Box 2: Clinical diagnosis of CHS.

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|  Essential Criteria:* Long term cannabis use (months to years); shorter phase with synthetic cannabis use
* Resolution of symptoms with abstinence from cannabis and / or synthetic cannabis

 Major Features:* Cannabis use pattern is at least weekly, often daily
* Abrupt onset of nausea and vomiting with a duration of < 72 hours
* Relief of symptoms with hot showers or bathing
* Epigastric or periumbilical abdominal pain

 Supportive Criteria:* Inter-episodic symptoms of morning nausea and occasional vomiting
* First cannabis use in teenage years with onset of symptoms at age = 20’s
* Male gender and no particular association with migraine history
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*Note.* Adapted from (Simonetto et al., 2012; Sontineni et al., 2009; Sorensen et al., 2017).

References

Simonetto, D. A., Oxentenko, A. S., Herman, M. L., & Szostek, J. H. (2012). Cannabinoid hyperemesis: A case series of 98 patients. *Mayo Clin Proc*, *87*(2), 114-119. <https://doi.org/10.1016/j.mayocp.2011.10.005>

Sontineni, S. P., Chaudhary, S., Sontineni, V., & Lanspa, S. J. (2009). Cannabinoid hyperemesis syndrome: Clinical diagnosis of an underrecognised manifestation of chronic cannabis abuse. *World J Gastroenterol*, *15*(10), 1264-1266.

Sorensen, C. J., DeSanto, K., Borgelt, L., Phillips, K. T., & Monte, A. A. (2017). Cannabinoid hyperemesis syndrome: Diagnosis, pathophysiology, and treatment - a systematic review [Review]. *Journal of Medical Toxicology*, *13*(1), 71-87. <https://doi.org/10.1007/s13181-016-0595-z>