
Jefferson Cardiology Association Happenings

Marijuana and the Heart

Marijuana has now become legal for recreational use in Washington and Colorado. Also, marijuana is approved for medicinal use in 23 states. In future years, more states may consider legalizing marijuana for one of these indications.

How safe is marijuana? What research has been done to clarify the benefit and negative aspects of marijuana? Is there any current information about the negative effects of marijuana?

It appears that there has been little research to identify the potential problems marijuana could cause. A study in 2001 involved interviewing 3882 heart attack victims and asking if marijuana was used before the onset of symptoms. A small number of persons admitted to smoking marijuana but these persons had 5 times the risk of having a heart attack within 60 minutes of marijuana use. Marijuana users had a 4.2 fold increase in mortality with a heart attack compared with nonusers.

In addition to heart attacks, marijuana use has been related in time to cardiac rhythm disturbances, sudden cardiac death, heart muscle disease, stroke, mini-stroke and peripheral artery disease.

In France, all cases of drug abuse must by law be reported to a national network composed of 13 centers. All marijuana complications between 2006 and 2010 were reported by this network. Of the 1979 events reported, 1.8% were cardiovascular complications. These included 20 with threatened heart attacks and 2 with cardiac rhythm disturbances. There were 10 complications that affected the arterial leg circulation and 3 associated

with threatened stroke. Twenty six percent of these complications lead to death.

What are the effects marijuana has on the body? These effects may reflect how marijuana available now is much more potent than that present 30 years ago. Marijuana has been shown to significantly increase heart rate and stroke. In a study in the Netherlands, there was such a big rise in heart rate that 45% of participants had heart rate rise to 140 beats per minute. This increase in heart rate may last up to 8 hours. Also, 22% of study subjects dropped their blood pressure so low that they had to lie down.

Worldwide, marijuana is the most widely used illicit drug. In 2013 a poll indicated that 39% of American college students used marijuana during the preceding year. Surprisingly, marijuana is increasing in persons over age 65. A national survey reported that 58% of American adults support legalizing marijuana.

Research to evaluate the effects of marijuana has been limited as the U.S. Controlled Substance Act has placed it in the same schedule 1 as heroine and cocaine. This category is for agents that have a high potential for abuse and no medical use. Moving marijuana to schedule 2 might increase the opportunity to do research to better learn the effects and risks of marijuana. There have been reports of medical benefit of marijuana treating nausea in cancer patients and reducing seizures in severe epilepsy. There have also been reports of auto accidents caused by those under the influence of marijuana. Perhaps with time, we will better learn the risks and benefits of marijuana.

Too Much Blood Thinning

Many patients with coronary heart disease are on coumadin or new medications that perform the same role. Also, coronary patients may be taking aspirin or another similar acting agent. After coronary patients receive a stent, there is the prescription of aspirin and another anti-platelet agent for up to one year.

What is the risk for coronary patients taking coumadin and aspirin one or more years after a coronary procedure? The CORONOR study examined this question analyzing 4184 stable coronary patients who had no coronary procedures over one year. Over 2.3 years of follow-up, 51 cases of major bleeding occurred and these were associated with increased mortality. The greatest incidence of bleeding was with coumadin and an aspirin like agent. About half the incidence of bleeding was seen in those taking coumadin only. Those taking aspirin plus another anti-platelet agent such as Plavix had about half the bleeding of those taking coumadin alone. The least bleeding was seen with aspirin alone.

It was concluded that patients taking long term coumadin are at increased risk and derive no benefit when also taking aspirin or another anti-platelet agent. A recommendation was made to avoid long term combination of coumadin and aspirin. The administration of a drug such as Protonix or Nexium could reduce bleeding for these people.

Happy Veterans Day

Jefferson Cardiology Association would like to say thank you to all past and present veterans that have served our great nation. America truly is the land of the free because of the brave! God Bless America!

Happy Thanksgiving

We would like to wish everyone and their families a very Happy Thanksgiving. A thanksgiving poem for all: May your stuffing be tasty, may your turkey be plump, may your potatoes and gravy have nary a lump. May your yams be delicious, and your pies take the prize, and may your Thanksgiving dinner stay off your thighs.



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