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ZUCKERMAN COLLEGE
OF PUBLIC HEALTH

December
2013

Medical Marijuana for the Treatment of Depression

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Acknowledgements

This report was written for The Arizona Department of Health Services, Contract No: ADHS12-017291, under the advisement of the ADHS Medical Marijuana Advisory Committee and acknowledge assistance from the Arizona Health Science Librarians-Phoenix and Tucson.

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Introduction

Purpose of the Evidence Review

This review updates a report submitted in 2012 that evaluates evidence on cannabis use in adults for the treatment of depression. The Arizona Department of Health Services (ADHS) funded this report to assist in assessing depression as a condition to add to those that qualify for the use of medical marijuana in Arizona.

Background

Pursuant to A.R.S. § 36-2801.01, the public may petition the Arizona Department of Health Services (ADHS) to add debilitating medical conditions to those listed in A.R.S. 36-2801(3). The ADHS established the manner in which it shall consider petitions to add debilitating medical conditions in A.A.C. R9-17-106. A.A.C. R9-17-106(C) states, ADHS “shall accept requests for the addition of a medical condition to the list of debilitating medical conditions in R9-17-201 in January and July of each calendar year starting in January 2012”. After receiving requests for adding conditions the ADHS requests a report on the scientific evidence on the use of cannabis for this condition from the University of Arizona College of Public Health. In addition the Department holds a public hearing to hear public testimony on the condition and its treatment with cannabis. The Department Medical Advisory Committee then considers the totality of the evidence in deciding to add a condition to the list, or not. A petition to add depression was received in 2012 and again in 2013. This report updates the evidence report completed in response to the 2012 request.

Scope of the Evidence Review

This evidence review update covers the time period from the completion of the first review to December 2013.

List of Key Questions

1. What are the benefits (short and long-term benefits) of cannabis use for the treatment of depression?
2. What are the harms (short and long-term harms) of cannabis use for the treatment of depression?

Conflicts of Interest

The authors have no conflicts of interest.

Methods

Literature Search and Strategy

The topics of cannabis use and migraine headaches were searched in the following databases: The Cochrane Library, Ovid MEDLINE®, Web of Science, Dynamed, Google Scholar, National Center for Complimentary and Alternative Medicine, and PsycINFO. The time period for the search was January 2012 until the present. In addition, the Embase database has recently been added to those available at the University of Arizona library. Since it was not included in the search conducted in 2012, this database was searched for any publications within the past 5 years. Bibliographies in the articles identified through these databases were hand searched for additional pertinent articles. A detailed description of the search terms can be found in Appendix 1.

Inclusion and Exclusion Criteria

Studies that met all of the following criteria were included:

1. Evaluated adults (≥ 18 years old) with depression (studies of adolescents are included if they contain material that appears to be pertinent for adults)
2. English language
3. Human study
4. Were relevant to one of the key questions

Studies that were excluded include those that were:

1. Animal studies
2. Editorials or opinions
3. Descriptions of biochemical and pathophysiological pathways
4. Not relevant to the key questions

The original intent was to restrict the search to clinical trials, cohort and case control studies. Due to the paucity of studies of this type found, we also included cross sectional studies and case reports.

Quality Assessment

Types of studies available to assess are listed and described in Appendix 2. Observational studies were assessed using the main domains described in tools commonly used (Deeks JJ, Dinnes J, D'Amico R, Sowden AJ, Sakarovitch C, Song F, et al. Evaluating non-randomized intervention studies. *Health Technology Assessment* 2003;7(27)). The overall quality of the evidence is ranked using GRADE methodology demonstrated in Appendix 3. (Owens DK, Lohr KN, Atkins D, et al. Grading the strength of a body of evidence when comparing medical interventions. In: Agency for Healthcare Research and Quality. *Methods Guide for Comparative Effectiveness Reviews*. Rockville, MD. Available at: <http://effectivehealthcare.ahrq.gov/healthInfo.cfm?infotype=rr&ProcessID=60>.)

Studies Submitted by the Public

Any scientific literature submitted by the public in support of including depression was also assessed using the same inclusion and exclusion criteria and assessment methodology.

Results

The search uncovered 573 articles; 564 did not meet the inclusion criteria and were not assessed. These are listed in Appendix 4. Nine articles met the criteria and are described and assessed in Table 1.

Table 1
Articles Included in the Review

Article	Description	Findings	Quality
Camera AA, Tomaselli V, Fleming J, et al. Correlates to the variable effects of cannabis in young adults: a preliminary study. <i>Harm Reduction J</i> 2012;9: 15-21.	Cross sectional study of 100 young adults in NYC recruited from Craig's List who frequently used marijuana in adolescence. Interviews using standard tools.	12 % reported feeling sad or depressed when using marijuana, having a family history of bipolar disease increased the risk of this.	Very Low Quality. Self- selected small group with self -reporting retrospectively of symptoms. Family history of psych illness was confirmed by a family member.
Copeland J, Rooke S, Swift W. Changes in cannabis use among young people; impact on mental health. <i>Curr Opin Psychiatry</i> 2013;26:325-329.	Review article. No method are described.	Confirms an association between cannabis use and depression found in the 2012 evidence report. Points out that the literature is contradictory.	Low Quality. No description of methods for searching the literature or assessing the quality of the literature.
Manrique-Garcia E, Zammit S, Dalman C, et al. Cannabis use and depression: a longitudinal study of a national cohort of Swedish conscripts. <i>BMC Psychiatry</i> 2012;12:112-118	Prospective cohort of 45,087 Swedish men examined in 1969-70. The Swedish national inpatient register was checked from 1973-2007.	After confounders were controlled for, there was no association between cannabis use at age 18-20 with subsequent hospitalization for depression.	Moderate Quality. Large numbers, total population, followed for a long time period using a standardized system of recording hospital admissions. Confounders controlled for. However, cannabis use was measured only at one time and only depression severe enough to require inpatient treatment is measured.
Mariani JJ, Haney M, Hart CJ, et al. . Effects of research setting on observational depressive symptoms in marijuana users. <i>Journal of Substance Abuse Treatment</i> 2009;37:431-434.	Post hoc analysis of two cross sectional studies involving 83 and 94 subjects in New York. One group were cannabis users seeking treatment for cessation and another group were cannabis users volunteering for a lab study. Depression measured by the Beck Depression Inventory.	Those in the treatment seeking group reported higher levels of depression symptoms.	Very Low Quality. Self- selected groups. Single variable analysis. Post hoc study.
Pacek LR, Malcolm RJ, Martins SS. Race/ethnicity differences between alcohol, marijuana, and co-occurring alcohol and marijuana use disorders and their association with public health and social problems using a national sample. <i>Am J Addict</i> 2012;21:435-444.	Cross sectional survey using a national sample and public data set from National Survey on Drug Use and Health 2005-2007. Over 67,000 participants each year.	In whites, 22.65% of those with marijuana use disorder had a major depressive episode compared to 14.89% of those with alcohol use disorder. (adjusted OR of .6 p<.02	Low Quality. National data set and standardized and validated data collection tools. Cross sectional study. Some adjustment for potential confounders. No comparison to those without a substance abuse disorder.
Richardson TH. Cannabis use and mental health: a review of recent epidemiological research. <i>Int J Pharm</i> 2012;6:796-807.	Review of the literature. No methods are described.	The association between depression and marijuana use is described as well as some of the risks for depression such as early age of first use and frequency of use.	Low Quality. No description of methods for searching the literature or assessing the quality of the literature.

Skinner R, Conlon L, Gibbons D, et al. cannabis use and non-clinical dimensions of psychosis in university students presenting to primary care. ACTA Psychiatr Scan 2011;123:21-27.	Cross sectional study at the University of Ireland of 1049 students who sought care in the student health center, 2008. Two tools used, one for psychosis and one for anxiety and depression.	Marijuana use frequency was associated with depression on one scale but not the other.	Low Quality. Non random sample, self-reported drug use, cross sectional study design, inconsistent results between two tools. Study was focused mostly on psychosis.
Shalloum IM, Cornelius JR, Douaihy A, et al. Longstanding cannabis abuse is associated with decreased likelihood of remission from major depression. Neuropsychopharmacology 2011;36:00-301	Randomized, double blind, placebo trial of those with major depressive disorder and alcoholism on fluoxetine +/- naltrexone. Location is Miami.	Those with longstanding cannabis use (10 or more years) had a lower chance of achieving remission (5.8 % vs 14.7% OR=0.358 p=.002)	Moderate-to-High Quality. RCT with small sample, secondary analysis. Well controlled with use of validated instruments.
Van Rossum Iv, Boomsma M, Tenback D, et al. Does cannabis use affect treatment outcome in bipolar disorder? J Nerv Ment Dis 2009;197:35-40.	Longitudinal cohort of 3459 bi-polar patients with mania at 14 european countries. Follow up 7 times over 2 years. Cannabis use determined at multiple times.	Cannabis use was associated with less compliance with treatment (other pharmacological treatments) and higher levels of disease severity.	Low-to-Moderate Quality. Large loss to follow up. Self-reported drug use. Did control for some confounders. Studied only bi-polar depression and those with mania.

Description of the Items Submitted with the Petition

The materials presented to ADHS by the public included the following:

1. A reprint from the Mayo Clinic web site on depression, dated 7-29-2013. It describes the symptoms, causes, and treatments for depression including complimentary and alternative interventions. Medical marijuana is not discussed.
2. A reprint from Web MD on depression. It discusses diagnosis and treatment. No mention is made of medical marijuana.
3. 20 pages of comments, pro and con, for adding depression as a condition. There was one set of scientific articles included in one of the comments. Those have been accessed and assessed as follows:
 - a. Denson TF, Earlywine M. Decreased depression in marijuana users. Included in the evidence report on depression submitted in 2012 by the COPH.
 - b. Gruber AJ, Pope HG, Brown M. Do patients use marijuana as an antidepressant? Included in the evidence report on depression submitted in 2012 by the COPH.
 - c. Bambico FR, Katz N, et al. Cannabinoids elicit anti-depressant like behavior and activates serotonic neurons through the medial prefrontal cortex. Animal study.
 - d. Adamczyk P, Golda A, et al. Activation of endocannabinoid transmission induces antidepressant-like effects in rats. Animal study.

- e. Jiang W, Zhang Y, et al. Cannabinoids promote embryonic and adult hippocampus neurogenesis and produce anxiolytic and antidepressant like effects. Animal study.
- f. Morrish AC, Hill MN, et al. Protracted cannabinoid administration elicits antidepressant behavior responses in rats. Animal study.
- g. McLaughlin RJ, Hill MN, et al. Local enhancement of cannabinoid CB1 receptor signaling in the dorsal hippocampus elicits an antidepressant-like effect. Animal study.
- h. Hill MN, Karacabeyli ES, et al. Estrogen recruits the endocannabinoid system to modulate emotionality. Animal study. Note that the wrong article title was included in the submitted material. It was listed as “Local enhancement of cannabinoid CB1 receptor signaling in the dorsal hippocampus elicits an antidepressant-like effect.” But the citation (Psychoneuroendocrinology 2007;32:350-357) resulted in the title listed here. We believe the submitter mistyped the article title since it was typed as being the same as that for article g.

