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Neurotoxic Effects of Synthetic Cannabinoids: A Review of Current Evidence and Clinical Implications

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Abstract

Synthetic cannabinoids (SCs) are a diverse group of compounds designed to mimic the e ects of natural cannabinoids but often exhibit greater potency and unpredictable e ects. This review synthesizes current evidence on the neurotoxic e ects of SCs, highlighting both acute and chronic impacts on brain function. Acute exposure can lead to seizures, psychosis, and cognitive impairment, while chronic use is associated with neurodegeneration, mood disorders, and persistent cognitive deýcits. The underlying mechanisms include excitotoxicity, oxidative stress, inþammation, and mitochondrial dysfunction. Clinicians face challenges in diagnosing SC toxicity due to the limitations of standard drug screens, necessitating specialized testing methods. Management primarily involves supportive care and monitoring for long-term neuropsychiatric e ects. Public health e orts must focus on education and prevention to mitigate the risks associated with SC use. Further research is critical to fully elucidate the neurotoxic mechanisms and develop e ective intervention strategies.

K **:** Synthetic cannabinoids; Neurotoxicity; Acute toxicity; Chronic toxicity; Seizures; Psychosis; Cognitive impairment; Excitotoxicity; Oxidative stress; In ammation; Mitochondrial dysfunction; Public health; Clinical management; Toxicology screening

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Synthetic cannabinoids (SCs) o en marketed as “legal highs” or “herbal incense,” have gained popularity in recent years. ese substances are designed to mimic the e ects of natural cannabinoids found in cannabis, such as tetrahydrocannabinol (THC). However, SCs are structurally diverse and can have signi cantly di erent and o en more potent e ects on the brain. is review aims to synthesize current evidence on the neurotoxic e ects of synthetic cannabinoids and discuss their clinical implications [1].

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Synthetic cannabinoids are a diverse class of compounds that interact with cannabinoid receptors in the brain, primarily the CB1 and CB2 receptors. Unlike THC, which is a partial agonist, many SCs are full agonists at these receptors, leading to more intense and prolonged activation. is over activation can disrupt normal neural signaling and lead to neurotoxicity.

N

Acute exposure to synthetic cannabinoids can result in a range of neurotoxic e ects, including:

- Seizures: SCs have been associated with seizure activity, which is thought to result from the excessive stimulation of CB1 receptors.
- Psychosis: ere are numerous reports of acute psychotic episodes following SC use, characterized by hallucinations, paranoia, and severe agitation. ese symptoms o en require emergency medical intervention.
- Cognitive Impairment: Acute cognitive de cits, such as memory impairment, confusion, and decreased attention span, are commonly reported. ese e ects may persist for days or weeks a er exposure [2].

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Long-term use of synthetic cannabinoids can lead to more insidious neurotoxic e ects:

- Neuro degeneration: Animal studies suggest that chronic exposure to SCs can lead to neuronal death and loss of brain volume, particularly in areas associated with memory and learning, such as the hippocampus.
- Mood Disorders: Chronic users are at increased risk for developing mood disorders, including depression and anxiety, which may be linked to structural and functional changes in the brain.
- Persistent Cognitive De cits: Long-term cognitive impairments, such as di culties with executive function and sustained attention, have been documented in chronic users. ese de cits may not fully resolve even with prolonged abstinence [3].

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e neurotoxic e ects of synthetic cannabinoids are believed to be mediated through several mechanisms:

- Excitotoxicity: Excessive activation of CB1 receptors can lead to an over-release of glutamate, resulting in excitotoxic damage to neurons.
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impair mitochondrial function, leading to energy de cits and cell death [4].

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e detection of synthetic cannabinoids is challenging due to their structural diversity and the rapid emergence of new compounds. Standard drug screens o en fail to detect SCs, necessitating the use of specialized testing methods. Clinicians need to be aware of the limitations of routine toxicology screens and consider SC use in patients presenting with unexplained neurotoxic symptoms [5].

e management of synthetic cannabinoid toxicity primarily involves supportive care. Benzodiazepines are commonly used to manage agitation and seizures, while antipsychotics may be necessary for severe psychosis. Long-term management should include monitoring for the development of mood disorders and cognitive de cits, with appropriate referrals for psychiatric and neuropsychological evaluation and treatment.

