Long-term and serious harms of medical cannabis and cannabinoids for chronic pain: A systematic review and meta-analysis of nonrandomized studies

Appendix

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Appendix 1: Search strategy

MEDLINE	10649
EMBASE	6382
Central	2426
PsycInfo	3801
Subtotal	23260
-dupes	-6085
Total	17175

April 1, 2020

Database: OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Search Strategy:

- 1 Epidemiologic Studies/ (8256)
- 2 exp Case-Control Studies/ (1067341)
- 3 exp Cohort Studies/ (1974212)
- 4 Case control.tw. (123081)
- 5 (cohort adj (study or studies)).tw. (199133)

- 6 Cohort analy\$.tw. (7799)
- 7 (Follow up adj (study or studies)).tw. (48708)
- 8 (observational adj (study or studies)).tw. (103255)
- 9 Longitudinal.tw. (239715)
- 10 Retrospective.tw. (515751)
- 11 Cross sectional.tw. (342224)
- 12 Cross-sectional studies/ (322752)
- 13 or/1-12 (2953281)
- 14 exp animals/ not humans.sh. (4685189)
- 15 13 not 14 (2889789)

Annotation: SIGN observational studies filter

- 16 randomized controlled trial.pt. (503041)
- 17 controlled clinical trial.pt. (93591)
- 18 randomized.ab. (474985)
- 19 placebo.ab. (206552)

20 drug therapy.fs. (2191450)

- 21 randomly.ab. (330409)
- 22 trial.ab. (500400)
- 23 groups.ab. (2028909)
- 24 or/16-23 (4670111)
- 25 exp animals/ not humans.sh. (4685189)
- 26 24 not 25 (4048339)

Annotation: Cochrane HSSS RCT filter

27 15 or 26 (6033576)

Annotation: study design filter broad

- 28 Cannabis/ (8968)
- 29 exp cannabinoids/ or cannabidiol/ or cannabinol/ or dronabinol/ (13810)
- 30 Endocannabinoids/ (5630)
- 31 exp Receptors, Cannabinoid/ (9240)

32 (Cannabis or cannabinol or cannabinoid* or cannabidiol or bhang or cannador or charas or ganja or ganjah or hashish or hemp or marihuana or marijuana or nabilone or cesamet or cesametic or ajulemic acid or cannabichromene or cannabielsoin or cannabigerol or tetrahydrocannabinol or dronabinol or levonantradol or nabiximols or palmidrol or tetrahydrocannabinolic acid or tetrahydro cannabinol or marinol or tetranabinex or sativex or endocannabinoid*).mp. (54925)

33 or/28-32 (54925)

Annotation: strategy from 2020 cannabis review

34 27 and 33 (16307)

Annotation: cannabis AND study design filter

- 35 exp "Drug-Related Side Effects and Adverse Reactions"/ (114376)
- 36 (ae or to or po or co).fs. (3890270)
- 37 (safe or safety).ti,ab. (758301)
- 38 side effect\$.ti,ab. (243706)

39 ((adverse or undesirable or harms\$ or serious or toxic) adj3 (effect\$ or reaction\$ or event\$ or outcome\$)).ti,ab. (501888)

40 exp Product Surveillance, Postmarketing/ (15237)

- 41 adverse drug reaction reporting systems/ (7463)
- 42 clinical trials, phase iv/ (295)

- 43 exp Poisoning/ (156177)
- 44 exp Substance-Related Disorders/ (274845)
- 45 Abnormalities, Drug-Induced/ (14514)
- 46 Drug Monitoring/ (20599)
- 47 exp Drug Hypersensitivity/ (45642)
- 48 (toxicity or complication\$ or noxious or tolerability).ti,ab. (1298802)
- 49 or/35-48 (5596308)

Annotation: OVID AE filter

50 34 and 49 (10649)

Annotation: Study design filter AND Cannabis AND AE Filter (broad)

Database: Embase <1974 to 2020 March 31>

Search Strategy:

1 cannabis/ (33859)

- 2 exp cannabinoid/ (65694)
- 3 medical cannabis/ (2104)
- 4 exp cannabinoid receptor/ (14557)
- 5 exp endocannabinoid/ (8589)

6 (Cannabis or cannabinol or cannabinoid* or cannabidiol or bhang or cannador or charas or ganja or ganjah or hashish or hemp or marihuana or marijuana or nabilone or cesamet or cesametic or ajulemic acid or cannabichromene or cannabielsoin or cannabigerol or tetrahydrocannabinol or dronabinol or levonantradol or nabiximols or palmidrol or tetrahydrocannabinolic acid or tetrahydro cannabinol or marinol or tetranabinex or sativex or endocannabinoid*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (86550)

7 or/1-6 (87843)

Annotation: cannabis

- 8 clinical study/ (154879)
- 9 case control study/ (153658)
- 10 family study/ (26012)
- 11 longitudinal study/ (137463)
- 12 retrospective study/ (897628)
- 13 prospective study/ (590879)

14 randomized controlled trials/ (176633)

15 13 not 14 (584662)

16 cohort analysis/ (564001)

17 (Cohort adj (study or studies)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (296961)

18 (Case control adj (study or studies)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (211490)

19 (follow up adj (study or studies)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (65948)

20 (observational adj (study or studies)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (242526)

21 (epidemiologic\$ adj (study or studies)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (109669)

22 (cross sectional adj (study or studies)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (385983)

23 or/8-12,15-22 (2808984)

Annotation: SIGN observational studies filter

24 7 and 23 (9720)

Annotation: cannabis AND observational studies

- 25 randomized controlled trial/ (597702)
- 26 Controlled clinical study/ (463832)
- 27 random\$.ti,ab. (1518977)
- 28 randomization/ (86491)
- 29 intermethod comparison/ (258334)
- 30 placebo.ti,ab. (303428)

31 (compare or compared or comparison).ti. (504683)

32 ((evaluated or evaluate or evaluating or assessed or assess) and (compare or compared or comparing or comparison)).ab. (2082229)

33 (open adj label).ti,ab. (78190)

34 ((double or single or doubly or singly) adj (blind or blinded or blindly)).ti,ab. (229917)

35 double blind procedure/ (171048)

36 parallel group\$1.ti,ab. (25201)

37 (crossover or cross over).ti,ab. (104010)

38 ((assign\$ or match or matched or allocation) adj5 (alternate or group\$1 or intervention\$1 or patient\$1 or subject\$1 or participant\$1)).ti,ab. (325625)

- 39 (assigned or allocated).ti,ab. (383429)
- 40 (controlled adj7 (study or design or trial)).ti,ab. (343515)
- 41 (volunteer or volunteers).ti,ab. (244577)
- 42 human experiment/ (490389)
- 43 trial.ti. (295850)
- 44 or/25-43 (4952112)

Annotation: Cochrane RCT filter

45 7 and 44 (14036)

Annotation: cannabis AND RCTs

46 24 or 45 (21357)

Annotation: cannabis AND (Obs studies OR RCTs)

47 7 and (23 or 44) (21357)

Annotation: logic check

- 48 (ae or si or to or co).fs. (3204803)
- 49 (safe or safety).ti,ab. (1154971)
- 50 side effect\$.ti,ab. (358075)

51 ((adverse or undesirable or harm\$ or serious or toxic) adj3 (effect\$ or reaction\$ or event\$ or outcome\$)).ti,ab. (787739)

- 52 exp adverse drug reaction/ (522775)
- 53 exp drug toxicity/ (125051)
- 54 exp intoxication/ (366563)
- 55 exp drug safety/ (393912)
- 56 exp drug monitoring/ (53058)
- 57 exp drug hypersensitivity/ (56248)
- 58 exp postmarketing surveillance/ (35831)
- 59 exp drug surveillance program/ (26017)

- 60 exp phase iv clinical trial/ (3822)
- 61 (toxicity or complication\$ or noxious or tolerability).ti,ab. (1868476)
- 62 or/48-61 (6002309)