4. The evidence report on depression submitted in 2012 by the CPH.

Summary: No new scientific evidence of the benefits and harms of using marijuana to treat depression was submitted.

Current Research

A search of the clinical trials data base found no ongoing studies on depression and marijuana.

Conclusions

This update did not find any new evidence regarding the use of marijuana to treat depression. There remains a lack of evidence to answer the key questions on the effectiveness or harms of using marijuana to treat depression. There is limited, low-to-moderate level evidence that those using marijuana concurrently with other anti-depression medications experience worse outcomes. However, there is a fair amount of uncertainty on this. The evidence on the relationship between marijuana use and depression remains contradictory. Some literature shows a relationship and some does not. If there is an association, it is not clear if one causes the other or if both are related to other variables.

Appendix 1

Search Terms

“Depression, Depressive Disorder”[Mesh]

Depression

Covers these Entry Terms:

- Depressions
- Depressive Symptoms
- Depressive Symptom
- Symptom, Depressive
- Symptoms, Depressive
- Emotional Depression
- Depression, Emotional
- Depressions, Emotional

Depressive Disorder

Covers these Entry Terms:

- Depression, Postpartum
- Depressive Disorder, Major
- Depressive Disorder, Treatment-Resistant
- Dysthymic Disorder
- Seasonal Affective Disorder

ANDED with:

((“cannabis”[Mesh] OR “marijuana”[All Fields]) OR (“cannabis”[Mesh Terms] OR “cannabis”[All Fields] OR “marihuana”[All Fields]) OR “medical marijuana”[All Fields] OR “Marijuana Smoking”[Mesh] OR “cannabinoids”[Mesh] OR “cannabis”[Mesh] OR “Tetrahydrocannabinol”[Mesh] AND “humans”[MeSH Terms] AND English[lang])

Appendix 2

BOX 1 Taxonomy of study designs to assess the effectiveness of an intervention

Experimental designs

A study in which the investigator has control over at least some study conditions, particularly decisions concerning the allocation of participants to different intervention groups.

1. **Randomised controlled trial**

Participants are randomly allocated to intervention or control groups and followed up over time to assess any differences in outcome rates. Randomisation with allocation concealment ensures that on average known and unknown determinants of outcome are evenly distributed between groups.

2. **Quasi-randomised trial**

Participants are allocated to intervention or control groups by the investigator, but the method of allocation falls short of genuine randomisation and allocation concealment (e.g. allocated by date of birth, hospital record number, etc.)

3. **Non-randomised trial/quasi-experimental study**

The investigator has control over the allocation of participants to groups, but does not attempt randomisation (e.g. patient or physician preference). Differs from a 'cohort study' in that the intention is experimental rather than observational.

Observational designs

A study in which natural variation in interventions (or exposure) among study participants is investigated to explore the effect of the interventions (or exposure) on health outcomes.

4. **Controlled before-and-after study**

A follow-up study of participants who have received an intervention and those who have not, measuring the outcome variable both at baseline and after the intervention period, comparing either final values if the groups are comparable at baseline, or change scores. It can also be considered an experimental design if the investigator has control over, or can deliberately manipulate, the introduction of the intervention.

5. **Concurrent cohort study**

A follow-up study that compares outcomes between participants who have received an intervention and those who have not. Participants are studied during the same (concurrent) period either prospectively or, more commonly, retrospectively.

6. **Historical cohort study**

A variation on the traditional cohort study where the outcome from a new intervention is established for participants studied in one period and compared with those who did not receive the intervention in a previous period, i.e. participants are not studied concurrently.

7. **Case-control study**

Participants with and without a given outcome are identified (cases and controls respectively) and exposure to a given intervention(s) between the two groups compared.

8. **Before-and-after study**

Comparison of outcomes from study participants before and after an intervention is introduced. The before and after measurements may be made in the same participants, or in different samples. It can also be considered an experimental design if the investigator has control over, or can deliberately manipulate, the introduction of the intervention.

9. **Cross-sectional study**

Examination of the relationship between disease and other variables of interest as they exist in a defined population at one particular time point.

10. **Case series**

Description of a number of cases of an intervention and outcome (no comparison with a control group).

Appendix 3

GRADE Method to Assess Overall Quality of the Evidence

Study Design	Quality of Evidence	Lower if	Higher if
Randomized trial →	High	Risk of bias -1 Serious -2 Very serious	Large effect +1 Large +2 Very large
	Moderate	Inconsistency -1 Serious -2 Very serious	Dose response +1 Evidence of a gradient
Observational study →	Low	Indirectness -1 Serious -2 Very serious	All plausible confounding +1 Would reduce a demonstrated effect or
	Very low	Imprecision -1 Serious -2 Very serious Publication bias -1 Likely -2 Very likely	+1 Would suggest a spurious effect when results show no effect

Appendix 4

Articles Excluded

	Study	Exclusion Reasoning
1.	Abdoul H, Le Faou A-, Bouchez J, Touzeau D, Lagrue G. Cannabis cessation interventions offered to young french users: Predictors of follow-up. <i>Encephale</i> . 2012;38(2):141-148.	The study did not involve depression or cannabis use as treatment.
2.	Abdoul H, Le Faou A-, Bouchez J, Touzeau D, Lagrue G. Cannabis cessation interventions offered to young french users: Predictors of follow-up. <i>Encephale</i> . 2012;38(2):141-148.	The study did not involve depression or cannabis use as treatment.
3.	Ablin K, Clauw DJ. From fibrositis to functional somatic syndromes to a bell-shaped curve of pain and sensory sensitivity: Evolution of a clinical construct. <i>Rheum Dis Clin North Am</i> . 2009;35(2):233-251.	The study did not involve cannabis use or depression.
4.	Aggarwal SK, Carter G, Sullivan M, Morrill R, Zumbrunnen C, Mayer J. Distress, coping, and drug law enforcement in a series of patients using medical cannabis. <i>J Nerv Ment Dis</i> . 2013;201(4):292-303.	The study involved stress related to medical marijuana use and did not involve cannabis use as treatment for depression.
5.	Aguiar P, Neto D, Lambaz R, Chick J, Ferrinho P. Prognostic factors during outpatient treatment for alcohol dependence: Cohort study with 6 months of treatment follow-up. <i>Alcohol Alcohol</i> . 2012;47(6):702-710.	The study did not involve cannabis use or depression.
6.	Aharoni R. Immunomodulatory drug treatment in multiple sclerosis. <i>Expert Rev Neurother</i> . 2010;10(9):1423-1436.	The study did not involve cannabis use or depression.
7.	Ahsaini M, Tazi F, Khalouk A, et al. Bilateral testicular self-castration due to cannabis abuse: A case report. <i>J Med Case Rep</i> . 2011;5.	The case report did not involve depression.
8.	Alberich S, Fernandez M, Barbeito S, et al. Smoking cessation and gender in first psychotic patients after long-term follow-up. <i>Int Clin Psychopharmacol</i> . 2011;26:e170-e171.	The study did not involve depression or cannabis use.
9.	Alberich S, Martinez-Cengotitabengoa M, Garcia B, et al. Relationship between smoking cessation and gender in first psychotic patients after long-term follow-up. <i>Eur Arch Psychiatry Clin Neurosci</i> . 2011;261:S68.	The study did not involve depression or cannabis use.
10.	Albertella L, Norberg MM. Mental health symptoms and their relationship to cannabis use in adolescents attending residential treatment. <i>J Psychoact Drugs</i> . 2012;44(5):381-389.	The study involved youth not adults and did not involve depression.
11.	Alford DP, Krebs EE, Chen IA, Nicolaidis C, Bair MJ, Liebschutz J. Update in pain medicine. <i>J Gen Intern Med</i> . 2010;25(11):1222-1226.	Review referenced studies that addressed treatment for chronic pain.
12.	Alfstad KA, Clench-Aas J, Van Roy B, Mowinckel P, Gjerstad L, Lossius MI. Risk taking behaviour in norwegian youth with epilepsy. <i>Epilepsy Behav</i> . 2012;24(2):189-190.	The study involved youth not adults and did not address depression.
13.	Algon S, Yi J, Calkins ME, Kohler C, Borgmann-Winter K. Evaluation and treatment of children and adolescents with psychotic symptoms. <i>Curr Psychiatry Rep</i> . 2012;14(2):101-110.	The study involved youth not adults and did not address cannabis use.
14.	Ali S, Mouton CP, Jabeen S, et al. Early detection of illicit drug use in teenagers. <i>Innov Clin Neurosci</i> . 2011;8(12):24-28.	The study involved youth not adults and did not address depression.
15.	Altmann K-, Neri D. Editorial. <i>Curr Opin Chem Biol</i> . 2009;13(3):231-234.	The study did not meet inclusion criteria (editorial).

16.	Anderson A, Fisher M, McKay G. Rimonabant. <i>Pract Diabetes Int.</i> 2009;26(6):246-247.	The study did not address the key questions.
17.	Andries A, Stoving RK. Cannabinoid-1 receptor agonists: A therapeutic option in severe, chronic anorexia nervosa? <i>Neuropsychiatry.</i> 2011;1(5):467-476.	The study did not involve depression.
18.	Ansary NS, Luthar SS. Distress and academic achievement among adolescents of affluence: A study of externalizing and internalizing problem behaviors and school performance. <i>Dev Psychopathol.</i> 2009;21(1):319-341.	The study examined the effects of substance abuse and depression on school performance separately, but did not address the relationship between the two. Study involved adolescents.
19.	Appendino G, Chianese G, Tagliatela-Scafati O. Cannabinoids; Occurrence and medicinal chemistry. <i>Curr Med Chem</i> 2011;18:1085-1099.	Does not address the key questions. It is a summary of proposed pharmacological effects.
20.	Archer T, Kostrzewa RM, Palomo T, Beninger RJ. Clinical staging in the pathophysiology of psychotic and affective disorders: Facilitation of prognosis and treatment. <i>Neurotoxic Res.</i> 2010;18(3-4):211-228.	The study did not involve depression or cannabis use as treatment.
21.	Aronne LJ, Finer N, Hollander PA, England RD, Klioze SS, Chew RD, Fountaine RJ, Powell CM, Obourn JD. Efficacy and safety of CP-945,598, a selective cannabinoid CB1 receptor antagonist, on weight loss and maintenance. In: <i>Obesity (silver spring, md.).</i> Vol 19. ; 2011:1404-1414.	The study did not address the key questions.
22.	Asmal L. Tardive dyskinesia on clozapine treatment. <i>S Afr J Psychiatry.</i> 2009;15(1):23-24.	The study did not address the key questions.
23.	Atakan Z. Managing cannabis use in people with severe mental illness: What can be done? <i>Adv Psychiatr Treat.</i> 2009;15(1):65-71.	The article addressed the relationship between cannabis use and severe mental illness, but did not involve depression.
24.	Attal N. Neuropathic pain: Mechanisms, therapeutic approach, and interpretation of clinical trials. <i>CONTINUUM Lifelong Learn Neurol.</i> 2012;18(1):161-175.	The study did not involve cannabis use or depression.
25.	Audo I, El Sanharawi M, Vignal-Clermont C, et al. Foveal damage in habitual poppers users. <i>Arch Ophthalmol.</i> 2011;129(6):703-708.	The study did not involve cannabis use or depression.
26.	Audrain-McGovern J, Rodriguez D, Epstein LH, Cuevas J, Rodgers K, Wileyto EP. Does delay discounting play an etiological role in smoking or is it a consequence of smoking? <i>Drug Alcohol Depend.</i> 2009;103(3):99-106.	The study did not involve cannabis use or depression.
27.	Audrain-McGovern J, Rodriguez D, Rodgers K, Cuevas J, Sass J, Riley T. Reward expectations lead to smoking uptake among depressed adolescents. <i>Drug Alcohol Depend.</i> 2012;120(1-3):181-189.	The study involved youth not adults and did not address cannabis use.
28.	Austin AE, van den Heuvel C, Byard RW. Physician suicide. <i>J Forensic Sci.</i> 2013;58 Suppl 1:S91-3.	The study did not address the key questions.
29.	Azorin J, Luquiens A, Aubrun E, Reed C, Gasquet I, Lukasiewicz M. Management of patients with acute manic or mixed episodes and outcome at three months. <i>Encephale.</i> 2010;36(3):226-235.	The study did not involve cannabis use.
30.	Baastrup C, Finnerup NB. Pain in spinal cord injury. <i>Pain Manage.</i> 2012;2(1):87-94.	The study did not involve cannabis use or depression.
31.	Babson KA, Boden MT, Harris AH, Stickle TR, Bonn-Miller M. Poor sleep quality as a risk factor for lapse following a cannabis quit attempt. <i>J Subst Abuse Treat.</i> 2013;44(4):438-443.	The study did not involve depression.

