



## Improving Quality of Life using Prescribed Cannabis in the Long-Term Care Setting

By: Clara Nisan NP-PHC, Carey Burleigh BSW, RSW and Jennifer Foster MSW student

---

### Mackenzie Health LTC, Richmond Hill

At Mackenzie Health LTC, we aim to improve our residents' quality of living and end of life. However, typical medications do not always relieve pain and symptoms. We needed to find another way. Our Nurse Practitioner and some of our staff attended the RNAO Medical Cannabis webinar series to learn about its use in long-term care. We now feel more confident with administering cannabis containing various levels of cannabidiol (CBD) and tetrahydrocannabinol (THC).

We started prescribing cannabis in December 2017. Cannabis helps manage responsive behaviours and neuropathic and chronic pain. Appetite and sleep are also improved. For residents in long-term care, the prescribed cannabis is typically in the form of oil, spray or soft gels. Cannabis is administered by our registered staff, either sublingually or orally.

The Physician or Nurse Practitioner assesses a resident to determine if the resident would benefit from cannabis. Then the resident or power of attorney registers with a Health Canada approved cannabis supplier. The prescribed cannabis is paid for by the resident or power of attorney. The product is shipped directly to the long-term care facility.

Cannabis is administered to residents while slowly tapering them off antipsychotic medication. Mackenzie Health LTC is now well below the provincial average for antipsychotic use without appropriate diagnosis.

Pain and palliative symptom management can be challenging for residents nearing end of life. The use of cannabis along with hydromorphone, midazolam and scopolamine has shown good results for our residents.

One of our residents, who is in her 90s, is diagnosed with delirium, dementia, and delusional disorder. She also has post-traumatic stress disorder. Once admitted to our LTC home, our staff found her behaviours difficult to manage. Our Social Worker and Nurse Practitioner attended Behaviour Support Ontario's Complex Case Resolution Panel regarding the resident's ongoing responsive behaviours. The resident was admitted to a specialized behavioural neurology unit, for 60 days, with little improvement.

Since being prescribed cannabis at Mackenzie Health LTC, she has gained weight and has been able to feed herself. She has shown a decrease in responsive behaviours and hallucinations. She is not falling as often. Her mood has stabilized and she is better able to communicate her needs.

Another resident, living with multiple co-morbidities, also has dementia and delusional disorder. Cannabis has reduced her neuropathic pain. Her appetite improved and she started feeding herself. The cannabis also helped to stabilize her mood and improve her sleep.



One of our residents with anxiety and depression has attempted suicide. She was struggling with insomnia, paranoia and delusions. Pain management was difficult due to her long history with opioid dependence. She was reluctant to make any medication changes. With encouragement, she decided to try cannabis. Since then, we have been able to reduce and even discontinue some of her opioids. Overall, there has been improvement in all of her presenting symptoms.

Universal Care Homes, which includes Mackenzie Health LTC, created a policy for the use of cannabis for medically prescribed purposes. The policy applies to all their residents and clients.

To date, 28 residents have been prescribed cannabis at Mackenzie Health LTC. The use of cannabis in long-term care has definitely improved pain and symptom management, leading to a better quality of life for some of our residents.

**-About Mackenzie Health Long-Term Care-**

*Mackenzie Health LTC is a 168-bed not-for-profit home in Richmond Hill, Ontario. It is part of the Mackenzie Health campus and is managed by Universal Care, Inc*