Annotation: OVID AE filter 1-14

63 47 and 62 (6382)

Cannabis AEs

Search Name: cannabis AEs

Date Run: 01/04/2020 18:42:40

Comment:

- ID Search Hits
- #1 MeSH descriptor: [Cannabis] explode all trees 298
- #2 MeSH descriptor: [Cannabinoids] explode all trees 790
- #3 MeSH descriptor: [Endocannabinoids] explode all trees 48

#4 MeSH descriptor: [Endocannabinoids] explode all trees 48

#5 (Cannabis or cannabinol or cannabinoid* or cannabidiol or bhang or cannador or charas or ganja or ganjah or hashish or hemp or marihuana or marijuana or nabilone or cesamet or cesametic or ajulemic acid or cannabichromene or cannabielsoin or cannabigerol or tetrahydrocannabinol or dronabinol or levonantradol or nabiximols or palmidrol or tetrahydrocannabinolic acid or tetrahydro cannabinol or marinol or tetranabinex or sativex or endocannabinoid*):ti,ab,kw (Word variations have been searched) 4370

#6 #1 or #2 or #3 or #4 or #5 4370

#7 MeSH descriptor: [Drug-Related Side Effects and Adverse Reactions] explode all trees 3463

#8 MeSH descriptor: [] explode all trees and with qualifier(s): [adverse effects - AE, toxicity - TO, poisoning - PO, complications - CO] 169278

#9 (safe or safety):ti,ab,kw (Word variations have been searched) 258304

#10 (side effect*):ti,ab,kw (Word variations have been searched) 149400

#11 ((adverse or undesirable or harms* or serious or toxic) near/3 (effect* or reaction* or event* or outcome*)):ti,ab,kw (Word variations have been searched) 279577

#12 MeSH descriptor: [Product Surveillance, Postmarketing] explode all trees 191

#13 MeSH descriptor: [Adverse Drug Reaction Reporting Systems] explode all trees 82

#14 MeSH descriptor: [Clinical Trial, Phase IV] explode all trees 0

#15 MeSH descriptor: [Poisoning] explode all trees 2101

#16	MeSH descriptor: [Substance-Related Disorders] explode all trees	14586	
#17	MeSH descriptor: [Abnormalities, Drug-Induced] explode all trees	47	
#18	MeSH descriptor: [Drug Monitoring] explode all trees 1725		
#19	MeSH descriptor: [Drug Hypersensitivity] explode all trees 965		
#20 searche	(toxicity or complication* or noxious or tolerability):ti,ab,kw (Worded) 332240	d variations have been	
#21	#7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or # 626064	17 or #18 or #19 or #20	
#22	#6 and #21 in Trials 2426		
PsycInfo			
Databa	se: APA PsycInfo <1806 to March Week 4 2020>		
Search	Strategy:		

1 exp cannabis/ or exp cannabinoids/ or tetrahydrocannabinol/ (12819)

2 (Cannabis or cannabinol or cannabinoid* or cannabidiol or bhang or cannador or charas or ganja or ganjah or hashish or hemp or marihuana or marijuana or nabilone or cesamet or cesametic or ajulemic acid or cannabichromene or cannabielsoin or cannabigerol or tetrahydrocannabinol or dronabinol or levonantradol or nabiximols or palmidrol or tetrahydrocannabinolic acid or tetrahydro cannabinol or marinol or tetranabinex or sativex or endocannabinoid*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (26466)

3 1 or 2 (26466)

- 4 exp "side effects (drug)"/ (57604)
- 5 (safe or safety).ti,ab. (84148)
- 6 side effect\$.ti,ab. (31950)

7 ((adverse or undesirable or harms\$ or serious or toxic) adj3 (effect\$ or reaction\$ or event\$ or outcome\$)).ti,ab. (44183)

- 8 toxic disorders/ (1433)
- 9 exp "substance use disorder"/ (127742)
- 10 (toxicity or complication\$ or noxious or tolerability).ti,ab. (42844)
- 11 or/4-10 (310848)
- 12 3 and 11 (10984)
- 13 epidemiology/ (49562)

14 ((case* adj5 control*) or (case adj3 comparison*) or case-comparison or control group*).ti,ab,id. not "Literature Review".md. (95810) 15 ((cohort or longitudinal or prospective or retrospective).ti,ab,id. or longitudinal study.md. or prospective study.md.) not "Literature Review".md. (286455)

16 (cross section* or "prevalence study").ti,ab,id. (80384)

17 clinical trials/ or "treatment outcome clinical trial".md. or ((randomi?ed adj7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled adj3 trial*) or (clinical adj2 trial*)).ti,ab,id. (101001)

18 Case control.mp. (10736)

19 (cohort adj (study or studies)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (21026)

20 Cohort analy\$.mp. (2099)

21 (Follow up adj (study or studies)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (12876)

22 (Longitudinal or Retrospective or Cross sectional).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (218589)

23 or/13-22 (561443)

24 12 and 23 (3801)

Appendix 2: Detailed methods for the assessment of risk of bias

We rated studies at serious risk of <u>confounding bias</u> when they when they did not adjust for important predictors of adverse events and cannabis use, including, at minimum, pain intensity, concomitant pain medication, disability status, alcohol use, past cannabis use and at critical risk if they did not include a control group. We rated studies at serious risk of <u>selection bias</u> when studies included prevalent medical cannabis users (i.e., patients who experience serious or debilitating adverse events are more likely to discontinue cannabis and hence less likely to be included in studies of prevalent users). We rated studies at serious risk of <u>misclassification of the intervention</u> if there was evidence that medical cannabis users were not appropriately classified. We rated studies at serious risk of bias due to <u>departure from the intervention</u> if the intervention was not delivered as intended or more than 20% of patients discontinued the intervention for reasons unrelated to adverse effects (e.g., costs). We rated studies at serious risk of <u>missing data</u> when 20% or more of the original patients did not have adverse event data. Finally, we rated studies at moderate risk of <u>selective reporting</u> when the study did not differentiate between minor and serious adverse events or when there were indications that adverse events were selectively, and not comprehensively, reported.

Appendix 3: List of included studies

1. Anderson SP, Zylla DM, McGriff DM, Arneson TJ. Impact of medical cannabis on patient-reported symptoms for patients with cancer enrolled in Minnesota's medical cannabis program. Journal of Oncology Practice. 2019;15(6):E338-E45.

2. Bellnier T, Brown GW, Ortega TR. Preliminary evaluation of the efficacy, safety, and costs associated with the treatment of chronic pain with medical cannabis. The Mental Health Clinician. 2018;8(3):110-5.

3. Bestard JA, Toth CC. An open-label comparison of nabilone and gabapentin as adjuvant therapy or monotherapy in the management of neuropathic pain in patients with peripheral neuropathy. Pain Practice. 2011;11(4):353-68.

4. Bonar EE, Cranford JA, Arterberry BJ, Walton MA, Bohnert KM, Ilgen MA. Driving under the influence of cannabis among medical cannabis patients with chronic pain. Drug & Alcohol Dependence. 2019;195:193-7.

5. Cervigni M, Nasta L, Schievano C, Lampropoulou N, Ostardo E. Micronized Palmitoylethanolamide-Polydatin Reduces the Painful Symptomatology in Patients with Interstitial Cystitis/Bladder Pain Syndrome. BioMed Research International. 2019;2019 (no pagination)(9828397).

6. Chirchiglia D, Chirchiglia P, Signorelli F. Nonsurgical lumbar radiculopathies treated with ultramicronized palmitoylethanolamide (umPEA): A series of 100 cases. Neurologia i Neurochirurgia Polska. 2018;52(1):44-7.

7. Cranford JA, Arnedt JT, Conroy DA, Bohnert KM, Bourque C, Blow FC, et al. Prevalence and correlates of sleep-related problems in adults receiving medical cannabis for chronic pain. Drug & Alcohol Dependence. 2017;180:227-33.