32.	Bach S, Bombinski T, Daniels M, et al. Of mice and MAGL (monoacylglycerol lipase). <i>FASEB J.</i> 2011;25.	The study was a description of biochemical pathways.
33.	Bagdy G, Juhasz G, Gonda X. A new clinical evidence-based gene-environment interaction model of depression. <i>Neuropsychopharmacologia Hungarica; A depresszio uj, bizonyitekokon alapulo gen-kornyezet interakcios modellje.</i> 2012;14(4):213-220.	The study did not involve cannabis use.
34.	Balash Y, Shabtai H, Hilel A, Korczyn A, Giladi N, Gurevich T. Effects of cannabis smoking in patients with advanced parkinson's disease and parkinsonism. <i>Eur J Neurol.</i> 2011;18:499.	The study did not involve depression.
35.	Balhara YPS. Drug abuse liability assessment: A review. <i>Addict Disord Treat.</i> 2012;11(3):123-135.	The study did not involve cannabis use or depression.
36.	Banducci AN, Dahne J, Magidson JF, Chen K, Daughters SB, Lejuez CW. Clinical characteristics as a function of referral status among substance users in residential treatment. <i>Addict Behav.</i> 2013;38(4):1924-1930.	The study did not involve depression.
37.	Bao Y-, Qiu Y, Yan S-, et al. Pattern of drug use and depressive symptoms among amphetamine type stimulants users in beijing and guangdong province, china. <i>PLoS ONE.</i> 2013;8(4).	The study did not involve cannabis use.
38.	Bar-Sela G, Vorobeichik M, Drawsheh S, Omer A, Goldberg V, Muller E. The medical necessity for medicinal cannabis: Prospective, observational study evaluating the treatment in cancer patients on supportive or palliative care. <i>Evid -Based Complement Altern Med.</i> 2013;2013.	The study highlighted the benefits of marijuana for cancer patients in palliative care, but did not address depression.
39.	Barry JD, Wills BK. Neurotoxic emergencies. <i>Psychiatr Clin North Am.</i> 2013;36(2):219-244.	The article did not involve depression or cannabis use.
40.	Basavarajappa BS, Nixon RA, Arancio O. Endocannabinoid system: Emerging role from neurodevelopment to neurodegeneration. <i>Mini-Rev Med Chem.</i> 2009;9(4):448-462.	The study was a description of biochemical pathways.
41.	Basu A, Kee R, Buchanan D, Sadowski LS. Comparative cost analysis of housing and case management program for chronically ill homeless adults compared to usual care. <i>Health Serv Res.</i> 2012;47(1):523-543.	The study did not involve cannabis use or depression.
42.	Basu D. Overview of substance abuse and hepatitis C virus infection and co-infections in india. <i>J Neuroimmune Pharmacol.</i> 2010;5(4):496-506.	The study did not involve cannabis use or depression.
43.	Batki SL, Canfield KM, Smyth E, Ploutz-Snyder R. Health-related quality of life in methadone maintenance patients with untreated hepatitis C virus infection. <i>Drug Alcohol Depend.</i> 2009;101(3):176-182.	The study did not involve cannabis use or depression.
44.	Battista N, Di Tommaso M, Bari M, Maccarrone M. The endocannabinoid system: An overview. <i>Front Behav Neurosci.</i> 2012:1-7.	The study was a description of biochemical pathways.
45.	Beaulieu S, Saury S, Sareen J, et al. The canadian network for mood and anxiety treatments (CANMAT) task force recommendations for the management of patients with mood disorders and comorbid substance use disorders. <i>Ann Clin Psychiatry.</i> 2012;24(1):38-55.	The review confirmed the association between substance abuse and mood disorders, but did not mention cannabis use as treatment for depression.
46.	Beer S, Khan F, Kesselring J. Rehabilitation interventions in multiple sclerosis: An overview. <i>J Neurol.</i> 2012;259(9):1994-2008.	The study did not involve cannabis use or depression.
47.	Behere V, Samir KP, Sreejayan K, Sharma PSVN. Neurological sequelae of atypical neuroleptic malignant syndrome. <i>Indian J Psychiatry.</i> 2012;54:S58.	The case report did not involve cannabis use or depression.
48.	Bernardo M, Dodd S, Gama CS, et al. Effects of N-acetylcysteine on substance use in bipolar disorder: A randomised placebo-controlled clinical trial. <i>Acta Neuropsychiatr.</i> 2009;21(6):285-291.	The study did not involve cannabis use or depression.

49.	Bethoux F. Gait disorders in multiple sclerosis. CONTINUUM Lifelong Learn Neurol. 2013;19(4):1007-1022.	The study did not involve cannabis use or depression.
50.	Blain H. Palliative medicine and end of life issues in older adults. the main messages from the european union geriatric medicine society glasgow symposium. Eur Geriatr Med. 2010;1(1):66-68.	The study did not involve cannabis use.
51.	Blazer DG, Wu L-. The epidemiology of substance use and disorders among middle aged and elderly community adults: National survey on drug use and health. Am J Geriatr Psychiatry. 2009;17(3):237-245.	The study did not involve depression or cannabis use as treatment.
52.	Bogart GT, Ott CA. Abuse of second-generation antipsychotics: What prescribers need to know. Curr Psychiatry. 2011;10(5):77-79.	The study did not involve cannabis use or depression.
53.	Boggs DL, Kelly DL, McMahon RP, Gold JM, Gorelick DA, Linthicum J, Conley LL, Liu F, Waltz J, Huestis MA, Buchanan RW. Rimonabant for neurocognition in schizophrenia: A 16-week double blind randomized placebo controlled trial. In: Schizophrenia research. Vol 134. ; 2012:207-210.	The study did not address the key questions.
54.	Bohnert ASB, Eisenberg A, Whiteside L, Price A, McCabe SE, Ilgen MA. Prescription opioid use among addictions treatment patients: Nonmedical use for pain relief vs. other forms of nonmedical use. Addict Behav. 2013;38(3):1776-1781.	The study did not involve cannabis use.
55.	Bohnert ASB, Roeder KM, Ilgen MA. Suicide attempts and overdoses among adults entering addictions treatment: Comparing correlates in a U.S. national study. Drug Alcohol Depend. 2011;119(1-2):106-112.	The study evaluated the relationship between suicide and overdoses, but did not study depression or cannabis use specifically.
56.	Booth S, Bausewein C, Higginson I, Moosavi SH. Pharmacological treatment of refractory breathlessness. Expert Rev Respir Med. 2009;3(1):21-36.	The study did not involve cannabis use or depression.
57.	Bor W, McGee TR, Hayatbakhsh R, Dean A, Najman JM. Do antisocial females exhibit poor outcomes in adulthood? An Australian cohort study. Aust New Zealand J Psychiatry. 2010;44(7):648-657.	The study did not involve cannabis use.
58.	Borges G, Loera CR. Alcohol and drug use in suicidal behaviour. Curr Opin Psychiatry. 2010;23(3):195-204.	The review summarized estimates of suicide risk and did not involve cannabis use or depression specifically.
59.	Bossong MG, Jansma HH, van Hell HH, et al. The effects of delata9-thc on human brain function involved in emotional processing: a pharmacological MRI study.	This study of 11 subjects with 7 authors looked at anatomical and facial responses to after receiving THC or placebo. Does not address the key questions.
60.	Bostwick JM. Blurred boundries: the therapeutics and politics of medical marijuana. Mayo Clin Proc 2012;87:172-186.	Summary of the politics and current controversies of MM use. Does not address the key questions.
61.	Braga R, Burdick K, DeRosse P, Shaya Y, Malhotra A. Cannabis use disorders in bipolar disorder: Impact on cognition and clinical outcomes. Neuropsychopharmacology. 2010;35:S108.	The study involved bipolar disorder and cannabis use, but did not address depression.
62.	Brand M, Rojas J, Fareed S, Koos E. ExecuCare: Outpatient treatment for impaired professionals. Addict Disord Treat. 2013;12(1):11-18.	The study did not involve cannabis use or depression.
63.	Breivogel CS, Sim-Selley L. Basic neuroanatomy and neuropharmacology of cannabinoids. Int Rev Psychiatry. 2009;21(2):113-121.	The study was a description of biochemical pathways.

