In Response to Letter to the Editor Regarding: Cannabinoid Hyperemesis Syndrome: Diagnosis, Pathophysiology, and Treatment—a Systematic Review

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We thank Dr. Witsil for reading our recently published article and greatly appreciate the important work being done at Cook County Hospital towards advancing the treatment for Cannabinoid Hyperemesis Syndrome (CHS). Indeed, our review found only a limited number of studies that directly addressed this challenging treatment issue. Unfortunately, the study by Witsil et al. [1] was not included in our systematic review since it was published after our manuscript (Jan/Feb 2017) and well after our search period (Jan 2000–Sept 2015). Even with the addition of the authors' reported success in four cases, the conclusions regarding use of this treatment must be tempered, as there is still limited research demonstrating its effectiveness, and no randomized studies

have been published. However, we agree that the use of haloperidol for CHS makes sense, both mechanistically and empirically from the existing case reports and warrants further study. In fact, we also find antipsychotics to be the most effective treatment for CHS in our urban patient population in Denver, Colorado. We would add our anecdotal success with sublingual olanzapine, which can obviate the need for IV access and allows for home treatment in some cases. Although case-based literature exists to support the use of anti-dopaminergic agents [2–4], there is clearly a need for controlled trials to definitively identify the most time and cost effective treatment approach. We welcome and support future collaboration towards this goal.

Compliance with Ethical Standards

Conflicts of Interest Dr. Sorensen and Kristen DeSanto declare that they have no conflicts of interest.

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