8. Cremer-Schaeffer P, Schmidt-Wolf G, Broich K. [Cannabis medicines in pain management : Interim analysis of the survey accompanying the prescription of cannabis-based medicines in Germany with regard to pain as primarily treated symptom]. Der Schmerz. 2019;33(5):415-23.

9. Crowley K, de Vries ST, Moreno-Sanz G. Self-Reported Effectiveness and Safety of Trokie R Lozenges: A Standardized Formulation for the Buccal Delivery of Cannabis Extracts. Frontiers in Neuroscience. 2018;12:564.

10. Del Giorno R, Skaper S, Paladini A, Varrassi G, Coaccioli S. Palmitoylethanolamide in Fibromyalgia: Results from Prospective and Retrospective Observational Studies. Pain and Therapy. 2015;4(2):169-78.

11. Domínguez CM, Martín AD, Ferrer FG, Puertas MI, Muro AL, González JM, et al. N-palmitoylethanolamide in the treatment of neuropathic pain associated with lumbosciatica. Pain Manag. 2012;2(2):119-24.

12. Fanelli G, De Carolis G, Leonardi C, Longobardi A, Sarli E, Allegri M, et al. Cannabis and intractable chronic pain: an explorative retrospective analysis of Italian cohort of 614 patients. Journal of pain research. 2017;10:1217-24.

13. Feingold D, Goor-Aryeh I, Bril S, Delayahu Y, Lev-Ran S. Problematic Use of Prescription Opioids and Medicinal Cannabis Among Patients Suffering from Chronic Pain. Pain Medicine. 2017;18(2):294-306.

14. Fiz J, Duran M, Capella D, Carbonell J, Farre M. Cannabis use in patients with Fibromyalgia: Effect on symptoms relief and health-related quality of life. PLoS ONE. 2011;6 (4) (no pagination)(e18440).

15. Gatti A, Lazzari M, Gianfelice V, Di Paolo A, Sabato E, Sabato AF. Palmitoylethanolamide in the treatment of chronic pain caused by different etiopathogenesis. Pain Medicine. 2012;13(9):1121-30.

16. Giorgi V, Bongiovanni S, Atzeni F, Marotto D, Salaffi F, Sarzi-Puttini P. Adding medical cannabis to standard analgesic treatment for fibromyalgia: a prospective observational study. Clinical & Experimental Rheumatology. 2020;38 Suppl 123(1):53-9.

17. Habib G, Artul S. Medical Cannabis for the Treatment of Fibromyalgia. JCR: Journal of Clinical Rheumatology. 2018;24(5):255-8.

18. Haroutounian S, Ratz Y, Ginosar Y, Furmanov K, Saifi F, Meidan R, et al. The Effect of Medicinal Cannabis on Pain and Quality-of-Life Outcomes in Chronic Pain: A Prospective Open-label Study. Clinical Journal of Pain. 2016;32(12):1036-43.

19. Hoggart B, Ratcliffe S, Ehler E, Simpson KH, Hovorka J, Lejcko J, et al. A multicentre, open-label, follow-on study to assess the long-term maintenance of effect, tolerance and safety of THC/CBD oromucosal spray in the management of neuropathic pain. Journal of Neurology. 2015;262(1):27-40.

20. Lejczak S, Rousselot H, Di Patrizio P, Debouverie M. Dronabinol use in France between 2004 and 2017. Revue Neurologique. 2019;175(5):298-304.

21. Loi ES, Pontis A, Cofelice V, Pirarba S, Fais MF, Daniilidis A, et al. Effect of ultramicronizedpalmitoylethanolamide and co-micronizedpalmitoylethanolamide/polydatin on chronic pelvic pain and quality of life in endometriosis patients: An open-label pilot study. International Journal of Women's Health. 2019;11:443-9.

22. Lynch ME, Young J, Clark AJ. A case series of patients using medicinal marihuana for management of chronic pain under the Canadian Marihuana Medical Access Regulations. Journal of Pain & Symptom Management. 2006;32(5):497-501.

23. Naftali T, Bar-Lev Schleider L, Sklerovsky Benjaminov F, Lish I, Konikoff FM, Ringel Y. Medical cannabis for inflammatory bowel disease: real-life experience of mode of consumption and assessment of side-effects. European Journal of Gastroenterology & Hepatology. 2019;31(11):1376-81.

24. Paladini A, Varrassi G, Bentivegna G, Carletti S, Piroli A, Coaccioli S. Palmitoylethanolamide in the Treatment of Failed Back Surgery Syndrome. Pain Res Treat. 2017;2017:1486010.

25. Passavanti MB, Fiore M, Sansone P, Aurilio C, Pota V, Barbarisi M, et al. The beneficial use of ultramicronized palmitoylethanolamide as add-on therapy to Tapentadol in the treatment of low back pain: a pilot study comparing prospective and retrospective observational arms. BMC Anesthesiology. 2017;17(1):171.

26. Perron BE, Holt KR, Yeagley E, Ilgen M. Mental health functioning and severity of cannabis withdrawal among medical cannabis users with chronic pain. Drug & Alcohol Dependence. 2019;194:401-9.

27. Rog DJ, Nurmikko TJ, Young CA. Oromucosal delta9-tetrahydrocannabinol/cannabidiol for neuropathic pain associated with multiple sclerosis: an uncontrolled, open-label, 2-year extension trial. Clinical Therapeutics. 2007;29(9):2068-79.

28. Sagy I, Bar-Lev Schleider L, Abu-Shakra M, Novack V. Safety and Efficacy of Medical Cannabis in Fibromyalgia. Journal of Clinical Medicine. 2019;8(6):05.

29. Schifilliti C, Cucinotta L, Fedele V, Ingegnosi C, Luca S, Leotta C. Micronized palmitoylethanolamide reduces the symptoms of neuropathic pain in diabetic patients. Pain Res Treat. 2014;2014:849623.

30. Schimrigk S, Marziniak M, Neubauer C, Kugler EM, Werner G, Abramov-Sommariva D. Dronabinol Is a Safe Long-Term Treatment Option for Neuropathic Pain Patients. European Neurology. 2017;78(5-6):320-9.

31. Sinclair J, Smith CA, Abbott J, Chalmers KJ, Pate DW, Armour M. Cannabis Use, a Self-Management Strategy Among Australian Women With Endometriosis: Results From a National Online Survey. Journal of Obstetrics & Gynaecology Canada: JOGC. 2020;42(3):256-61.

32. Storr M, Devlin S, Kaplan GG, Panaccione R, Andrews CN. Cannabis use provides symptom relief in patients with inflammatory bowel disease but is associated with worse disease prognosis in patients with Crohn's disease. Inflammatory Bowel Diseases. 2014;20(3):472-80.

33. Toth C, Mawani S, Brady S, Chan C, Liu C, Mehina E, et al. An enriched-enrolment, randomized withdrawal, flexible-dose, double-blind, placebo-controlled, parallel assignment efficacy study of nabilone as adjuvant in the treatment of diabetic peripheral neuropathic pain. Pain. 2012;153(10):2073-82.

34. Ueberall MA, Essner U, Mueller-Schwefe GHH. Effectiveness and tolerability of THC:CBD oromucosal spray as add-on measure in patients with severe chronic pain: Analysis of 12-week openlabel real-world data provided by the German pain e-registry. Journal of Pain Research. 2019;12:1577-604.

35. Vigil JM, Stith SS, Adams IM, Reeve AP. Associations between medical cannabis and prescription opioid use in chronic pain patients: A preliminary cohort study. PLoS ONE [Electronic Resource]. 2017;12(11):e0187795.

36. Ware MA, Doyle CR, Woods R, Lynch ME, Clark AJ. Cannabis use for chronic non-cancer pain: results of a prospective survey. Pain. 2003;102(1-2):211-6.

37. Ware MA, Wang T, Shapiro S, Collet JP, team Cs. Cannabis for the Management of Pain: Assessment of Safety Study (COMPASS). Journal of Pain. 2015;16(12):1233-42.