64.	Breton JJ, Huynh C, Raymond S, et al. Prolonged hallucinations and dissociative self mutilation following use of salvia divinorum in a bipolar adolescent girl. <i>J Subst Use</i> . 2010;15(2):113-117.	The case report did not involve cannabis use or depression.
65.	Briere FN, Fallu J-, Janosz M. Reciprocal direct and indirect prospective associations between cannabis use and depressive symptoms in high school adolescents. <i>Adolesc Psychiatry</i> . 2012;2(1):93.	The study reveals evidence of a bidirectional association between depressive symptoms and cannabis use. However, the study involved only adolescents.
66.	Brook DW, Brook JS, Zhang C, et al. Drug use and the risk of major depressive disorder, alcohol dependence and substance use disorder. <i>Arch Gen Psychiatry</i> 2002;59:1039-1044.	Does not address the key questions.
67.	Brunette MF, Dawson R, O'Keefe CD, et al. A randomized trial of clozapine versus other antipsychotics for cannabis use disorder in patients with schizophrenia. <i>J Dual Diagn</i> . 2011;7(1-2):50-63.	The study did not involve depression.
68.	Buckner JD, Heimberg RG, Ecker AH, Vinci C. A biopsychosocial model of social anxiety and substance use. <i>Depress Anxiety</i> . 2013;30(3):276-284.	The study assessed the relationship between social anxiety and substance abuse, but did not address depression or cannabis use specifically.
69.	Burroughs S, Lethbridge N, Chazot PL. British pharmacology society winter meeting: Focus on neuropharmacology. <i>Expert Rev Clin Pharmacol</i> . 2009;2(2):163-167.	The article was a summary of biochemical pathways.
70.	Butler H, Korbonits M. Cannabinoids for clinicians: The rise and fall of the cannabinoid antagonists. <i>Eur J Endocrinol</i> . 2009;161(5):655-662.	The review did not address depression.
71.	Buys YM, Rafuse PE. Canadian ophthalmological society policy statement on the medical use of marijuana for glaucoma. <i>Can J Ophthalmol</i> . 2010;45(4):324-326.	The study did not involve depression.
72.	Campos AC, Moreira FA, Gomes FV, del Bel EA, Guimaraes FS. Multiple mechanisms involved in the large-spectrum therapeutic potential of cannabidiol in psychiatric disorders. <i>Philos Trans R Soc B Biol Sci</i> . 2012;367(1607):3364-3378.	The article was a summary of biochemical pathways and animal studies.
73.	Cancer and hallucinogens: A long, strange trip. <i>Lancet Oncol</i> . 2010;11(7):603.	The study did not meet inclusion criteria (editorial). *No author listed.
74.	Carrus D, Schifano F. Pregabalin misuse-related issues; intake of large dosages, drug-smoking allegations, and possible association with myositis: Two case reports. <i>J Clin Psychopharmacol</i> . 2012;32(6):839-840.	The case reports do not address the key questions.
75.	Casey C, Chen L-, Rabow MW. Symptom management in gynecologic malignancies. <i>Expert Rev Anticancer Ther</i> . 2011;11(7):1077-1089.	The study did not involve cannabis use.
76.	Chabrol H, Saint-Martin C. Cannabis use and delinquent behaviors in high-school students. <i>Addict Behav</i> . 2009;34(2):187-189.	The study involved youth not adults and did not address depression.
77.	Champion A. Anorexia of aging. <i>Ann Long-Term Care</i> . 2011;19(10):18-24.	The study did not involve cannabis use or depression.
78.	Charles V, Weaver T. A qualitative study of illicit and non-prescribed drug use amongst people with psychotic disorders. <i>J Ment Health</i> . 2010;19(1):99-106.	The study assessed the relationship between drug use and mental health disorders, but did not address cannabis use or depression specifically.

79.	Chatoor D, Soligo M, Emmanuel A. Organising a clinical service for patients with pelvic floor disorders. <i>Best Pract Res Clin Gastroenterol.</i> 2009;23(4):611-620.	The study did not involve cannabis use or depression.
80.	Chen C-, Lin K-. Health consequences of illegal drug use. <i>Curr Opin Psychiatry.</i> 2009;22(3):287-292.	The review article referenced studies with adolescents and studies evaluated in the 2012 depression report.
81.	Cheron-Launay M, Baha M, Mautrait C, Lagrue G, Le Faou A-. Identifying addictive behaviors among adolescents: A school-based survey. <i>Arch Pediatr.</i> 2011;18(7):737-744.	The study involved youth not adults.
82.	Chetty S, Baalbergen E, Bhigjee AI, et al. Clinical practice guidelines for management of neuropathic pain: Expert panel recommendations for south africa. <i>S Afr Fam Pract.</i> 2013;55(2):143-158.	The study did not involve depression or cannabis use.
83.	Choiniere M, Dion D, Peng P, et al. The canadian STOP-PAIN project - part 1: Who are the patients on the waitlists of multidisciplinary pain treatment facilities? <i>Can J Anesth.</i> 2010;57(6):539-548.	The study did not involve depression or cannabis use.
84.	Chung RK, Large MM, Starmer GA, Tattam BN, Paton MB, Nielssen OB. The reliability of reports of recent psychoactive substance use at the time of admission to an acute mental health unit. <i>J Dual Diagn.</i> 2009;5(3-4):392-403.	The study did not involve depression or cannabis use as treatment.
85.	Chung T, Maisto SA. "What I got from treatment": Predictors of treatment content received and association of treatment content with 6-month outcomes in adolescents. <i>J Subst Abuse Treat.</i> 2009;37(2):171-181.	The study involved youth not adults and did not address cannabis use or depression.
86.	Clark HK, Ringwalt CL, Shamblen SR. Predicting adolescent substance use: The effects of depressed mood and positive expectancies. <i>Addict Behav.</i> 2011;36(5):488-493.	The study involved youth not adults.
87.	Clark PA, Capuzzi K, Fick C. Medical marijuana: Medical necessity versus political agenda. <i>Med Sci Monit.</i> 2011;17(12):RA249-RA261.	The review did not address depression.
88.	Cohen KR, Frank J, Salbu RL, Israel I. Pruritus in the elderly: Clinical approaches to the improvement of quality of life. <i>P T.</i> 2012;37(4):227-239.	The study did not involve cannabis use or depression.
89.	Collin C, Ehler E, Waberzinek G, et al. A double-blind, randomized, placebo-controlled, parallel-group study of sativex, in subjects with symptoms of spasticity due to multiple sclerosis. <i>Neurol Res.</i> 2010;32(5):451-459.	The study did not involve depression.
90.	Compton WM, Dawson DA, Conway KP, Brodsky M, Grant BF. Transitions in illicit drug use status over 3 years: A prospective analysis of a general population sample. <i>Am J Psychiatry.</i> 2013;170(6):660-670.	The study assessed transitions in drug use status, but did not address depression or cannabis use specifically.
91.	Connor JP, Gullo MJ, Chan G, Young RM, Hall WD, Feeney GFX. Polysubstance use in cannabis users referred for treatment: Drug use profiles, psychiatric comorbidity and cannabis-related beliefs. <i>Front Psychiatry.</i> 2013;4.	The study confirmed the association between cannabis and mental health comorbidities, but did not address relationship between depression and cannabis use.
92.	Consider the benefits and limitations of the available options when treating gastro-oesophageal reflux disease. <i>Drugs Ther Perspect.</i> 2012;28(7):14-16.	The study did not involve depression or depressive disorders. *No author listed.
93.	Conte A, Bettolo CM, Onesti E, et al. Cannabinoid-induced effects on the nociceptive system: A neurophysiological study in patients with secondary progressive multiple sclerosis. <i>Eur J Pain.</i> 2009;13(5):472-477.	The study did not involve depression.
94.	Conte C, Cascino A, Bartali B, Donini LM, Rossi-Fanelli F, Laviano A. Anorexia of aging. <i>Curr Nutr Food Sci.</i> 2009;5(1):9-12.	The study did not involve cannabis use or depression.

95.	Conway KP, Vullo GC, Nichter B, et al. Prevalence and patterns of polysubstance use in a nationally representative sample of 10th graders in the united states. <i>J Adolesc Health</i> . 2013;52(6):716-723.	The study involved youth not adults.
96.	Corazza O, Schifano F, Farre M, et al. Designer drugs on the internet: A phenomenon out-of-control? the emergence of hallucinogenic drug bromo-dragonfly. <i>Curr Clin Pharmacol</i> . 2011;6(2):125-129.	The article did not involve depression or cannabis use.
97.	Cornelius JR, Bukstein OG, Douaihy AB, et al. Double-blind fluoxetine trial in comorbid MDD-CUD youth and young adults. <i>Drug Alcohol Depend</i> . 2010;112(1-2):39-45.	Study involved adolescents. The study assessed the affects of fluoxetine on subjects with major depression and cannabis use disorder, but did not address the relationship between the two.
98.	Cotton SM, Lambert M, Berk M, Schimmelmann BG, McGorry PD, Conus P. Gender differences in first episode mania. <i>Bipolar Disord</i> . 2012;14:68-69.	The study did not involve cannabis use or depression.
99.	Craig L, Fisk JE, Montgomery C, Murphy PN, Wareing M. Is emotional intelligence impaired in ecstasy-polydrug users? <i>J Psychopharmacol</i> . 2010;24(2):221-231.	The study did not involve cannabis use or depression.
100.	Cunha P, Romao AM, Mascarenhas-Melo F, Teixeira HM, Reis F. Endocannabinoid system in cardiovascular disorders-new pharmacotherapeutic opportunities. <i>J Pharm Bioallied Sci</i> . 2011;3(3):350-360.	The study did not involve depression.
101.	Curry J, Silva S, Rohde P, et al. Onset of alcohol or substance use disorders following treatment for adolescent depression. <i>J Consult Clin Psychol</i> . 2012;80(2):299-312.	The study involved the treatment of major depression in adolescents, but did not address cannabis use.
102.	D'Orazio JL, Fischel JA. Recurrent respiratory depression associated with fentanyl transdermal patch gel reservoir ingestion. <i>J Emerg Med</i> . 2012;42(5):543-548.	The study did not involve cannabis use or depression.
103.	D'Souza MS, Markou A. Neural substrates of psychostimulant withdrawal-induced anhedonia. <i>Curr Top Behav Neurosci</i> . 2010;2010(3):119-178.	The study did not involve cannabis use.
104.	Da Cunha C, Wietzikoski EC, Bortolanza M, et al. Non-motor function of the midbrain dopaminergic neurons. <i>J Neural Transm Suppl</i> . 2009(73):147-160.	The study was a description of biochemical pathways.
105.	Danovitch I, Gorelick DA. State of the art treatments for cannabis dependence. <i>Psychiatr Clin North Am</i> . 2012;35(2):309-326.	The study did not involve depression.
106.	Dau W, Schmidt A, Schmidt AF, Krug T, Lapple SE, Banger M. Five minutes a day: Compass-a short psychotherapeutic intervention for young cannabis-/partydrug inpatients. <i>Sucht; Funf minuten taglich: Kompass-eine stationare kurzintervention fur junge cannabis-/partydrogenpatienten nach dem "bonner modell - Junge sucht"</i> . 2011;57(3):203-214.	The study assessed the effectiveness of a treatment program on young adults with substance abuse and depressive problems, but did not address the relationship between the two.
107.	Daud A, Soon C, Dummer R, et al. Management of pegylated interferon alpha toxicity in adjuvant therapy of melanoma. <i>Expert Opin Biol Ther</i> . 2012;12(8):1087-1099.	The study did not involve cannabis use or depression.
108.	Daughters SB, Magidson JF, Schuster RM, Safren SA. ACT HEALTHY: A combined cognitive-behavioral depression and medication adherence treatment for HIV-infected substance users. <i>Cogn Behav Pract</i> . 2010;17(3):309-321.	The study did not involve cannabis use.
109.	Davison SN, Ferro CJ. Management of pain in chronic kidney disease. <i>Prog Palliative Care</i> . 2009;17(4):186-195.	The study did not involve cannabis use or depression.

