Cannabis use in patients with schizophrenia: motivation for use and relation to clinical variables
Dekker, N.

Citation for published version (APA):
Patients with schizophrenia commonly report that their reasons for cannabis use are enhancement of positive affect, relief of dysphoria, and social enhancement. Relatively few patients report reasons related to relief of psychotic symptoms or relief of side-effects of medication. Many patients report that cannabis negatively affects positive symptoms.

Patients with schizophrenia have similar explicit and implicit association towards the effects of cannabis as controls, but they have stronger explicit negative expectancies of cannabis.

The Obsessive Compulsive Drug Use Scale for cannabis (OCDUS-CAN) is a valid instrument to assess craving for cannabis in patients with psychotic disorder, siblings and healthy controls.

Patients have higher craving levels for cannabis compared to siblings and controls, which could be related to primary and secondary symptoms of their disorder and side-effects of antipsychotic medication.

More than half of cannabis using patients ceased the use of cannabis before they were admitted to the Early Psychosis Department. Most of these patients ceased the use of cannabis after they became psychotic and after start of treatment in psychiatric services, which may well be related to the awareness of patients that cannabis use negatively affects symptoms and to psycho-education by health care workers.

Age at onset of psychosis was 1.8 years earlier in cannabis users compared to non-users, corrected for gender and the use of other illicit drugs. This could be explained by cannabis use precipitating the onset of psychotic illness in vulnerable subjects.

We did not find evidence that co-morbid obsessive-compulsive symptoms are a protective factor against the use of nicotine and other substances in patients suffering from non-affective psychotic illness.

Current cannabis use was associated with poorer performance on immediate verbal learning, processing speed and working memory, and lifetime cannabis use was associated with better performance on acquired knowledge and social cognition. Findings suggest that cannabis using patients have a higher cognitive potential compared to non-users, but the (sub)acute effects of cannabis impair cognitive functioning.

Cannabis naïve patients showed reduced white matter integrity in the splenium of the corpus callosum, compared to patients with early-onset cannabis use. This finding indicates a more vulnerable brain structure in cannabis naïve schizophrenia patients.
Motivation for use and relation to clinical variables

Nienke Dekker

Cannabis use in patients with schizophrenia