38. Weber J, Schley M, Casutt M, Gerber H, Schuepfer G, Rukwied R, et al. Tetrahydrocannabinol (Delta 9-THC) treatment in chronic central neuropathic pain and fibromyalgia patients: Results of a multicenter survey. Anesthesiology Research and Practice. 2009;2009 (no pagination)(827290).

21

39. Yassin M, Oron A, Robinson D. Effect of adding medical cannabis to analgesic treatment in patients with low back pain related to fibromyalgia: an observational cross-over single centre study. Clinical & Experimental Rheumatology. 2019;37 Suppl 116(1):13-20.

Appendix 4: Studies excluded at the full-text screening stage

Not a full-text report of a non-randomized study

1. Aapro MS. Prevention of chemotherapy-induced nausea and vomiting in patients with cancer. Arizona Medicine. 1981;38(11):843-5.

2. Abrams DI, Guzman M. Cannabis in cancer care. Clinical Pharmacology & Therapeutics. 2015;97(6):575-86.

3. Actrn. Cannabis-Based Medicine (Sativex) in the Treatment of Pain in Kidney Failure. http://www.hoint/trialsearch/Trial2aspx?TrialID=ACTRN12610000783022.2010.

4. Actrn. The CANBACK trial, to determine the efficacy of oral cannabidiol, when compared to placebo, as an adjunct for the treatment of acute non-traumatic low back pain. http://www.hoint/trialsearch/Trial2aspx?TrialID=ACTRN12618000487213.2018.

5. Adhiyaman V, Arshad S. Cannabis for intractable nausea after bilateral cerebellar stroke. Journal of the American Geriatrics Society. 2014;62(6):1199.

6. Ahmed A, van der Marck MA, van den Elsen G, Olde Rikkert M. Cannabinoids in late-onset Alzheimer's disease. Clinical Pharmacology & Therapeutics. 2015;97(6):597-606.

7. Ahmed AI, van den Elsen GA, van der Marck MA, Olde Rikkert MG. Cannabinoids for pain in dementia: the good, the bad, and the ugly. Journal of the American Geriatrics Society. 2014;62(5):1001-2.

8. Anonymous. Latest trial suggests cannabis does not relieve spasticity of multiple sclerosis. Pharmaceutical Journal. 2002;268(7198):675.

9. Anonymous. Cannabis derivatives and pain. A small role for delta9-tetrahydrocannabinol (THC) in some forms of multiple sclerosis. Prescrire International. 2009;18(103):226.

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Appendix 5: Risk of bias ratings

Study	Confounding	Selection of participants into the study	Classification of the intervention	Departures from the intended intervention	Missing data	Measurement of outocmes	Selection of the reported Results
Ware, 2003	Ŏ						
Lynch, 2006				ŏ	ŏ	ŏ	
Rog, 2007		ŏ	ŏ	ŏ	ŏ	ŏ	
Weber, 2009		ŏ	ŏ	ŏ	ŏ	ŏ	ŏ
Bestard, 2011*		ŏ	ŏ	ŏ	ŏ	ŏ	
Fiz, 2011	ă		ŏ		ŏ	ŏ	ŏ
Dominguez, 2012	ă		ŏ		ŏ	ŏ	ŏ
Gatti, 2012	ĕ	ŏ	ŏ	ŏ	ĕ	ŏ	ŏ
Toth, 2012	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ
Schifilliti, 2014	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	Ŏ
Storr, 2014	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ
Del Giorno, 2015	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	
Hoggart, 2015	ŏ	Ŏ	ŏ	Ŏ	ŏ	ŏ	ŏ
Ware, 2015†	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ
Haroutounian, 2016	ŏ	Ŏ	ŏ	ŏ	ŏ	ŏ	ŏ
Bellnier, 2017	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	Ŏ
Cranford, 2017	ŏ	ŏ	Ŏ	ŏ	ŏ	ŏ	Ŏ
Fanelli, 2017	Ŏ	Ō	Ŏ	Õ	Ö	Ŏ	Ŏ
Feingold, 2017	ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
Paladini, 2017	0		Õ	0	Ö	0	
Passavanti, 2017	0	Ŏ	Ŏ	Ö	Ŏ	0	Ö
Schimrigk, 2017	0	0				0	
Chirchiglia, 2018						0	
Crowley, 2018	•	0				0	
Habib, 2018						0	
Anderson, 2019					0	0	
Bonar, 2019		0				0	0
Cervigni, 2019							
Cremer-Schaeffer, 2019 ‡							0
Lejczak, 2019							0
Loi, 2019							
Naftali, 2019					0	0	
Perron, 2019						0	
Sagy, 2019				0		0	0
Sinclair, 2019		0				0	0
Ueberall, 2019				0		0	
Vigil, 2019							
Yassin, 2019							
Giorgi, 2020							
* Risk of bias for confoun	ding for co	omparative	results we	ere rated a	s serious.		
† Risk of bias for confoun serious. Adjusted compare	-				itive result	s were rate	ed as

[‡] The study reported on dronabinol, nabiximols, and herbal cannabis separately. The results for herbal cannabis were at serious risk of selection bias due to prior herbal cannabis use among

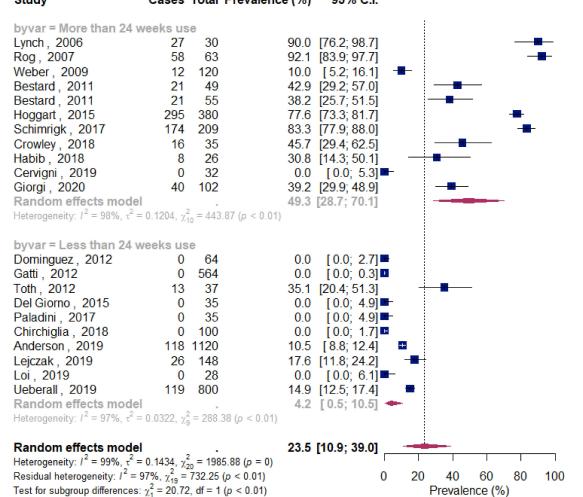
particpants.



Appendix 6: Results for all adverse events (subgroup by design)

Study	Cases	Total	Prevalence (%)	95% C.I.	
design = longitudinal					
Lynch, 2006	27 58	30 63		[76.2; 98.7]	
Rog, 2007 Weber, 2009	12	120		[83.9; 97.7] [5.2; 16.1] -	
Bestard, 2009	21	49		[29.2; 57.0]	
Bestard, 2011	21	55		[25.7; 51.5]	
Dominguez, 2012	0	64		[0.0; 2.7]	_
Gatti, 2012	ŏ	564		[0.0; 0.3]	
Toth , 2012	13	37		[20.4; 51.3]	
Del Giorno, 2015	0	35	0.0	[0.0; 4.9]	
Hoggart, 2015	295	380	77.6	[73.3; 81.7]	-
Paladini, 2017	0	35	0.0	[0.0; 4.9] 🖛	
Schimrigk, 2017	174	209		[77.9; 88.0]	
Chirchiglia, 2018	0	100		[0.0; 1.7] 🖪	
Crowley, 2018	16	35		[29.4; 62.5]	
Habib , 2018	8	26		[14.3; 50.1]	
Anderson, 2019	118			[•
Cervigni, 2019	0	32		[0.0; 5.3]	<u>i</u>
Lejczak, 2019	26	148		[11.8; 24.2]	
Loi, 2019	0	28		[0.0; 6.1]	-
Ueberall, 2019 Cierci, 2020	119 40	102		[12.5; 17.4]	
Giorgi , 2020 Fixed effect model	40	102		[29.9; 48.9] [16.8; 19.3]	
Random effects mode	a			[10.9; 39.0]	
Heterogeneity: $I^2 = 99\%$, τ		$y^2_{-1} = 1$		[10.5, 55.0]	
		^20			
design = cross-sectio	nal				
Fiz, 2011	27	28	96.4	[85.3; 100.0]	
Sinclair, 2019	5	48		[3.1; 20.9]	■∔
Fixed effect model				[31.5; 54.0]	
Random effects mode				[0.0; 100.0]	
Heterogeneity: I ² = 99%, τ	² = 0.4963,	$\chi_1^2 = 72$	2.27 (p < 0.01)		
Fixed effect model		•		[17.2; 19.6]	* <u>i</u>
Random effects mode		2 -	26.0	[13.2; 41.2]	
Heterogeneity: I ² = 99%, τ	= 0.1463,	$\chi_{22} = 2$	2079.69 (p = 0)		
Test for subgroup difference	xes (random	effect	s): χ ₁ = 0.42, df = 1	(p = 0.52) 0	20 40 60 80 100
					Prevalence (%)

Appendix 7: Results for all adverse events (subgroup by duration) Study Cases Total Prevalence (%) 95% C.I.