110.	Day NL, Leech SL, Goldschmidt L. The effects of prenatal marijuana exposure on delinquent behaviors are mediated by measures of neurocognitive functioning. <i>Neurotoxicol Teratol.</i> 2011;33(1):129-136.	The study involved youth not adults and did not address depression or depressive disorders.
111.	De Amici M, Dallanoce C, Holzgrave U, Trankle C, Mohr K. Allosteric ligands for G protein-coupled receptors: A novel strategy with attractive therapeutic opportunities. <i>Med Res Rev.</i> 2010;30(3):463-549.	The study was a description of biochemical pathways.
112.	De Castro MRP, Matsuo T, Nunes SOV. Characteristics of smokers in smoking cessation interventions: An analysis of sex differences. <i>Addict Disord Treat.</i> 2010;9(4):135-142.	The study did not involve cannabis use or depression.
113.	De Cates A, Sridharan S, Ndebele F, Kunar S. Use of paliperidone palmitate long-acting injection in dual diagnosis patients. <i>Eur Neuropsychopharmacol.</i> 2012;22:S321-S322.	The case reports did not involve cannabis use or depression.
114.	De Gottardi A, Hilleret M, Gelez P, et al. Injection drug use before and after liver transplantation: A retrospective multicenter analysis on incidence and outcome. <i>Clin Transplant.</i> 2010;24(4):564-571.	The study did not involve cannabis use or depression.
115.	De Sa JCC, Airas L, Bartholome E, et al. Symptomatic therapy in multiple sclerosis: A review for a multimodal approach in clinical practice. <i>Ther Adv Neurol Disord.</i> 2011;4(3):139-168.	The study did not involve cannabis use or depression.
116.	Deedwania P. The endocannabinoid system and cardiometabolic risk: Effects of CB1 receptor blockade on lipid metabolism. <i>Int J Cardiol.</i> 2009;131(3):305-312.	The study did not involve depression.
117.	Degenhardt L, Coffey C, Carlin JB, Swift W, Moore E, Patton GC. Outcomes of occasional cannabis use in adolescence: 10-year follow-up study in victoria, australia. <i>Br J Psychiatry.</i> 2010;196(4):290-295.	The study involved youth not adults and did not address depression.
118.	Demontis F, Loi F, Malesa R, D'Aquila PS, Serra G. Antidepressant-like effect of cannabinoid CB1 receptor stimulation in the forced swimming test: The role of dopamine receptors. <i>Int Clin Psychopharmacol.</i> 2011;26:e41-e42.	Animal study.
119.	Derauf C, Lester BM, Neyzi N, et al. Subcortical and cortical structural central nervous system changes and attention processing deficits in preschool-aged children with prenatal methamphetamine and tobacco exposure. <i>Dev Neurosci.</i> 2012;34(4):327-341.	The study involved youth not adults and did not address depression or depressive disorders.
120.	Derman EW, Whitesman S, Dreyer M, Patel DN, Nossel C, Schwellnus MP. Healthy lifestyle interventions in general practice: Part 12: Lifestyle and depression. <i>S Afr Fam Pract.</i> 2010;52(4):271-275.	The study did not involve cannabis use.
121.	Dervaux A, Krebs MO, Laqueille X. Anxiety and depressive symptoms or disorders in patients with cannabis dependence without major psychiatric disorders. <i>Eur Neuropsychopharmacol.</i> 2011;21:S578-S579.	The study confirmed the association between substance abuse and psychiatric comorbidities, but was not a study of treatment for depression.
122.	Desfosses J, Stip E, Ait L, et al. Plasma endocannabinoid alterations in individuals with substance use disorder are dependent on the "mirror effect" of schizophrenia. <i>Front Psychiatry.</i> 2012;3.	The study did not involve depression.
123.	Dewan P, Singhal S, Harit D. Management of chemotherapy-induced nausea and vomiting. <i>Indian Pediatr.</i> 2010;47(2):149-155.	The study involved adolescents and did not address depression or cannabis use.
124.	Di Marzo V, Despres J-. CB1 antagonists for obesity: what lessons have we learned from rimonabant? <i>Nat Rev Endocrinol.</i> 2009;5(11):633-638.	The study did not involve depression.

125.	Di Marzo V, Piscitelli F, Mechoulam R. Cannabinoids and endocannabinoids in metabolic disorders with focus on diabetes. <i>Handb Exp Pharmacol.</i> 2011;203:75-104.	The study did not involve depression.
126.	Diaz R, Goti J, Garcia M, et al. Patterns of substance use in adolescents attending a mental health department. <i>Eur Child Adolesc Psychiatry.</i> 2011;20(6):279-289.	The study involved adolescents and did not address depression or cannabis use as treatment.
127.	Do Amaral RA, Malbergier A, De Andrade AG. Management of patients with substance use illnesses in psychiatric emergency department. <i>Rev Bras Psiquiatr.</i> 2010;32:5104-5111.	The study did not involve depression.
128.	Dolan K, Salimi S, Nassirimanesh B, Mohsenifar S, Allsop D, Mokri A. Characteristics of iranian women seeking drug treatment. <i>J Women's Health.</i> 2011;20(11):1687-1691.	The study did not involve cannabis use or depression.
129.	Douaihy A, Cornelius J, Chung RT, et al. One-year follow-up of double-blind fluoxetine trial in comorbid mddcud youth. <i>Alcohol Clin Exp Res.</i> 2011;35:20A.	Study involved adolescents. Results from a clinical trial that assessed the affects of fluoxetine on subjects with major depression and cannabis use disorder, but did not address the relationship between the two.
130.	Drisya PM, James E. Recent updates in the management of chemotherapy induced nausea and vomiting. <i>Asian J Pharm Clin Res.</i> 2013;6:5-10.	The study did not involve cannabis use or depression.
131.	Dudekula A, O'Connell M, Bielefeldt K. Hospitalizations and testing in gastroparesis. <i>J Gastroenterol Hepatol.</i> 2011;26(8):1275-1282.	The study did not involve cannabis use or depression.
132.	Dunn EC, Neighbors C, Fossos N, Larimer ME. A cross-lagged evaluation of eating disorder symptomatology and substance-use problems. <i>J Stud Alcohol Drugs.</i> 2009;70(1):106-116.	The study did not involve cannabis use or depression.
133.	Duran M, Perez E, Abanades S, et al. Preliminary efficacy and safety of an oromucosal standardized cannabis extract in chemotherapy-induced nausea and vomiting. <i>Br J Clin Pharmacol.</i> 2010;70(5):656-663.	The study did not involve depression.
134.	Dutta V. Repression of death consciousness and the psychedelic trip. <i>J Cancer Res Ther.</i> 2012;8(3):336-342.	The study did not involve cannabis use or depression.
135.	Eddy CM, Rickards HE, Cavanna AE. Review: Treatment strategies for tics in tourette syndrome. <i>Ther Adv Neurol Disord.</i> 2011;4(1):25-45.	The study did not involve depression.
136.	Edens E, Massa A, Petrakis I. Novel pharmacological approaches to drug abuse treatment. <i>Curr Top Behav Neurosci.</i> 2010;2010(3):343-386.	The book chapter does not address the key questions.
137.	Edwards E, Mischoulon D, Rapaport M, Stussman B, Weber W. Building an evidence base in complementary and integrative healthcare for child and adolescent psychiatry. <i>Child Adolesc Psychiatr Clin North Am.</i> 2013;22(3):509-529.	The study involved youth not adults and did not address cannabis use.
138.	Eisenberg E, Westerling D. Pain still hurts: Can we do better for our patients? <i>J Pain Palliative Care Pharmacother.</i> 2011;25(1):68-69.	The case reports do not address the key questions.
139.	El-Alfy A, Abourashed EA, Matsumoto RR. Nature against depression. <i>Curr Med Chem.</i> 2012;19(14):2229-2241.	The study did not address the key questions.
140.	El-Higaya E, Ahmed M, Hallahan B. Whack induced psychosis: A case series. <i>Ir J Psychol Med.</i> 2011;28(1):S11-S13.	The case reports did not involve cannabis use or depression.
141.	Elikottil J, Gupta P, Gupta K. The analgesic potential of cannabinoids. <i>J Opioid Manage.</i> 2009;5(6):341-357.	The study did not involve depression.
142.	Enyedi P, Czirjak G. Molecular background of leak K ⁺ currents: Two-pore domain potassium channels. <i>Physiol Rev.</i> 2010;90(2):559-605.	The study did not involve cannabis use or depression.

143.	Epelbaum C, Trejo E, Taylor ER, Dekleva K. Immigration trauma, substance abuse, and suicide. <i>Harv Rev Psychiatry</i> . 2010;18(5):304-313.	The case report did not address the key questions.
144.	Esposito E, Cuzzocrea S. Palmitoylethanolamide is a new possible pharmacological treatment for the inflammation associated with trauma. <i>Mini-Rev Med Chem</i> . 2013;13(2):237-255.	The study did not involve cannabis use or depression.
145.	Esposito-Smythers C, Brown LK, Wolff J, Xu J, Thornton S, Tidey J. Substance abuse treatment for HIV infected young people: An open pilot trial. <i>J Subst Abuse Treat</i> . 2013.	The study did not involve cannabis use or depression.
146.	Esposito-Smythers C, Spirito A, Kahler CW, Monti P. Treatment of co-occurring substance abuse and suicidality among adolescents: A randomized trial. In: <i>Journal of consulting and clinical psychology</i> . Vol 79. ; 2011:728-739.	The study involved youth not adults and did not study cannabis as treatment for depression.
147.	Essau CA, Olaya B, Pasha G, Pauli R, Bray D. Iranian adolescents' ability to recognize depression and beliefs about preventative strategies, treatments and causes of depression. <i>J Affective Disord</i> . 2013;149(1-3):152-159.	The study involved adolescents and did not address cannabis use.
148.	Etain B, Lajnef M, Bellivier F, et al. Clinical expression of bipolar disorder type I as a function of age and polarity at onset: Convergent findings in samples from france and the united states. <i>J Clin Psychiatry</i> . 2012;73(4):e561-e566.	The study did not involve cannabis use or depression.
149.	Evens N, Bormans GM. Non-invasive imaging of the type 2 cannabinoid receptor, focus on positron emission tomography. <i>Curr Top Med Chem</i> . 2010;10(15):1527-1543.	The study did not involve cannabis use or depression.
150.	Eze GO, James BO, Omoaregba JO, Osahon RO. Psychosocial characteristics of patients admitted to a drug rehabilitation unit in nigeria. <i>Int J Health Res</i> . 2009;2(4):333-338.	The study did not involve cannabis use or depression.
151.	Falkai P, Moller H-. Emotional status: Diagnosis and treatment for severe psychiatric disorders. <i>Eur Arch Psychiatry Clin Neurosci</i> . 2012;262(1):1-2.	The study did not involve cannabis use.
152.	Fallon MT, Colvin L, Rowbotham DJ. Neuropathic pain in cancer. <i>Br J Anaesth</i> . 2013;111(1):105-111.	The study did not involve cannabis use or depression.
153.	Farooqui AA, Farooqui T, Panza F, Frisardi V. Metabolic syndrome as a risk factor for neurological disorders. <i>Cell Mol Life Sci</i> . 2012;69(5):741-762.	The study did not involve cannabis use or depression.
154.	Feldstein Ewing SW, Mead HK, Yezhuvath U, DeWitt S, Hutchison KE, Filbey FM. A preliminary examination of how serotonergic polymorphisms influence brain response following an adolescent cannabis intervention. <i>Psychiatry Res Neuroimaging</i> . 2012;204(2-3):112-116.	The study was a description of biochemical pathways.
155.	Feramisco JD, Berger TG, Steinhoff M. Innovative management of pruritus. <i>Dermatol Clin</i> . 2010;28(3):467-478.	The study did not involve cannabis use or depression.
156.	Feyer P, Jordan K. Update and new trends in antiemetic therapy: The continuing need for novel therapies. <i>Ann Oncol</i> . 2011;22(1):30-38.	The study did not involve cannabis use or depression.
157.	Findling RL, Pagano ME, McNamara NK, et al. The short-term safety and efficacy of fluoxetine in depressed adolescents with alcohol and cannabis use disorders: A pilot randomized placebo-controlled trial. <i>Child Adolesc Psychiatry Ment Health</i> . 2009;3.	Study involved adolescents. The study assessed the affects of fluoxetine on subjects with major depression and substance abuse disorder, but did not address the relationship between the two.
158.	Fine PG. Chronic pain management in older adults: Special considerations. <i>J Pain Symptom Manage</i> . 2009;38(2):S4-S14.	The study did not involve cannabis use or depression.
159.	Finn DP. International cannabinoid research society - 20th annual symposium. <i>IDrugs</i> . 2010;13(10):677-679.	Summary of a research symposium.

