



Yes, dronabinol increases mortality in the elderly.

A retrospective, population-based cohort study published in *Thorax* evaluated the morbidity and mortality associated with prescription cannabinoid drug use, including dronabinol, among older adults with chronic obstructive pulmonary disease (COPD). The study found that new cannabinoid users had significantly higher rates of all-cause mortality compared to controls (HR 1.64; 95% CI 1.14-2.39). Additionally, individuals receiving higher doses of cannabinoids experienced even greater increases in all-cause mortality (HR 3.31; 95% CI 1.30-9.51).

Furthermore, the FDA has noted that elderly patients may be more sensitive to the neuropsychiatric and postural hypotensive effects of dronabinol, which can increase the risk of falls and other complications. These factors contribute to the overall increased risk of mortality in this population.

Given these findings, it is crucial to carefully consider the risks and benefits of dronabinol use in elderly patients, particularly those with underlying conditions such as COPD.

Common side effects of dronabinol in elderly patients, particularly those with chronic obstructive pulmonary disease (COPD), include:

1. **Neuropsychiatric effects:** Elderly patients may experience increased sensitivity to neuropsychiatric effects such as dizziness, somnolence, euphoria, paranoid reactions, confusion, and hallucinations.
2. **Postural hypotension:** This can lead to an increased risk of falls, which is particularly concerning in elderly patients with COPD who may already have compromised mobility and balance.
3. **Cardiovascular effects:** Palpitations, tachycardia, and vasodilation (facial flushing) are noted cardiovascular side effects.
4. **Gastrointestinal effects:** Nausea, vomiting, abdominal pain, diarrhea, and fecal incontinence are common gastrointestinal side effects.
5. **General effects:** Fatigue, asthenia, and malaise are also reported.
6. **Respiratory effects:** Cough, rhinitis, and sinusitis are less common but notable respiratory side effects.



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Conclusions: New cannabinoid use was associated with elevated rates of adverse outcomes among older adults with COPD. Although further research is needed to confirm these observations, our findings should be considered in decisions to use cannabinoids among older adults with COPD.