Appendix 8: Results for all adverse events (subgroup by cannabis)

Study	Cases Total Prevale	ence (%) 95% C.I.
cannabis = herbal, mix Lynch, 2006 Fiz, 2011 Habib, 2018 Anderson, 2019 Sinclair, 2019 Random effects mode Heterogeneity: $l^2 = 98\%, \tau^2$	27 30 27 28 8 26 118 1120 5 48	90.0 [76.2; 98.7] 96.4 [85.3; 100.0] 30.8 [14.3; 50.1] 10.5 [8.8; 12.4] 10.4 [3.1; 20.9] 47.8 [11.5; 85.5]
cannabis = nabiximols Rog , 2007 Hoggart , 2015 Ueberall , 2019 Random effects mode Heterogeneity: $l^2 = 100\%$, τ^2	58 63 295 380 119 800	92.1 [83.9; 97.7] 77.6 [73.3; 81.7] 14.9 [12.5; 17.4] 62.8 [12.2; 99.2]
cannabis = dronabino Weber, 2009 Schimrigk, 2017 Lejczak, 2019 Random effects mode Heterogeneity: / ² = 99%, τ ² :	12 120 174 209 26 148	10.0 [5.2; 16.1]
cannabis = nabilone Bestard , 2011 Bestard , 2011 Toth , 2012 Random effects mode Heterogeneity: $l^2 = 0\%$, $\tau^2 =$	$21 49 \\ 21 55 \\ 13 37 \\ 0, \chi_2^2 = 0.53 (p = 0.77)$	42.9 [29.2; 57.0] 38.2 [25.7; 51.5] 35.1 [20.4; 51.3] 39.0 [31.0; 47.3]
cannabis = PEA Dominguez, 2012 Gatti, 2012 Del Giorno, 2015 Paladini, 2017 Chirchiglia, 2018 Cervigni, 2019 Loi, 2019 Random effects mode Heterogeneity: $l^2 = 0\%$, $\tau^2 =$	$\begin{array}{cccc} 0 & 64 \\ 0 & 564 \\ 0 & 35 \\ 0 & 35 \\ 0 & 100 \\ 0 & 32 \\ 0 & 28 \\ 0 & \sqrt{6} = 2.12 \ (p = 0.91) \end{array}$	0.0 $[0.0;$ $2.7]$ 0.0 $[0.0;$ $0.3]$ 0.0 $[0.0;$ $4.9]$ 0.0 $[0.0;$ $4.9]$ 0.0 $[0.0;$ $4.9]$ 0.0 $[0.0;$ $4.9]$ 0.0 $[0.0;$ $1.7]$ 0.0 $[0.0;$ $5.3]$ 0.0 $[0.0;$ $6.1]$ 0.0 $[0.0;$ $0.0]$
cannabis = Trokie loze Crowley, 2018 Random effects mode Heterogeneity: not applicable	16 35	45.7 [29.4; 62.5]
cannabis = extracts Giorgi , 2020 Random effects mode Heterogeneity: not applicable		39.2 [29.9; 48.9] 39.2 [29.9; 48.9]
Random effects mode Heterogeneity: $l^2 = 99\%$, $\tau^2 =$ Residual heterogeneity: $l^2 =$ Test for subgroup differences	$ \begin{array}{c} 1 \\ = 0.1463, \ \chi^2_{22} = 2079.69 \ (p = \\ 99\%, \ \chi^2_{10} = 1070.20 \ (p < 0.0) \\ \approx \ \chi^2_0 = 372.45, \ df = 6 \ (p < 0.0) \end{array} $	26.0 [13.2; 41.2] 0) 1) 0 20 40 60 80 100 1) Prevalence (%)

Appendix 9: Results for all adverse events (subgroup by selection bias)

Study	Cases Tota	I Prevalence (%)	95% C.I.	
Selection_bias = Low Lynch, 2006 Rog, 2007 Weber, 2009 Bestard, 2011 Bestard, 2011 Dominguez, 2012 Gatti, 2012 Toth, 2012 Del Giorno, 2015 Paladini, 2017 Chirchiglia, 2018 Habib, 2018 Anderson, 2019 Cervigni, 2019 Lejczak, 2019 Loi, 2019 Ueberall, 2019 Giorgi, 2020 Random effects model Heterogeneity: $f^2 = 98\%$, τ^2		3 92.1 0 10.0 9 42.9 5 38.2 4 0.0 7 35.1 5 0.0 5 0.0 5 0.0 5 0.0 5 0.0 0 0.0 30.8 0.0 0 10.5 2 0.0 3 17.6 3 0.0 14.9 2 2 39.2 . 16.8	[29.2; 57.0] [25.7; 51.5] [0.0; 2.7] ■ [0.0; 0.3] ■ [20.4; 51.3] [0.0; 4.9] ■ [0.0; 4.9] ■	
Selection_bias = High Fiz, 2011 Hoggart, 2015 Schimrigk, 2017 Crowley, 2018 Sinclair, 2019 Random effects model Heterogeneity: f^2 = 97%, τ^2 Random effects model Heterogeneity: f^2 = 99%, τ^2 Residual heterogeneity: f^2 = 100 m s	27 24 295 38 174 20 16 3 5 4 = 0.0734, χ^2_4 = = 0.1463, χ^2_{22} = 89 = 98%, χ^2_{21} = 89	3 96.4 0 77.6 9 83.3 5 45.7 3 10.4 . 64.7 129.47 (p < 0.01)	[85.3; 100.0] [73.3; 81.7] [77.9; 88.0] [29.4; 62.5] [3.1; 20.9] [40.1; 85.9] [13.2; 41.2]	

Appendix 10: Results for adverse events leading to discontinuation (subgroup by duration)

Study	Cases	Total	Prevalence (%)	95% C.I.	
duration = More than 24 v	veeks u	se			::
Rog, 2007	17	63	27.0	[16.7; 38.7]	— — —
Bestard, 2011	5	49	10.2	[3.0; 20.5]	
Bestard, 2011	5	55	9.1	[2.7; 18.4]	
Hoggart, 2015	87	380	22.9	[18.8; 27.3]	
Ware, 2015		215		[2.2; 7.9]	
Haroutounian, 2016		206		[2.6; 8.9]	#
Schimrigk, 2017		209		[6.3; 14.5]	
Habib, 2018	0	26	0.0	[0.0; 6.5]	
Cervigni, 2019	0	32	0.0	[0.0; 5.3]	
Cremer-Schaeffer, 2019		3138		[10.5; 12.8]	
Giorgi, 2020	6	102		[2.0; 11.4]	
Fixed effect model				[10.0; 11.9]	
Random effects model Heterogeneity: $I^2 = 89\%$, $\tau^2 = 0$		2		[5.4; 12.9]	
Heterogeneity: $I = 89\%$, $\tau = 0$	0.0089, <u>%</u>	10 = 88.	.79 (p < 0.01)		
duration = Less than 24 v	veeks u	se			
Dominguez, 2012	0	64	0.0	[0.0; 2.7]	
Gatti, 2012	0	564	0.0	[0.0; 0.3]	
Toth , 2012	2	37	5.4	[0.1; 15.6]	-
Schifilliti, 2014	1		3.3		
Del Giorno, 2015		35		[0.0; 4.9]	
Fanelli, 2017		341		[11.1; 18.6]	•
Paladini, 2017	-	35			
Chirchiglia, 2018	-	100		[0.0; 1.7]	1
Loi, 2019	0	28	0.0		
Ueberall, 2019	32	800	4.0		
Fixed effect model			2.0	[1.3; 2.8]	
Random effects model		2	1.4	[0.0; 5.2]	
Heterogeneity: $I^2 = 93\%$, $\tau^2 = 0$	0.0210, χ	₉ = 135	.36 (p < 0.01)		
Fixed effect model			7.5	[6.9; 8.2]	•
Random effects model			4.6	[2.1; 8.0]	<u>+</u>
Heterogeneity: $I^2 = 95\%$, $\tau^2 = 0$	0.0199, χ	2 20 = 40(0.87 (p < 0.01)		
Test for subgroup differences (random e	ffects):	χ ₁ ² = 7.38, df = 1 (p	< 0.01)	0 20 40 60 80 100 Prevalence (%)