160.	Fisar Z. Cannabinoids and monoamine neurotransmission with focus on monoamine oxidase. <i>Prog Neuro-Psychopharmacol Biol Psychiatry</i> . 2012;38(1):68-77.	The study was a description of biochemical pathways.
161.	Florez-Salamanca L, Secades-Villa R, Budney AJ, Garcia-Rodriguez O, Wang S, Blanco C. Probability and predictors of cannabis use disorders relapse: Results of the national epidemiologic survey on alcohol and related conditions (NESARC). <i>Drug Alcohol Depend</i> . 2013;132(1-2):127-133.	The study did not involve depression.
162.	Foxcroft DR, Tsertsvadze A. Universal school-based prevention programs for alcohol misuse in young people. In: <i>Cochrane database of systematic reviews</i> . ; 2011.	The study involved youth not adults and did not involve cannabis use.
163.	Frank S, Jankovic J. Advances in the pharmacological management of huntingtons disease. <i>Drugs</i> . 2010;70(5):561-571.	The study did not involve cannabis use or depression.
164.	Freedman JL, Ryan CA, Coffey BJ. Olanzapine-induced agranulocytosis in an adolescent male with psychosis. <i>J Child Adolesc Psychopharmacol</i> . 2011;21(2):185-189.	The study involved adolescents and did not address depression or cannabis use.
165.	Freedman K, Nathanson J. Interferon-based hepatitis C treatment in patients with pre-existing severe mental illness and substance use disorders. <i>Expert Rev Anti-Infect Ther</i> . 2009;7(3):363-376.	The study did not involve cannabis use or depression.
166.	Frohman TC, Castro W, Shah A, et al. Symptomatic therapy in multiple sclerosis. <i>Ther Adv Neurol Disord</i> . 2011;4(2):83-98.	The study did not involve cannabis use or depression.
167.	Frojd S, Ranta K, Kaltiala-Heino R, Marttunen M. Associations of social phobia and general anxiety with alcohol and drug use in a community sample of adolescents. <i>Alcohol Alcohol</i> . 2011;46(2):192-199.	Study involved adolescents and did not address treatment for depression.
168.	Frye MA. The journey of addiction in bipolar disorder. <i>Bipolar Disord</i> . 2012;14:20.	The study did not involve depression.
169.	Gabapentin and pregabalin: Abuse and addiction. <i>Prescrire Int</i> . 2012;21(128):152-154.	The study did not involve cannabis use or depression. *No author listed.
170.	Gaetani S, DiPasquale P, Romano A, et al. Chapter 5 the endocannabinoid system as A target for novel anxiolytic and antidepressant drugs. <i>Int Rev Neurobiol</i> . 2009;85:57-72.	The book chapter described biochemical pathways and did not address the key questions.
171.	Galve-Roperh I, Palazuelos J, Aguado T, Guzman M. The endocannabinoid system and the regulation of neural development: Potential implications in psychiatric disorders. <i>Eur Arch Psychiatry Clin Neurosci</i> . 2009;259(7):371-382.	The study was a description of biochemical pathways.
172.	Garcia-Gutierrez M, Navarrete F, Giner S, Manzanares J. Cannabinoid CB2 receptor gene expression alterations in the dorsolateral prefrontal cortex and amygdala of suicide victims. <i>Eur Neuropsychopharmacol</i> . 2012;22:S166.	The study did not involve cannabis use or depression.
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174.	Geoffroy PA, Rolland B, Guardia D, Warembourg F, Cottencin O. Use of aripiprazole in treatment of cannabis dependence in a patient presenting with borderline personality disorder. <i>J Neuropsychiatry Clin Neurosci</i> . 2012;24(2):E37.	The study did not involve depression.
175.	Gilbert CR, Baram M, Cavarocchi NC. "Smoking wet": Respiratory failure related to smoking tainted marijuana cigarettes. <i>Tex Heart Inst J</i> . 2013;40(1):64-67.	The study did not involve depression.
176.	Goforth HW, Fernandez F. Acute neurologic effects of alcohol and drugs. <i>Neurol Clin</i> . 2012;30(1):278-284.	The study did not involve depression.

177.	Goikolea JM, Ramos-Quiroga J, Torres I, Gomez N, Casas M, Vieta E. Bipolar disorder and attention deficit hyperactivity disorder (ADHD): An usually neglected comorbidity with important implications. <i>Bipolar Disord</i> . 2011;13:47-48.	The study did not involve cannabis use or depression.
178.	Goldberg CE. Freud meets bill W: A model for the dynamics of alcoholics anonymous. <i>Adolesc Psychiatry</i> . 2011;1(2):140-145.	The study did not involve cannabis use or depression.
179.	Goldberg D, Weber KM, Orsi J, et al. Smoking cessation among women with and at risk for HIV: Are they quitting? <i>J Gen Intern Med</i> . 2010;25(1):39-44.	The study did not involve cannabis use or depression.
180.	Goldberg JF, Garakani A, Ackerman SH. Clinician-rated versus self-rated screening for bipolar disorder among inpatients with mood symptoms and substance misuse. <i>J Clin Psychiatry</i> . 2012;73(12):1525-1530.	The study did not involve cannabis use.
181.	Goldenberg DL, Clauw DJ, Fitzcharles M-. New concepts in pain research and pain management of the rheumatic diseases. <i>Semin Arthritis Rheum</i> . 2011;41(3):319-334.	The study did not involve cannabis use or depression.
182.	Goldschmidt L, Cornelius MD, Day NL. Prenatal cigarette smoke exposure and early initiation of multiple substance use. <i>Nicotine Tob Res</i> . 2012;14(6):694-702.	The study did not involve cannabis use or depression.
183.	Goldstein BI, Shamseddeen W, Spirito A, et al. Substance use and the treatment of resistant depression in adolescents. <i>J Am Acad Child Adolesc Psychiatry</i> . 2009;48(12):1182-1192.	Study involved adolescents. The study confirmed the relationship between major depression and substance abuse, but did not address cannabis as treatment.
184.	Goshgarian AM, Benford DM, Caplan JP. Bath salt abuse: Neuropsychiatric effects of cathinone derivatives. <i>Psychosomatics</i> . 2011;52(6):593-594.	The study did not involve cannabis use or depression.
185.	Govender S, Mash R. What are the reasons for patients not adhering to their anti-TB treatment in a south african district hospital? <i>S Afr Fam Pract</i> . 2009;51(6):512-516.	The study did not involve cannabis use or depression.
186.	Grady D, Berkowitz SA, Katz MH. Opioids for chronic pain. <i>Arch Intern Med</i> . 2011;171(16):1426-1427.	The study did not involve cannabis use or depression.
187.	Granholt E, Tate SR, Link PC, et al. Neuropsychological functioning and outcomes of treatment for co-occurring depression and substance use disorders. <i>Am J Drug Alcohol Abuse</i> . 2011;37(4):240-249.	The study did not involve cannabis use.
188.	Grant I, Hampton Atkinson J, Gouaux B, Wilsey B. Medical marijuana: Clearing away the smoke. <i>Open Neurol J</i> . 2012;6(1):18-25.	The study presents an algorithm for physicians in determining whether cannabis is appropriate for treatment, but does not address depression.
189.	Grenier E, Ryan M, Mithani Z, Junquera P. Cannabis use and psychosis: Current perspectives. <i>Addict Disord Treat</i> . 2013;12(3):136-139.	The case report did not involve depression.
190.	Gromov I, Gromov D. Sleep and substance use and abuse in adolescents. <i>Child Adolesc Psychiatr Clin North Am</i> . 2009;18(4):929-946.	Study involved adolescents and did not involve depression.
191.	Gupta P, Mullin K, Nielszen O, Harris A, Large M. Do former substance users with psychosis differ in their symptoms or function from non-substance users? A systematic meta-analysis. <i>Aust New Zealand J Psychiatry</i> . 2013;47(6):524-537.	The study did not address the key questions.
192.	Guy LS, Packer IK, Warnken W. Assessing risk of violence using structured professional judgment guidelines. <i>J For Psychol Prac</i> . 2012;12(3):270-283.	The study did not involve cannabis use or depression.

