**Background**

- The prevalence of cannabis use among older adults has significantly increased in recent years.
- Clinicians will be faced with questions regarding efficacy and safety of using cannabis.
- Most relevant to the geriatric population are the associations between cannabis and cognition, falls and injury, drug interactions, and treatment of behavioral and psychological symptoms of dementia (BPSD).

**Methods**

- MEDLINE/PubMed searched for reviews, meta-analyses, and primary studies published through September 2019 to identify studies investigating geriatric cannabis use in relation to cognition, falls and injury, drug interactions, and BPSD, using relevant mesh terms.
- 31 publications were selected for inclusion.

**Results**

**How do cannabinoids affect cognition in the elderly?**

- No studies in adults age 65 or greater identified.
- From adult cohorts:
  - Acute impairments in attention, learning, and memory.
  - Magnitude of impairment depends on frequency / duration of use, length of abstinence, and age at onset of use.
  - Unclear if cannabis is associated with enduring neuropsychological impairment.

**Does cannabis use increase the risk of falls or motor vehicle crash in the elderly?**

- Falls: 2 RCT, 2 cohort studies.
  - Common adverse effects include dizziness, sedation, and orthostatic hypotension, but not enough literature to draw conclusions.
- Motor Vehicle Crash (MVC): No studies in adults age 65 or greater identified.
  - From adult cohorts:
    - Cannabis use associated with 2 times greater risk of fatal or serious MVC. Recreational use affects driving ability even when users are not intoxicated.

**Does cannabis interact with prescription medications?**

- No studies in adults age 65 or greater identified.
- Pharmacokinetics:
  - THC and CBD are metabolized by CYPA4.
  - CBD, but not THC, is metabolized by CYP2C19.
  - When THC is smoked, it induces CYPA2.
  - Warfarin: 4 case reports found that cannabis (specifically CBD) increases warfarin levels and INR.

**Can cannabinoids be used to treat Behavioral and Psychiatric Symptoms of Dementia?**

- 5 RCT, 2 cohort studies, 2 case series, 2 case reports.
- Difficult to draw conclusions on efficacy and safety given heterogeneity of study design and poor study quality.