

Cannabinoids for symptomatic treatment for people with multiple sclerosis

The MS Centre of Fidenza experience

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Objective: Spasticity and chronic neuropathic pain are common and serious symptoms in people with multiple sclerosis (MS). These symptoms increase with disease progression and lead to worsening disability, impaired activities of daily living and quality of life. Anti-spasticity medications and analgesics are of limited benefit or poorly tolerated. Cannabinoids may reduce spasticity and pain in people with MS. The purpose of this study was to evaluate the role of medical cannabis (MC) as part of a comprehensive treatment plan for patients with MS

Materials and Methods: From April 2022 until April 2025 we have analyzed clinical data of 30 patients in phytocannabinoids therapy (or nabiximols, mixture of 2 cannabinoids, namely the delta-9-tetrahydrocannabinol that cannabidiol, or derivatives of therapeutic cannabis at different concentrations). Data were collected for up to 6 follow-up appointments (three years) after initiation of MC. The evaluation included neurological examination and administration of scores; Numerical scale, **NRS**, visual analog scale, **VAS**, verbal quantitative scale, **VRS**, **la Mpq-Mg Gill Pain Questionnaire**, **EDSS**, **PRO (Patient-Reported Outcomes) QoL**. Outcomes included changes in MS symptoms, medication changes, adverse events, and changes in cognition and mobility. MS-Related Symptoms considered were: Spasticity, Pain, Tremor and Ataxia, Bladder Dysfunction, Sleep Disorders, Health-Related Quality of Life, Disability and Disability Progression.

Results: 15 Pw were in therapy with Nabiximols. All Pw experienced extensive MS symptom improvement after initiation of MC, with alleviation of pain (72% of patients), spasticity (48% of patients) and improvement in sleep (40% of patients); in 45% they have been shown to be effective in reducing urgency incontinence, frequency, and nocturia. No benefit highlighted in terms of perceived progression and objectively measured disability. The most common adverse reaction to MC was vertigo (11% of patients).

Conclusions: In many patients with MS, MC was well tolerated, eased pain and spasticity, improved sleep and other symptoms, and reduced use of concomitant opioid analgesics. Prospective studies are needed to further investigate the role of MC in the treatment of patients with MS



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