Significant association between medically prescribed cannabis for dysuria and an elevated risk of developing substance use disorders!

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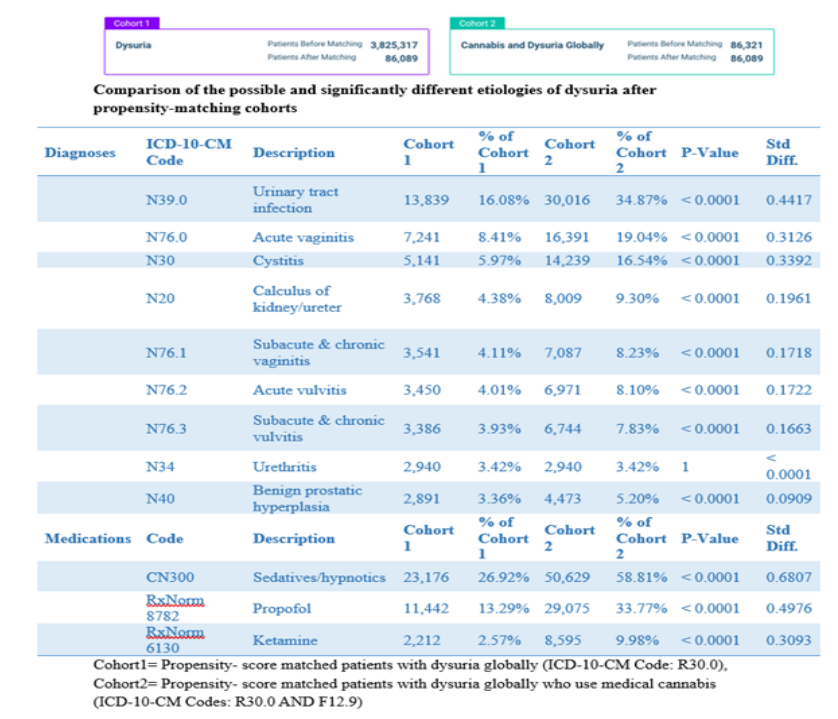


Comparison of the possible and significantly different etiologies of dysuria after propensity-matching cohorts

Diagnoses	ICD-10-CM Code	Description	Cohort 1	% of Cohort 1	Cohort 2	% of Cohort 2	P-Value	Std Diff.
	N39.0	Urinary tract infection	13,839	16.08%	30,016	34.87%	< 0.0001	0.4417
	N76.0	Acute vaginitis	7,241	8.41%	16,391	19.04%	< 0.0001	0.3126
	N30	Cystitis	5,141	5.97%	14,239	16.54%	< 0.0001	0.3392
	N20	Calculus of kidney/ureter	3,768	4.38%	8,009	9.30%	< 0.0001	0.1961
	N76.1	Subacute & chronic vaginitis	3,541	4.11%	7,087	8.23%	< 0.0001	0.1718
	N76.2	Acute vulvitis	3,450	4.01%	6,971	8.10%	< 0.0001	0.1722
	N76.3	Subacute & chronic vulvitis	3,386	3.93%	6,744	7.83%	< 0.0001	0.1663
	N34	Urethritis	2,940	3.42%	2,940	3.42%	1	< 0.0001
	N40	Benign prostatic hyperplasia	2,891	3.36%	4,473	5.20%	< 0.0001	0.0909
Medications	**Code**	**Description**	**Cohort 1**	**% of Cohort 1**	**Cohort 2**	**% of Cohort 2**	**P-Value**	**Std Diff.**
	CN300	Sedatives/hypnotics	23,176	26.92%	50,629	58.81%	< 0.0001	0.6807
	RxNorm 8782	Propofol	11,442	13.29%	29,075	33.77%	< 0.0001	0.4976
	RxNorm 6130	Ketamine	2,212	2.57%	8,595	9.98%	< 0.0001	0.3093

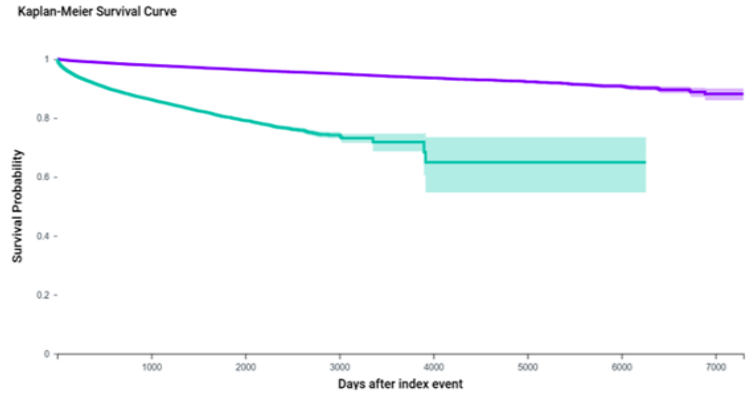
Cohort1= Propensity- score matched patients with dysuria globally (ICD-10-CM Code: R30.0), Cohort2= Propensity- score matched patients with dysuria globally who use medical cannabis (ICD-10-CM Codes: R30.0 AND F12.9)

- A retrospective cohort analysis was conducted using a large claims database (TriNetX) to identify adult patients diagnosed with dysuria between 2003 and 2024.
- Patients were stratified into two cohorts: those receiving **any therapy for dysuria (general dysuria cohort, GD)** and those specifically using **MC for dysuria (MC cohort).**
- Propensity score matching (PSM) was performed in a 1:1 ratio to adjust for age, gender, and race. Risk ratios (RR), odds ratios (OR), and Kaplan-Meier survival analysis were used to assess the incidence of cannabis abuse/dependence, opioid abuse/dependence, and cocaine abuse/dependence among the two cohorts.

20- year Kaplan-Meier Analysis for Cannabis Abuse/ Dependence, Opioid Abuse/dependence, OR Cocaine Abuse/Dependence

(Excluding Patients with Outcome Prior to Dysuria and Cannabis Medical Use as Index Event)

Cohort	Patients in Cohort	Patients with Outcome	Survival Probability at End of Time Window	χ^2	df	p
				6,789.166	1	< 0.0001
1 Dysuria	82,773	2,322	88.178%			
2 Cannabis and Dysuria Globally	49,861	5,798	64.97%			



- **86,089 patients were included in the analysis**, with a mean age of 37.3 ± 16.4 years, of whom 63.7% were female.
- In the MC cohort, 5,798 of 49,861 patients (11.63%) developed SUD, compared to 2,322 of 82,773 patients (2.81%) in the GD cohort.
- The calculated RR was 0.241 (95% CI: 0.23 to 0.253), and the OR was 0.219 (95% CI: 0.209 to 0.23), indicating a more than **76% increased risk of SUD in patients using MC.**
- Kaplan-Meier analysis over a 20-year follow-up demonstrated that 64.97% of patients in the MC cohort remained free from SUD compared to 88.18% in the GD cohort ($p < 0.001$), further supporting the increased risk associated with MC use.