Appendix 11: Results for adverse events leading to discontinuation (subgroup by cannabis)

Study	Cases	Total	Prevalence (%)	95% C.I.	
cannabis = nabiximols	47	62	07.0	140 7: 00 71	. <
Rog, 2007	17			[16.7; 38.7]	
Hoggart, 2015		380		[18.8; 27.3]	
Ueberall, 2019	32	800		[2.7; 5.5]	
Random effects model				[2.8; 36.7]	
Heterogeneity: $l^2 = 98\%$, $\tau^2 =$	0.0427, χ	² ₂ = 108	.25 (p < 0.01)		
cannabis = nabilone	_				
Bestard, 2011	5			[3.0; 20.5]	
Bestard, 2011	5	55	9.1	[2.7; 18.4]	
Toth , 2012	2	37	5.4	[0.1; 15.6] -	-
Random effects model			8.4	[4.1; 13.8]	
Heterogeneity: $l^2 = 0.96$, $\tau^2 = 0.96$	$\chi^2_2 = 0.5$	7(p = 0	.75)		
	- *Z				
cannabis = PEA Dominguez, 2012	0	64	0.0	[0.0; 2.7]	_
Gatti, 2012	0	564	0.0		
Schifilliti, 2014	1	30		-	
Del Giorno, 2015	0	35			
Paladini, 2017	0	35		[0.0; 4.9]	
Chirchiglia, 2018	0	100	0.0		
Cervigni, 2019	0	32	0.0	[0.0; 5.3]	
Loi, 2019	0	28	0.0	[0.0; 6.1]	+
Random effects model			0.0	[0.0; 0.0]	
Heterogeneity: $l^2 = 0\%$, $\tau^2 = 0$	$\gamma_{-}^{2} = 5.90$	8(p = 0)).54)	-	
		4			
cannabis = herbal, mixed	1				
Ware, 2015	10	215	4.7	[2.2; 7.9]	
Haroutounian, 2016	11	206	5.3	[2.6; 8.9]	
Fanelli, 2017	50	341	14.7	[11.1; 18.6]	· · · · · · · · · · · · · · · · · · ·
Habib, 2018	0	26	0.0		
Random effects model				[1.5; 12.4]	
Heterogeneity: $l^2 = 88\%$, $\tau^2 =$	0.0104 %	2 = 24		[noi nei i]	
neterogeneny. / = 00 %, t	0.0104, /	3 1.1	51 (5 < 0.01)		
cannabis = dronabinol	04	000	10.0	10 0: 44 51	
Schimrigk, 2017	21	209		[6.3; 14.5]	
Random effects model			10.0	[6.3; 14.5]	
Heterogeneity: not applicable					
cannabis = mixed					150 C
Cremer-Schaeffer, 2019	365	3138	11.6	[10.5; 12.8]	E 🔳
Random effects model			11.6	[10.5; 12.8]	+
Heterogeneity: not applicable					
cannabis = extracts					1
Giorgi, 2020	6	102	5.9	[2.0; 11.4]	_ _
Random effects model	-			[2.0; 11.4]	
Heterogeneity: not applicable			515	[LIGITINT]	
meterogeneity, not approable					
Random effects model			46	121.901	1
	0.0100	2	4.0	[2.1; 8.0]	
Heterogeneity: l^2 = 95%, τ^2 = Residual heterogeneity: l^2 = 9	0.0199, X	20 = 40	0.87 (p < 0.01)		40 00 00 10 50
Residual heterogeneity: / = 9	2 × 14 =	137.72	2 (p < 0.01)	0	10 20 30 40 50
Test for subgroup differences:	$\gamma_c = 261.$	32, df =	= ʊ (p < 0.01)		Prevalence (%)

Appendix 12: Results for adverse events leading to discontinuation (subgroup by selection bias)

Study	Cases	Total	Prevalence (%)	95% C.I.			
Selection_bias = Low							
Rog, 2007	17	63	27.0	[16.7; 38.7]			
Bestard, 2011	5	49	10.2	[3.0; 20.5]	-		
Bestard, 2011	5	55	9.1	[2.7; 18.4]			
Dominguez, 2012	0	64	0.0	[0.0; 2.7]	•		
Gatti , 2012	0		0.0	[0.0; 0.3]	0		
Toth , 2012	2		5.4	[0.1; 15.6]	.		
Schifilliti, 2014	1			[0.0; 13.8]	-		
Del Giorno, 2015	-	35		[0.0; 4.9]			
Haroutounian, 2016		206		[2.6; 8.9]	*		
Fanelli, 2017		341		[11.1; 18.6]	-		
Paladini , 2017		35		[0.0; 4.9]			
Chirchiglia, 2018		100		[0.0; 1.7]			
Habib , 2018	0	26		[0.0; 6.5]			
Cervigni, 2019	0	32		[0.0; 5.3]	· _		
Cremer-Schaeffer, 2019		3138		[10.5; 12.8]			
Loi, 2019		28		[0.0; 6.1]			
Ueberall, 2019		800		[2.7; 5.5]			
Giorgi, 2020	6	102		[2.0; 11.4]			
Random effects model		-	3.6	[1.1; 7.0]	1		
Heterogeneity: $I^2 = 95\%$, $\tau^2 =$	0.0204, χ	n ₁₇ = 32	5.31 (p < 0.01)				
Selection_bias = High					_		
Hoggart, 2015		380		[18.8; 27.3]	1 •		
Ware, 2015		215		[2.2; 7.9]	.		
Schimrigk, 2017	21	209		[6.3; 14.5]			
Random effects model		2		[3.1; 24.5]			
Heterogeneity: $l^2 = 98\%$, $\tau^2 =$	0.0213, χ	2 = 45.1	ro (p < 0.01)				
Dandom offecto model				124.001	1		
Random effects model Heterogeneity: $I^2 = 95\%$, $\tau^2 =$	0.0400	2 - 404	4.0	[2.1; 8.0]		<u> </u>	
Residual heterogeneity: 1 = 95%, t =	0.0199, <u>%</u> .ex ² -	20 = 400 274.03	u.or (p < 0.01) I (n < 0.01)		0 20 40	0 60 80	100
Test for subgroup differences:	$\chi_{19}^2 = 2.22$	3/1.0/	(p < 0.01) (p = 0.14)	, c			100
rescior subgroup differences:	x ₁ - 2.23	, ui = 1	(p = 0.14)		Freva	alence (%)	

Appendix 13: Results for serious adverse events (subgroup by design)

