypometabolism.<sup>10</sup> To the best of our knowledge, this is **the only study** investigating the effect of CBD, without THC, on the brain. Furthermore, no advanced MRI techniques, such as MR spectroscopy, diffusion kurtosis imaging, and neuromelanin MRI, and no cannabinoid-receptor specific PET ligands were used in the articles we found.

### **Current Proposal**

In a recently submitted proposal to the Consortium for Medical Marijuana Clinical Outcomes Research (MMJCOR), we proposed to evaluate the efficacy of a 26-week long CBD + cannabidiolic acid (CBDA) intervention in pwMS (18-40 y.o.; CBD group n=18; placebo group n=15). The CBD group will be given CBD+CBDA-rich hemp extract (1:1 ratio; 2mg/kg, BID). Procedures will include: MRI brain scan, a blood draw, and assessments of cognition, physical/mental health, and quality of life at 2 time-points.

We propose to use advanced MRI techniques: whole-brain MR spectroscopic imaging (MRSI), diffusion tensor/kurtosis imaging (DTI/DKI) with free-water elimination (FWE), neuromelanin (NM)-MRI, and myelin water imaging (MWI).

Biomarkers obtained from these methods can evaluate changes in <u>neuro-inflammation and -immune activation</u>, neuronal integrity, structural integrity, and neurotransmitters. Week 26 **P4** CBD/CBDA (N=18) 2mg/kg BID



**Brain MRI:** Neuro-inflammation and immune activation, neuronal integrity, neurotransmitters, volumetrics. **Blood samples:** Inflammation, immune activation, neuronal injury, CBD/CBDA metabolites. Physical/mental health: pain, sleep, QoL, anxiety, depression.

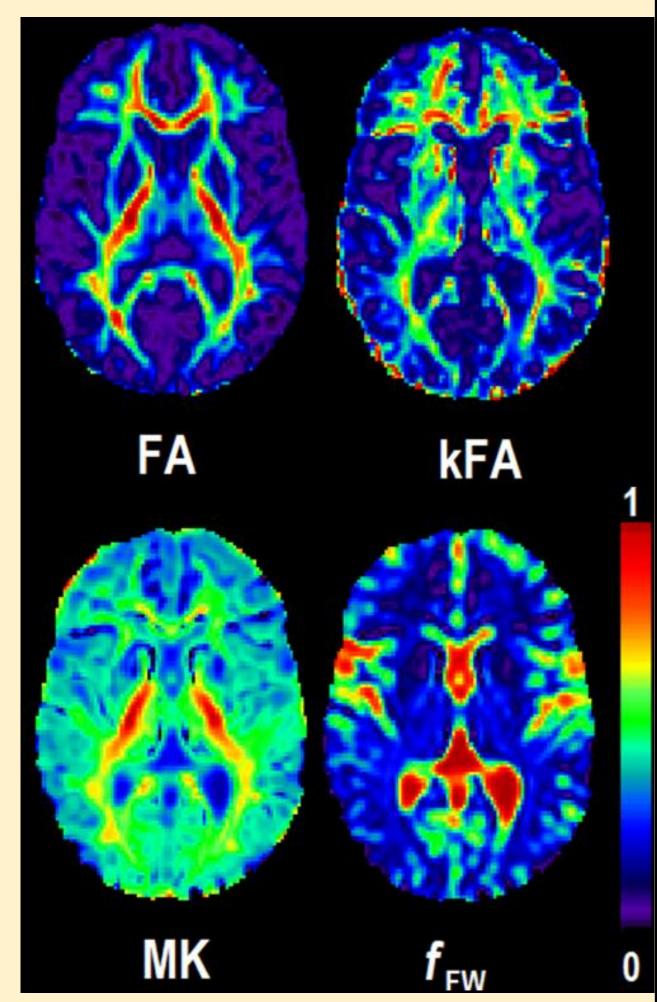
## **Data from Ongoing MMJCOR-funded Study**

In an ongoing study funded by MMJCOR (PI: Govind), we utilized the above proposed MRI techniques to investigate the effects of HIV infection and marijuana use in the brain of people with HIV infection (PWH). We enrolled n=11 subjects with n=14 additional subjects to be enrolled within the next 2 weeks. Sample whole-brain FWE-DTI/DKI data obtained from a subject are shown here to demonstrate the

feasibility of the MRI protocol in the proposed study on MS.

Despite MS being a qualifying condition for receiving medical marijuana, evidence-based knowledge on the effects of cannabinoids, in particular CBD, on the CNS in pwMS is still **lacking**. Comprehensive brain imaging studies using advanced MRI techniques are warranted for evaluating neuro-inflammation, neuro-immune activation, neuronal function, and neurotransmitters in pwMS who are taking cannabis products.

Our current proposal seeks to fill this knowledge gap by investigating the role of CBD+CBDA intervention in pwMS.



Follow-up

### Conclusion

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