193.	Haasen C, Schafer I. Counselling with respect to cannabis use: Strategies to avoid long-term consequences. <i>MMW-Fortschr Med.</i> 2009;151(21):33-35.	The study was not published in English.
194.	Hagerman R, Hagerman P. Advances in clinical and molecular understanding of the FMR1 premutation and fragile X-associated tremor/ataxia syndrome. <i>Lancet Neurol.</i> 2013;12(8):786-798.	The study was a description of biochemical pathways.
195.	Hakansson A, Berglund M. All-cause mortality in criminal justice clients with substance use problems-A prospective follow-up study. <i>Drug Alcohol Depend.</i> 2013;132(3):499-504.	The study did not involve depression.
196.	Halliday-Boykins C, Schaeffer CM, Henggeler SW, et al. Predicting nonresponse to juvenile drug court interventions. <i>J Subst Abuse Treat.</i> 2010;39(4):318-328.	Study involved adolescents and did not involve depression.
197.	Haridas A, Kushon D, Gurmu S, Oluwabusi O. Smoking quetiapine: A "maq ball"? <i>Prim Psychiatry.</i> 2010;17(9):38-39.	The study did not involve cannabis use or depression.
198.	Harris DG. Nausea and vomiting in advanced cancer. <i>Br Med Bull.</i> 2010;96(1):175-185.	The study did not involve cannabis use or depression.
199.	Harrison R, Rucklidge JJ, Blampied N. Use of micronutrients attenuates cannabis and nicotine abuse as evidenced from a reversal design: A case study. <i>J Psychoactive Drugs.</i> 2013;45(2):168-178.	The study did not involve depression.
200.	Harsing Jr. LG. An overview on GlyT-1 inhibitors under evaluation for the treatment of schizophrenia. <i>Drugs Future.</i> 2013;38(8):555-568.	The study was a description of biochemical pathways and did not involve depression or cannabis use.
201.	Hasdemir H, Comert N, Alper AT, Yaylak B. Multi drug abuse and sinus node dysfunction. <i>HealthMED.</i> 2012;6(4):1348-1350.	The study did not involve depression.
202.	Hatim A, Ayu M, Habil H. Psychiatric co-morbidity among patients with amphetamine and methamphetamine dependence in malaysia. <i>Eur Neuropsychopharmacol.</i> 2009;19:S654-S655.	The study did not involve cannabis use.
203.	Hawley CJ, Fineberg NA. Commentary on STAR*D: A summary and UK perspective. <i>J Psychopharmacol.</i> 2009;23(6):620-621.	The study did not involve cannabis use.
204.	Hayatbakhsh R, Mamun AA, Williams GM, O'Callaghan MJ, Najman JM. Early childhood predictors of early onset of smoking: A birth prospective study. <i>Addict Behav.</i> 2013;38(10):2513-2519.	The study did not involve cannabis use or depression.
205.	Heffner JL, Delbello MP, Anthenelli RM, Fleck DE, Adler CM, Strakowski SM. Cigarette smoking and its relationship to mood disorder symptoms and co-occurring alcohol and cannabis use disorders following first hospitalization for bipolar disorder. <i>Bipolar Disord.</i> 2012;14(1):99-108.	The study assessed the relationship between substance use disorders and smoking among patients with bipolar disorder, but did not address treatment for depression.
206.	Heidelbaugh JJ. Management of erectile dysfunction. <i>Am Fam Phys.</i> 2010;81(3):305-312.	The study did not involve cannabis use or depression.
207.	Hejazi RA, McCallum RW. Diabetic gastroparesis: A review of medical treatments. <i>Pract Gastroenterol.</i> 2009;33(6):10-12+15-18+20.	The study did not involve cannabis use or depression.
208.	Hemphill SA, Kotevski A, Herrenkohl TI, et al. Longitudinal consequences of adolescent bullying perpetration and victimisation: A study of students in victoria, australia. <i>Crim Behav Ment Health.</i> 2011;21(2):107-116.	The study involved adolescents and did not address depression or cannabis use.
209.	Henderson AS. Psychiatric epidemiology now: Some achievements and prospects. <i>Epidemiol Psychiatr Sci.</i> 2012;21(2):161-166.	The study did not involve cannabis use.
210.	Henning MP, Kruger C, Fletcher L. HIV sero-positivity in recently admitted and long-term psychiatric in-patients: Prevalence and diagnostic profile. <i>Afr J Psychiatry (South Africa).</i> 2012;15(1):47-53.	The study did not involve cannabis use or depression.

211.	Henss H, Munstedt K, Juckstock J, Reinert E, Hubner J. Supportive measures of complementary medicine. <i>Onkologe; Supportive Manahmen der Komplementarmedizin</i> . 2010;16(8):795-801.	The study did not involve cannabis use or depression.
212.	Hernandez L, Eaton CA, Fairlie AM, Chun TH, Spirito A. Ethnic group differences in substance use, depression, peer relationships, and parenting among adolescents receiving brief alcohol counseling. <i>J Ethn Subst Abuse</i> . 2010;9(1):14-27.	The study examined differences in substance use and risk factors of adolescents receiving brief alcohol counseling.
213.	Herradon G. Novel therapeutic strategies in neural diseases uncover unexpected disease connections: From neurodegeneration and addiction to pain and depression. <i>Curr Pharm Des</i> . 2011;17(5):408-409.	The article did not meet inclusion criteria (editorial).
214.	Hershcovici T, Fass R. Gastro-oesophageal reflux disease: Beyond proton pump inhibitor therapy. <i>Drugs</i> . 2011;71(18):2381-2389.	The study did not involve cannabis use or depression.
215.	Herzig DA, Brooks R, Mohr C. Inferring about individual drug and schizotypy effects on cognitive functioning in polydrug using mephedrone users before and after clubbing. <i>Hum Psychopharmacol</i> . 2013;28(2):168-182.	The study did not involve cannabis use or depression.
216.	Hess CB, Rash DL, Daly ME, Farwell DG, Bishop J, Chen AM. Competing causes of death and medical comorbidities among patients with human papillomavirus-positive versus-negative oropharyngeal carcinoma and its impact on compliance to radiation therapy. <i>Int J Radiat Oncol Biol Phys</i> . 2013;87(2):S79.	The study did not involve cannabis use or depression.
217.	Hesse M. Integrated psychological treatment for substance use and comorbid anxiety or depression vs. treatment for substance use alone. A systematic review of the published literature. <i>BMC Psychiatry</i> . 2009;9.	The review article referenced studies of integrated treatment models for substance abuse and comorbid conditions, but did not address cannabis use as treatment for depression.
218.	Heyman E, Gamelin F-, Goekint M, et al. Intense exercise increases circulating endocannabinoid and BDNF levels in humans-possible implications for reward and depression. <i>Psychoneuroendocrinology</i> . 2012;37(6):844-851.	The study did not involve cannabis use.
219.	Hides LM, Elkins KS, Scaffidi A, Cotton SM, Carroll S, Lubman DI. Does the addition of integrated cognitive behaviour therapy and motivational interviewing improve the outcomes of standard care for young people with comorbid depression and substance misuse? <i>Med J Aust</i> . 2011;195(3):S31-S37.	The study involved integrated treatment models for young people with comorbid depression and substance misuse, but did not address cannabis as treatment for depression.
220.	Hill AJ, Williams CM, Whalley BJ, Stephens GJ. Phytocannabinoids as novel therapeutic agents in CNS disorders. <i>Pharmacol Ther</i> . 2012;133(1):79-97.	The study did not involve depression.
221.	Hill MN, Gorzalka BB. Impairments in endocannabinoid signaling and depressive illness. <i>J Am Med Assoc</i> . 2009;301(11):1165-1166.	The article did not meet inclusion criteria (editorial).
222.	Hill MN, Hillard CJ, Bambico FR, Patel S, Gorzalka BB, Gobbi G. The therapeutic potential of the endocannabinoid system for the development of a novel class of antidepressants. <i>Trends Pharmacol Sci</i> . 2009;30(9):484-493.	The study was a description of biochemical pathways.
223.	Hirschtritt ME, Pagano ME, Christian KM, McNamara NK, Stansbrey RJ, Lingler J, Faber JE, Demeter CA, Bedoya D, Findling RL. Moderators of fluoxetine treatment response for children and adolescents with comorbid	The study involved the use of an antidepressant for the treatment of depression among subjects with

	depression and substance use disorders. In: Journal of substance abuse treatment. Vol 42. ; 2012:366-	substance use disorders. Did not study cannabis as treatment for depression.
224.	Hoekstra RE, Gilmore LT, Ferrara TB, Payne NR. Early adult outcomes following delivery at 23-26 weeks of gestation. J Neonatal-Perinat Med. 2011;4(2):93-99.	The study did not involve cannabis use or depression.
225.	Hornby AP, Sharma M, Stegman B. Standardized natural product cannabis in pain management and observations at a canadian compassion society: A case report. Cases J. 2009;2(5).	The case report did not involve depression.
226.	Howden ML, Naughton MT. Pulmonary effects of marijuana inhalation. Expert Rev Respir Med. 2011;5(1):87-92.	The study did not involve depression.
227.	Howes M-R, Houghton PJ. Ethnobotanical treatment strategies against alzheimer's disease. Curr Alzheimer Res. 2012;9(1):67-85.	The study did not involve cannabis use or depression.
228.	Hristova V, Kelly JF. Characteristics and treatment response in adolescents with and without family history of alcohol and drug use disorder. Alcohol Clin Exp Res. 2012;36:74A.	Study involved adolescents and did not involve depression.
229.	Hu J, Zhu C, Huang M. The endocannabinoid system: A new pharmacological target for obesity treatment? Neurosci Bull. 2009;25(3):153-160.	The study did not involve cannabis use or depression.
230.	Huizink AC. Prenatal substance use, prenatal stress and offspring behavioural outcomes: Considerations for future studies. Nord J Psychiatry. 2012;66(2):115-122.	The study did not involve depression.
231.	Hunt SA, Baker AL, Michie PT, Kavanagh DJ. Neurocognitive profiles of people with comorbid depression and alcohol use: Implications for psychological interventions. Addict Behav. 2009;34(10):878-886.	The study did not involve cannabis use.
232.	Hwang M, Chlan KM, Vogel LC, Zebracki K. Substance use in young adults with pediatric-onset spinal cord injury. Spinal Cord. 2012;50(7):497-501.	The study did not involve depression.
233.	Imam SF, Patel H, Mahmoud M, Prakash NA, King MS, Fremont RD. Bath salts intoxication: A case series. J Emerg Med. 2013;45(3):361-365.	The case series did not address the key questions.
234.	Irvin Jr. W, Muss HB, Mayer DK. Symptom management in metastatic breast cancer. Oncologist. 2011;16(9):1203-1214.	The study did not involve cannabis use or depression.
235.	Izzo AA, Sharkey KA. Cannabinoids and the gut: New developments and emerging concepts. Pharmacol Ther. 2010;126(1):21-38.	The study did not involve depression.
236.	Janero DR, Makriyannis A. Cannabinoid receptor antagonists: Pharmacological opportunities, clinical experience, and translational prognosis. Expert Opin Emerg Drugs. 2009;14(1):43-65.	The study was a description of biochemical pathways.
237.	Jankovic J. Medical treatment of dystonia. Mov Disord. 2013;28(7):1001-1012.	The study did not involve cannabis use or depression.
238.	Jenny M, Schrocksnadel S, Uberall F, Fuchs D. The potential role of cannabinoids in modulating serotonergic signaling by their influence on tryptophan metabolism. Pharmaceuticals. 2010;3(8):2647-2660.	The study was a description of biochemical pathways and did not involve depression.
239.	Jiloha RC, Mudgal S. Advances in the management of psycho-active substance dependence. J Int Med Sci Acad. 2012;25(4):269-275.	The study was a description of biochemical pathways.
240.	Jureidini J, Tonkin A, Jureidini E. Combination pharmacotherapy for psychiatric disorders in children and adolescents: Prevalence, efficacy, risks and research needs. Pediatr Drugs. 2013;15(5):377-391.	Study involved adolescents and did not involve cannabis use.
241.	Just N, Delourme J, Delattre C, Liesse A, Steenhouwer F. Pulmonary puzzle an unusual cause of patchy ground-glass opacity. Thorax. 2009;64(1):12+74.	The study did not involve cannabis use or depression.
242.	Juszczak GR, Swiergiel AH. Properties of gap junction blockers and their behavioural, cognitive and electrophysiological effects: Animal and human studies. Prog Neuro-Psychopharmacol Biol Psychiatry. 2009;33(2):181-198.	The study was a description of biochemical pathways.