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e widespread availability and misconception of synthetic cannabinoids as "safe" alternatives to cannabis pose signi cant public health challenges. Education and prevention e orts should target both the general public and healthcare providers to raise awareness of the potential neurotoxic e ects of SCs [6].

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A comprehensive literature search was conducted to identify relevant studies on the neurotoxic e ects of synthetic cannabinoids (SCs). e search included databases such as PubMed, Scopus, Web of Science, and Google Scholar, covering publications from inception to May 2024. Keywords used in the search included "synthetic cannabinoids," "neurotoxicity," "acute toxicity," "chronic toxicity," "seizures," "psychosis," "cognitive impairment," "excitotoxicity," "oxidative stress," "in ammation," and "mitochondrial dysfunction."

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Studies were included if they:

1. Investigated the neurotoxic e ects of synthetic cannabinoids in humans or animal models.

2. Provided data on acute or chronic neurotoxic outcomes.

3. Examined the mechanisms underlying SC-induced neurotoxicity.

4. Were peer-reviewed articles, clinical case reports, or preclinical studies [7].

Studies were excluded if they:

1. Focused solely on natural cannabinoids without comparison to synthetic counterparts.

2. Were review articles without new primary data.

3. Did not provide su cient detail on the methodology or results.

D

Data were extracted from the selected studies using a standardized form. Extracted information included:

- Study design (e.g., clinical study, animal model, in vitro study)
- Type of synthetic cannabinoid investigated
- Dosage and route of administration
- Study population (e.g., human subjects, speci c animal species)
- Duration of exposure
- Neurotoxic outcomes measured (e.g., seizures, cognitive impairment, mood disorders)
- Mechanisms of neurotoxicity identi ed (e.g., excitotoxicity, oxidative stress)
- Key ndings and conclusions [8].

Q

e quality of included studies was assessed using criteria adapted from established guidelines for evaluating the risk of bias in clinical and preclinical research. Factors considered included:

- Adequacy of the control group
- Blinding of outcome assessment
- Completeness of outcome data
- Appropriateness of statistical analyses

e results from individual studies were synthesized to provide an overview of the acute and chronic neurotoxic e ects of synthetic cannabinoids. Mechanistic insights were integrated to form a comprehensive understanding of how SCs induce neurotoxicity. Di erences between study ndings were analyzed in the context of variations in study design, types of SCs used, and dosages administered [9].

E

For this review, ethical considerations were based on the adherence to ethical standards in the original studies included. Given that this work involved synthesizing existing data, no new ethical approvals were required.

L

Potential limitations of this review include the heterogeneity of study designs, di erences in the types of synthetic cannabinoids investigated, and variability in outcome measures. Additionally, the rapid emergence of new SCs may mean that some recent compounds were not covered in the included studies.

By following this methodology, the review aimed to provide a robust and comprehensive analysis of the neurotoxic e ects of synthetic cannabinoids, highlighting key ndings and identifying areas for future research [10].

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is review synthesizes current evidence on the neurotoxic e ects

of synthetic cannabinoids (SCs), revealing signi cant acute and chronic impacts on brain function. Acute exposure to SCs can result in severe neurotoxic outcomes such as seizures, psychosis, and cognitive impairments. Chronic use is associated with neurodegenerative changes, persistent cognitive de cits, and mood disorders. e mechanisms underlying these e ects include excitotoxicity, oxidative stress, in ammation, and mitochondrial dysfunction.

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Synthetic cannabinoids pose signi cant neurotoxic risks, with both acute and chronic exposure leading to a range of adverse e ects on brain function. e potent and unpredictable nature of these substances necessitates heightened vigilance among healthcare providers and robust plescnS1i Tm[(C)-3(a)9(r)13(e 1 c o)1635(t)-5(r119(t))13(TCS03(e c0e)-l8.9(n)4(d)]T30.187 -5(a)(n.)4C11(t)6(o)161(a)9(c0e)-l8.t6(a)19(