Consumer demand for cannabidiol (CBD) oil has increased, with growing sales from dispensaries because of the alleged medicinal benefits. Although studies examining the specific therapeutic effects of CBD are increasing, clinical data do not support the popular uses of CBD for Parkinson disease, schizophrenia, cancer palliation and treatment, chronic pain and spasticity, depression, anxiety disorder, insomnia, and inflammation.

**AT A GLANCE**
- The U.S. Food and Drug Administration (FDA) has not approved any commercial products that contain CBD for the diagnosis, cure, mitigation, treatment, or prevention of diseases, including cancer.
- Clinical oncology nurses and advanced practice RNs can counsel patients about the dearth of evidence to support popular uses of CBD among patients with cancer, possible contaminants, misleading labels, and the legal and regulatory issues surrounding CBD use.
- Future clinical trials will reveal more information about the efficacy and side effects of CBD.

**Cannabidiol**

The need for more information about its potential benefits and side effects

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A 56-year-old woman, M.L., has stage III breast cancer and experiences chronic cancer-related pain. She takes opioids as prescribed and sees her supportive care advanced practice RN (APRN) every month for management of her pain. The APRN applies universal precautions to each of her patients to mitigate opioid misuse and abuse (Hande, 2017). During a recent follow-up visit, M.L.’s urine drug test was positive for cannabinoids. The APRN reviewed the state-controlled substance-monitoring database, which did not indicate any filled prescriptions for dronabinol (Marinol®), liquid dronabinol (Syndros®), or nabilone (Cesamet®) for M.L. (see Table 1 for all U.S. Food and Drug Administration [FDA]-approved cannabinoids). The APRN was concerned that M.L. may be using recreational marijuana, which is illegal in the state of her practice. Should this be true, M.L. would not be able to receive her monthly prescription for opioids according to the clinic's policy, informed by state law. M.L. explained to the APRN that she recently used cannabidiol (CBD) oil purchased from a dispensary that she found on the Internet. M.L. started using CBD as a dietary supplement based on the dispenser's claims that it relieves pain.

During the past 20 years, consumers’ attitudes toward cannabinoids have shifted (Geiger, 2016). Consumer demand for cannabinoids, such as CBD oil, has increased. Sales from dispensaries are growing because of media attention and reporting of the many potential medical uses of CBD for analgesia, stress relief, anxiety disorder, depression, insomnia, or sexual dysfunction, without the psychoactive effect of tetrahydrocannabinol (THC) (Sides, 2015). Many patients use CBD for various physical and mental conditions (e.g., menstrual cramps, bowel conditions, migraines). In addition, reports have shown therapeutic benefits of CBD in children with two rare and serious forms of epilepsy, Dravet syndrome (Devinsky et al., 2018) and Lennox-Gastaut syndrome, leading to FDA approval of CBD for this condition (Epidiolex®). Studies also have suggested positive outcomes in patients with schizophrenia when CBD was used as an adjunct therapy with an antipsychotic medication (McGuire et al., 2018). Promising reports of cannabinoids (THC and CBD) and temozolomide for glioblastoma multiforme (Lopez-Valero et al., 2018) also have contributed to the positive consumer response to using CBD.

Oncology nurses and APRNs are trusted sources of valid information for patients with cancer (Tariman, Doorenbos, Schepp, Singhal, & Berry, 2015). An oncology clinician’s in-depth understanding of cannabinoid compounds like THC and CBD, their pharmacologic mechanisms of action, and FDA-approved uses can enhance the quality of patient education and lead to more meaningful and useful clinician–patient encounters. This article provides an overview of cannabinoid compounds, focusing on CBD, its proven efficacy, popular culture uses, product quality standards and patient safety issues, and legal and regulatory aspects.

**KEYWORDS**
cannabinoids; cannabinoid; advanced practice nursing; CBD oil

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