Study	Cases Tota	Prevalence (%)	95% C.I.	
design = longitudinal Lynch, 2006 Rog, 2007 Bestard, 2011 Bestard, 2011 Dominguez, 2012 Gatti, 2012 Toth, 2012 Del Giorno, 2015 Ware, 2015 Haroutounian, 2016 Fanelli, 2017 Paladini, 2017 Paladini, 2017 Passavanti, 2017 Schimrigk, 2017 Chirchiglia, 2018 Crowley, 2018 Habib, 2018 Anderson, 2019 Cervigni, 2019 Ueberall, 2019 Ueberall, 2019 Vigil, 2017 Giorgi, 2020 Fixed effect model Random effects mode Heterogeneity: I^2 = 92%, t^2		50.8 0.0 0.0 0.0 5.4 0.0 13.0 13.0 13.0 0.0 0.0 13.9 0.0 13.9 0.0 13.9 0.0 0.0 13.9 0.0 0.0 13.9 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	[0.0; 0.3] [0.1; 15.6] [0.0; 4.9] [8.8; 17.9] [0.0; 2.9] [0.0; 0.5] [0.0; 4.9] [0.0; 5.7] [9.5; 18.9] [0.0; 1.7] [0.0; 4.9] [0.0; 4.9] [0.0; 4.9] [0.0; 4.9]	
design = cross-section Ware , 2003 Fiz, 2011 Fixed effect model Random effects mode Heterogeneity: $r^2 = 0\%$, τ^2 Fixed effect model Random effects model	$\begin{array}{c} 0 & 32 \\ 0 & 28 \end{array}$. 0.0 0.0 0.0 .98) 0.7	[0.0; 5.3] [0.0; 6.1] [0.0; 3.2] [0.0; 3.2] [0.4; 1.1] [0.4; 1.1]	
Heterogeneity: $l^2 = 91\%$, τ^2 Test for subgroup difference	$x^2 = 0.0173, \chi^2_{24} =$	280.38 (p < 0.01)	I	20 40 60 80 100 Prevalence (%)

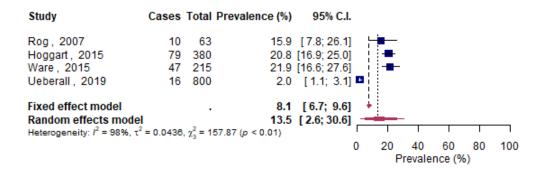
Appendix 14: Results for serious adverse events (subgroup by duration)

Study	Cases	Total	Prevalence (%)	95% C.I.					
byvar = More than 24 v	byvar = More than 24 weeks								
Lynch, 2006	0	30	0.0	[0.0; 5.7]					
Rog, 2007	32	63	50.8	[38.4; 63.1]					
Bestard, 2011	0	49	0.0	[0.0; 3.5]					
Bestard, 2011	0	55	0.0	[0.0; 3.1]					
Ware, 2015	28	215	13.0	[8.8; 17.9]	-				
Haroutounian, 2016	2	206	1.0	[0.0; 2.9] 🖬					
Passavanti, 2017	0	30	0.0	[0.0; 5.7]					
Schimrigk, 2017	29	209	13.9	[9.5; 18.9]	-				
Crowley, 2018	0	35	0.0	[0.0; 4.9] -					
Habib, 2018	0	26	0.0	[0.0; 6.5]					
Cervigni, 2019	0	32	0.0	[0.0; 5.3]					
Vigil, 2017	0	37	0.0	[0.0; 4.6]					
Giorgi, 2020	0	102	0.0	[0.0; 1.7]					
Random effects model			2.6	[0.0; 8.2] 🖛					
Heterogeneity: $I^2 = 93\%$, τ^2	= 0.0414	$\chi^2_{12} = 1$	169.27 (p < 0.01)						
have been been block									
byvar = Less than 24 w	_		0.0	10.0.071					
Dominguez, 2012	0	64	0.0	[0.0; 2.7]					
Gatti , 2012		564		[0.0; 0.3]					
Toth , 2012	2			[0.1; 15.6] +					
Del Giorno, 2015	0	35		[0.0; 4.9]					
Fanelli, 2017	0	341	0.0	[0.0; 0.5]					
Paladini, 2017	0	35		[0.0; 4.9]					
Chirchiglia, 2018	0	100		[0.0; 1.7]					
Anderson, 2019		1120							
Loi, 2019	0	28	0.0						
Ueberall, 2019	4	800	0.5	[0.1; 1.1]					
Random effects model		2 *	0.1	[0.0; 0.8]					
Heterogeneity: $I^2 = 72\%$, τ^2	= 0.0025	$\chi_{9}^{2} = 3$	2.32 (p < 0.01)						
Random effects model			1.3	[0.1; 3.4] •					
Heterogeneity: $l^2 = 92\%$, τ^2	= 0.0178	y22 = 2	280.09 (p < 0.01)	ſ					
Residual heterogeneity: I2 :	= 90%, 7 ² / ₂₁	= 201.	.59 (p < 0.01)	0	20 40 60 80 100)			
Test for subgroup difference	$\chi_1^2 = 3.0$	00, df =	1 (p = 0.08)		Prevalence (%)				

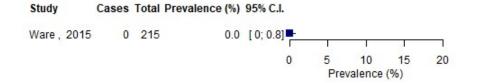
Appendix 15: Results for serious adverse events (subgroup by selection bias)

Selection_bias = Low Lynch, 2006 0 30 0.0 [0.0; 5.7] Rog, 2007 32 63 50.8 [38.4; 63.1] Bestard, 2011 0 55 0.0 [0.0; 3.1] Dominguez, 2012 0 64 0.0 [0.0; 0.3] Gatti, 2012 0 564 0.0 [0.0; 0.3] Toth, 2012 2 37 5.4 [0.1; 15.6] Del Giorno, 2015 0 35 0.0 [0.0; 4.9] Haroutounian, 2016 2 206 1.0 [0.0; 5.7] Paladini, 2017 0 35 0.0 [0.0; 4.9] Passavanti, 2017 0 30 0.0 [0.0; 5.7] Paladini, 2018 0 100 0.0 [0.0; 5.7] Habib, 2018 0 26 0.0 [0.0; 5.3] - Cervigni, 2019 0 32 0.0 [0.0; 5.3] - Loi, 2019 0 28 0.0 [0.0; 6.1] - Vigli, 2017 0 37 0.0 [0.0; 5.3] -<	Study	Cases	Total	Prevalence (%)	95% C.I.					
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Ware, 2003 0 32 0.0 $[0.0; 5.3]$ Fiz, 2011 0 28 0.0 $[0.0; 6.1]$ Ware, 2015 28 215 13.0 $[8.8; 17.9]$ Schimrigk, 2017 29 209 13.9 $[9.5; 18.9]$ Crowley, 2018 0 35 0.0 $[0.0; 4.9]$ Random effects model . 4.2 $[0.2; 11.2]$ Heterogeneity: $l^2 = 85\%$, $\tau^2 = 0.0165$, $\chi^2_4 = 280.38$ ($p < 0.01$) . 1.2 $[0.1; 3.1]$ Residual heterogeneity: $l^2 = 88\%$, $\chi^2_{23} = 185.41$ ($p < 0.01$) 0 20 40 60 80 100										
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Random effects model 4.2 [0.2; 11.2] Heterogeneity: $l^2 = 85\%$, $\tau^2 = 0.0165$, $\chi_4^2 = 28.53$ ($p < 0.01$) Random effects model 1.2 [0.1; 3.1] Heterogeneity: $l^2 = 91\%$, $\tau^2 = 0.0173$, $\chi_{24}^2 = 280.38$ ($p < 0.01$) Residual heterogeneity: $l^2 = 88\%$, $\chi_{23}^2 = 185.41$ ($p < 0.01$) 0 20 40 60 80 100						-				
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Random effects model Heterogeneity: $l^2 = 91\%$, $\tau^2 = 0.0173$, $\gamma^2_{24} = 280.38$ ($p < 0.01$) Residual heterogeneity: $l^2 = 88\%$, $\gamma^2_{23} = 185.41$ ($p < 0.01$) 0 20 40 60 80 100	Random effects mode	2 - 0.0485	2	4.2	[0.2; 11.2]					
Heterogeneity: $l^2 = 91\%$, $\tau^2 = 0.0173$, $\gamma_{24}^2 = 280.38$ ($p < 0.01$) Residual heterogeneity: $l^2 = 88\%$, $\gamma_{23}^2 = 185.41$ ($p < 0.01$) 0 20 40 60 80 100	Heterogeneity: / = 80%, t	= 0.0105	, χ ₄ = 2	0.03 (p < 0.01)						
Heterogeneity: $l^2 = 91\%$, $\tau^2 = 0.0173$, $\gamma_{24}^2 = 280.38$ ($p < 0.01$) Residual heterogeneity: $l^2 = 88\%$, $\gamma_{23}^2 = 185.41$ ($p < 0.01$) 0 20 40 60 80 100	Random effects mode	4		1.2	[0.1: 3.1] +					
Residual heterogeneity: $l^2 = 88\%$, $\chi^2_{23} = 185.41$ (p < 0.01) 0 20 40 60 80 100				280.38 (p < 0.01)	[311, 311] [1			1	
Test for subgroup differences: $\chi_1^2 = 2.32$, df = 1 (p = 0.13) Prevalence (%)	Residual heterogeneity: I ²	$= 88\%, \chi^2_{2}$	= 185.	41 (p < 0.01)	0	20	40	60	80	100
	Test for subgroup difference	xes: $\chi_1^2 = 2.2$	32, df =	1 (p = 0.13)		P	revale	nce (%	b)	

