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EDITORIAL COMMENT



The authors explore the National Health and Nutrition Examination Survey database regarding the use of tetrahydrocannabinol (THC) and lower urinary tract symptoms (LUTS). This is a very interesting and contemporary subject due to the ongoing discussion on marijuana legalization.

From statistical analysis, they could conclude that THC usage decreases the LUTS. Criticism on the paper should be put on the fact that THC usage was self-reported and even an infrequent usage such as once a month was included as significant in comparison to nonusers.

As there is biochemical evidence of cannabinoid receptors in the detrusor with exquisite inhibitory properties, urologists need to be cognizant THC might be incorporated to the armamentarium to deal with LUTS or for special situations as the ones already in use as for to treat some terminal urological cancer cases or incontinence in multiple sclerosis cases.

SUGGESTED READING

Freeman RM, Adekanmi O, Waterfield MR, Waterfield AE, Wright D, Zajicek J. The effect of cannabis on urge incontinence in patients with multiple sclerosis: a multicentre, randomised placebo-controlled trial (CAMS-LUTS). *Int Urogynecol J Pelvic Floor Dysfunct* 17(6):636–41, 2006

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AUTHOR REPLY



Based upon epidemiological data from the NIH, it has been reported that marijuana is the most widely used illicit drug, with over 22.2 million people using it within the past month.¹ Given increasing pressures to legalize this drug in multiple states, there is an urgent need to elucidate its potential medical benefits versus unrecognized side effects.

One of the main limitations of research on this subject is specifically defining which chemical compounds in marijuana are active and how to generalize the data based upon the frequency and type of use. Unless a clinician is prescribing a specific cannabinoid, most strains of marijuana have a heterogeneous profile containing multiple different cannabinoids as active compounds.² Therefore, defining regular usage in the present cohort is difficult not only based on a subject's frequency of use but also because each chemical concentration level may vary.

While there is no standardized definition for “regular use,” recently proposed definitions vary from weekly to four or more times a week.^{3–5} While our manuscript includes people that may only smoke once monthly, research also suggests that the chronicity of use may also affect patients.⁵ A well-designed prospect trial however, similar to prior studies looking at specific types of patients, using a regulated dose at a regular frequency, could better answer this question.^{6,7} It would be beneficial to discover the minimum tetrahydrocannabinol and/or appropriate cannabinoid dose, as well as dosing schedule, to provide patients with lower urinary tract symptom relief while minimizing potential undesirable side effects.

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