

Cannabis Use in Patients with Chronic Pancreatitis Improves In-Hospital Outcomes Neethi Dasu DO¹, Yaser Khalid DO², Kirti Dasu BA³, C Jonathan Foster DO¹

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INTRODUCTION

- Chronic pancreatitis is a debilitating, progressive, and irreversible disorder characterized by a cycle of inflammation and fibrosis.
- The etiology of chronic pancreatitis is broad and ranges from genetic to anatomic factors.
- Chronic pancreatitis is also a painful disorder with numerous patients using narcotics for relief.
- We aimed to study the clinical outcomes of patients with chronic pancreatitis with a concomitant diagnosis of cannabis use in comparison to patients with chronic pancreatitis who do not use cannabis.

METHODS

- The NIS database was queried for the years 2015-2019.
- Adult patients (>age 18) with a diagnosis of cannabis use and chronic pancreatitis versus those with only chronic pancreatitis as a principal discharge diagnosis were identified using ICD-10 codes.
- The primary outcome was inpatient mortality.
- Secondary outcomes were hospital length of stay (LOS) and total hospital charges (TOTHC).
- Statistical analysis was performed using STATA.

RESULTS

- We identified
 - → 153,407 patients who had chronic pancreatitis
 - → of which 8,985 patients
 had a concomitant
 diagnosis of cannabis use.
- After propensity score matching, patients with a diagnosis of chronic pancreatitis and cannabis use
 - → <u>had decreased mortality</u>

(OR 0.34, p< 0.0001,

Cl:0.27-0.45),

→ decreased LOS

(-0.98 days, p<0.0001,

CI: 1.12 to -0.83) and

→ decreased TOTHC

(-\$13,845, p< 0.0001, Cl:

-\$15,954 to -11,736)

compared to patients with only a diagnosis of chronic pancreatitis.

DISCUSSION

- Patients with chronic pancreatitis who use cannabis interestingly had lower mortality, LOS, and TOTHC compared to patients with chronic pancreatitis who do not use cannabis.
- This is an important study that demonstrates that cannabis use is not detrimental and can be effective in controlling symptoms and improving outcomes in certain patient populations.
- Further randomized controlled trials are necessary to further illustrate our results.

DISCLOSURES: NONE





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