Appendix 16: Results for psychiatric adverse events



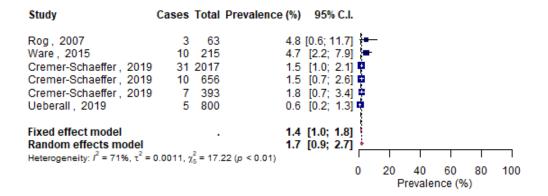
Appendix 17: Results for suicide



Appendix 18: Results for suicidal thoughts

Study	Cases Total	Prevalence (%) 95% C.I	ι.				
Cremer-Schaeffer, 2019 Cremer-Schaeffer, 2019 Cremer-Schaeffer, 2019	0 656	0.2 [0; 0.5 0.0 [0; 0.3 0.5 [0; 1.5) p				
Fixed effect model Random effects model Heterogeneity: l^2 = 44%, τ^2 =	0.0003, χ ₂ ² = 3.60	0.1 [0; 0.3 0.1 [0; 0.5 0 (p = 0.17)	0 20	40 Prevale	60 ence (%	80 6)	100

Appendix 19: Results for depression



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20

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Prevalence (%)

5 10

0

Т

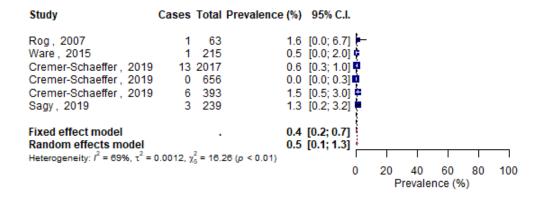
15

Appendix 20: Results for mania

 Study
 Cases Total Prevalence (%) 95% C.I.

 Ware, 2015
 1
 215
 0.5
 [0; 2]

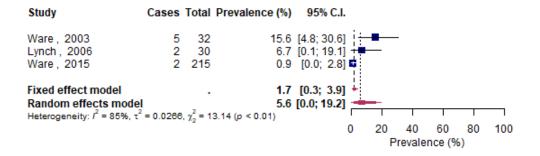
Appendix 21: Results for hallucinations



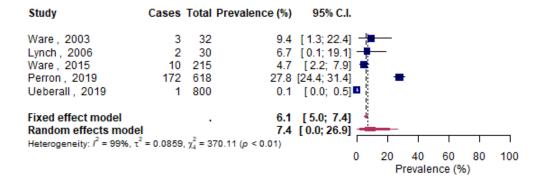
Appendix 22: Results for delusions

Study	Cases	Total	Prevalence (%)	95% C.I.					
Ware , 2015	0	215	0.0	[0.0; 0.8]					
Cremer-Schaeffer, 2019	10	2017	0.5	[0.2; 0.9]					
Cremer-Schaeffer, 2019	3	656	0.5	[0.1; 1.2]					
Cremer-Schaeffer, 2019	1	393	0.3	[0.0; 1.1]					
Fixed effect model			0.4	[0.2; 0.6]					
Random effects model				[0.2; 0.6]					
Heterogeneity: $l^2 = 0\%$, $\tau^2 = 0$, χ ₃ ² = 1.2	7 (p = 0	0.74)	1	I	I	I	1	I
	-			0		40 Prevale	60 nce (%	80 6)	100

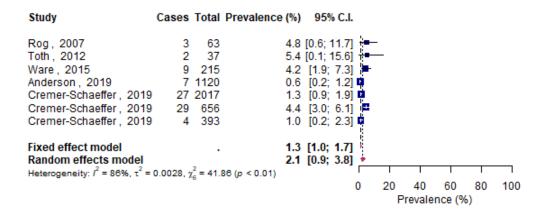
Appendix 23: Results for paranoia



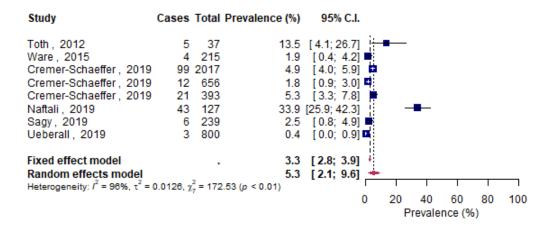
Appendix 24: Results for anxiety



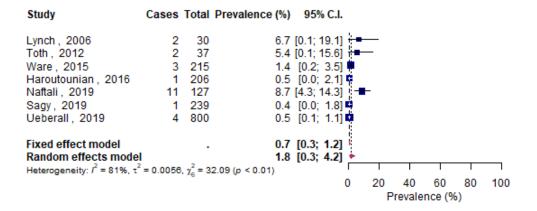
Appendix 25: Results for euphoria



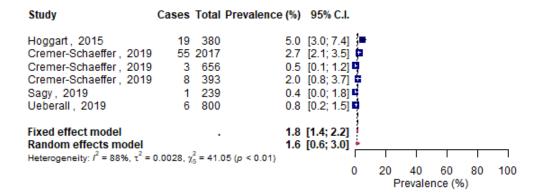
Appendix 26: Results for memory impairment



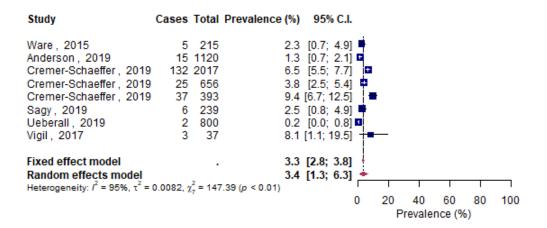
Appendix 27: Results for confusion



Appendix 28: Results for disorientation



Appendix 29: Results for impaired attention



Appendix 30: Results for falls

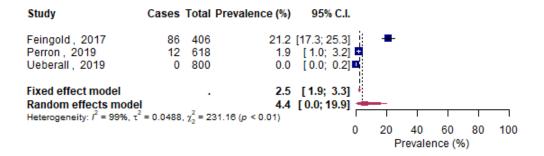
Study Cases Total Prevalence (%) 95% C.I.

Ware, 2015 5 215 2.3 [0.7; 4.9]

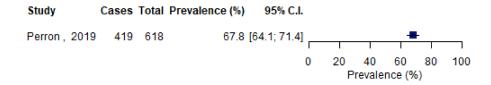
Appendix 31: Results for motor vehicle accidents

Study	Cases	Total I	Prevalence (%)	95% C.I.				
Ware , 201	5 1	215	0.5	[0; 2] 💻				
				0	-	10		20
					Prevalence (%)			

Appendix 32: Results for dependence



Appendix 33: Results for withdrawal symptoms



Appendix 34: Results for withdrawal syndrome