243.	Kamar FG, Posner JB. Brain metastases. <i>Semin Neurol.</i> 2010;30(3):217-235.	The study did not involve cannabis use or depression.
244.	Kampman KM. Biologic treatments for drug and alcohol dependence. <i>Prim Psychiatry.</i> 2009;16(8):47-52.	The study did not involve cannabis use or depression.
245.	Kaplan G, Ivanov I. Pharmacotherapy for substance abuse disorders in adolescence. <i>Pediatr Clin North Am.</i> 2011;58(1):243-258.	Study involved adolescents and did not involve depression.
246.	Karolewicz B, Maclag D, O'Dwyer G, Stockmeier CA, Feyissa AM, Rajkowska G. Reduced level of glutamic acid decarboxylase-67 kDa in the prefrontal cortex in major depression. <i>Int J Neuropsychopharmacol.</i> 2010;13(4):411-420.	The study was a description of biochemical pathways.
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249.	Kay A, Taylor TE, Barthwell AG, Wichelecki J, Leopold V. Substance use and women's health. <i>J Addict Dis.</i> 2010;29(2):139-163.	The study did not involve cannabis use or depression.
250.	Kay-Lambkin F, Baker A, Lewin T, Carr V. Acceptability of a clinician-assisted computerized psychological intervention for comorbid mental health and substance use problems: Treatment adherence data from a randomized controlled trial. In: <i>Journal of medical internet research.</i> Vol 13. ; 2011:e11.	The study did not involve cannabis use.
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252.	Kay-Lambkin F, Baker AL, Kelly BJ, Lewin TJ. It's worth a try: The treatment experiences of rural and urban participants in a randomized controlled trial of computerized psychological treatment for comorbid depression and alcohol/other drug use. <i>J Dual Diagn.</i> 2012;8(4):262-276.	The study did not involve cannabis use.
253.	Kay-Lambkin F, Baker AL, Lee NM, Jenner L, Lewin TJ. The influence of depression on treatment for methamphetamine use. <i>Med J Aust.</i> 2011;195(3):S38-S43.	The study did not involve cannabis use.
254.	Kay-Lambkin F, Baker AL, Lewin TJ, Carr VJ. Computer-based psychological treatment for comorbid depression and problematic alcohol and/or cannabis use: A randomized controlled trial of clinical efficacy. <i>Addiction.</i> 2009;104(3):378-388.	The study did not involve cannabis use.
255.	Kemp DE, Gao K, Ganocy SJ, et al. A 6-month, double-blind, maintenance trial of lithium monotherapy versus the combination of lithium and divalproex for rapid-cycling bipolar disorder and co-occurring substance abuse or dependence. <i>J Clin Psychiatry.</i> 2009;70(1):113-121.	The study did not involve cannabis use or depression.
256.	Kendler KS, Aggen SH, Patrick CJ. A multivariate twin study of the DSM-IV criteria for antisocial personality disorder. <i>Biol Psychiatry.</i> 2012;71(3):247-253.	The study did not involve depression.
257.	Keown OP, Megson IL, Leslie SJ. Endocannabinoid blockade and the cardiovascular system. <i>Curr Crug Ther.</i> 2009;4(2):111-116.	The study did not involve cannabis use or depression.
258.	Khan MA, Akella S. Cannabis-induced bipolar disorder with psychotic features: A case report. <i>Psychiatry.</i> 2009;6(12):44-48.	The case report did not involve depression.

259.	Kim J, Li Y, Watkins BA. Fat to treat fat: Emerging relationship between dietary PUFA, endocannabinoids, and obesity. <i>Prostaglandins Other Lipid Mediators</i> . 2013;104-105:32-41.	The study did not involve cannabis use or depression.
260.	Kirilly E, Gonda X, Bagdy G. CB1 receptor antagonists: New discoveries leading to new perspectives. <i>Acta Physiol</i> . 2012;205(1):41-60.	The study was a description of biochemical pathways.
261.	Kirschner RI, Wissig JM, Duva CA, Thakker JC. Status epilepticus and acidosis after niacin misuse. <i>Clin Toxicol</i> . 2012;50(7):660.	The study did not involve cannabis use or depression.
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263.	Knopp KL, Nisenbaum ES, Arneric SP. Evolving cancer pain treatments: Rational approaches to improve the quality of life for cancer patients. <i>Curr Pharm Biotechnol</i> . 2011;12(10):1627-1643.	The study did not involve cannabis use or depression.
264.	Kolliakou A, Joseph C, Ismail K, Atakan Z, Murray RM. Why do patients with psychosis use cannabis and are they ready to change their use? <i>Int J Dev Neurosci</i> . 2011;29(3):335-346.	The study did not involve depression.
265.	Kraft B, Kress HG. Cannabinoids in pain and palliative care medicine - hope or dope? <i>Memo Mag Euro Med Oncol</i> . 2009;2(3):166-172.	The study did not involve depression.
266.	Kranick SM, Nath A. Neurologic complications of HIV-1 infection and its treatment in the era of antiretroviral therapy. <i>CONTINUUM Lifelong Learn Neurol</i> . 2012;18(6):1319-1337.	The study did not involve cannabis use or depression.
267.	Kreek MJ, Borg L, Ducat E, Ray B. Pharmacotherapy in the treatment of addiction: Methadone. <i>J Addict Dis</i> . 2010;29(2):209-216.	The study did not involve cannabis use or depression.
268.	Krupitsky E, Zvartau E, Blokhina E, et al. Naltrexone with or without guanfacine for preventing relapse to opiate addiction in st.-petersburg, russia. <i>Drug Alcohol Depend</i> . 2013;132(3):674-680.	The study did not involve cannabis use or depression.
269.	Kumar A, Kumar A. Antiemetics: A review. <i>Int J Pharm Sci Res</i> . 2013;4(1):113-123.	The study did not involve cannabis use or depression.
270.	Kumar NB, Kazi A, Smith T, et al. Cancer cachexia: Traditional therapies and novel molecular mechanism-based approaches to treatment. <i>Curr Treat Options Oncol</i> . 2010;11(3-4):107-117.	The study was a description of biochemical pathways and did not involve depression or cannabis use.
271.	Kummer A, Teixeira AL. Neuropsychiatry of parkinson's disease. <i>Arq Neuro-Psiquiatr</i> . 2009;67(3):930-939.	The study did not involve cannabis use or depression.
272.	Kundi PS. Psychiatric disorders and comorbid psychoactive substance abuse in inpatients admitted for alcohol detoxification in liverpool, UK. <i>Eur Psychiatry</i> . 2013;28.	The study confirmed the association between substance abuse and psychiatric comorbidities, but was not a study of treatment for depression.
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274.	La Riche CL, Prestia D, Cornelius JR, Salloum IM. Quality of life measures in men and women with comorbid depression and alcohol dependence. <i>Alcohol Clin Exp Res</i> . 2012;36:81A.	The study did not involve cannabis use.
275.	Lacy BE, Loew BJ. Diagnosis, treatment and nutritional management of chronic intestinal pseudo-obstruction. <i>Pract Gastroenterol</i> . 2009;33(8):9-22+24.	The study did not involve cannabis use or depression.

276.	LaGasse LL, Derauf C, Smith LM, et al. Prenatal methamphetamine exposure and childhood behavior problems at 3 and 5 years of age. <i>Pediatrics</i> . 2012;129(4):681-688.	The study did not involve cannabis use or depression.
277.	Lagerberg TV, Andreassen OA, Ringen PA, et al. Excessive substance use in bipolar disorder is associated with impaired functioning rather than clinical characteristics, a descriptive study. <i>BMC Psychiatry</i> . 2010;10.	The study did not involve depression.
278.	Lal S, Prasad N, Ryan M, et al. Cannabis use amongst patients with inflammatory bowel disease. <i>Eur J Gastroenterol Hepatol</i> . 2011;23(10):891-896.	The study did not involve depression.
279.	Lapeyre E, Kuks JBM, Meijler WJ. Spasticity: Revisiting the role and the individual value of several pharmacological treatments. <i>NeuroRehabilitation</i> . 2010;27(2):193-200.	The study did not involve cannabis use or depression.
280.	Large MM, Nielsens OB. Cannabis and mental health. <i>Med Today</i> . 2013;14(4):50-52.	The study did not address the key questions.
281.	Lau DCW. An urgent call for action: Promoting healthy behaviour changes in Canada! <i>Can J Diabetes</i> . 2013;37(4):211-212.	The study did not involve cannabis use.
282.	Lavie E, Fatseas M, Denis C, Auriacombe M. Benzodiazepine use among opiate-dependent subjects in buprenorphine maintenance treatment: Correlates of use, abuse and dependence. <i>Drug Alcohol Depend</i> . 2009;99(1-3):338-344.	The study did not involve cannabis use.
283.	Lazary J, Juhasz G, Hunyady L, Bagdy G. Personalized medicine can pave the way for the safe use of CB1 receptor antagonists. <i>Trends Pharmacol Sci</i> . 2011;32(5):270-280.	The study was a description of biochemical pathways.
284.	Lckowicz E. Pharmacological management of persistent pain in older persons. <i>Pain Med (USA)</i> . 2009;10(6):1062-1083.	The study did not involve depression.
285.	Le Foll B, Goldberg SR. Effects of nicotine in experimental animals and humans: An update on addictive properties. <i>Handb Exp Pharmacol</i> . 2009;192:335-367.	The study did not involve cannabis use or depression.
286.	Le Foll B, Gorelick DA, Goldberg SR. The future of endocannabinoid-oriented clinical research after CB 1 antagonists. <i>Psychopharmacology (Berl)</i> . 2009;205(1):171-174.	The study did not meet inclusion criteria (editorial).
287.	Leach JP, Mohanraj R, Borland W. Alcohol and drugs in epilepsy: Pathophysiology, presentation, possibilities, and prevention. <i>Epilepsia</i> . 2012;53:48-57.	The study did not involve depression.
288.	Leite CE, Mocelin CA, Petersen GO, Leal MB, Thiesen FV. Rimonabant: An antagonist drug of the endocannabinoid system for the treatment of obesity. <i>Pharmacol Rep</i> . 2009;61(2):217-224.	The study did not involve cannabis use or depression.
289.	Lemenager T, Richter A, Reinhard I, et al. Impaired decision making in opiate addiction correlates with anxiety and self-directedness but not substance use parameters. <i>J Addict Med</i> . 2011;5(3):203-213.	The study did not involve cannabis use or depression.
290.	Lester BM, Lin H, Degarmo DS, et al. Neurobehavioral disinhibition predicts initiation of substance use in children with prenatal cocaine exposure. <i>Drug Alcohol Depend</i> . 2012;126(1-2):80-86.	The study involved youth not adults and did not address cannabis use or depression.
291.	Lev-Ran S, Balchand K. New onset non-suicidal self-injury in a 57-year-old woman with co-morbid depression and alcohol dependence: Case report. <i>Am J Addict</i> . 2013;22(2):178-179.	The case report did not involve cannabis use.
292.	Lev-Ran S. A case of treating cathinone dependence and comorbid depression using bupropion. <i>J Psychoact Drugs</i> . 2012;44(5):434-436.	The case report did not involve cannabis use.
293.	Levenson JL, Sonje S. Cyclic vomiting syndrome, part 2. <i>Prim Psychiatry</i> . 2009;16(9):25-28.	The study did not involve cannabis use.
294.	Levin FR, et al. Venlafaxine treatment lowers abstinence rates in marijuana-dependent adults with depression. <i>Proceedings of the 74th</i>	Addresses treatment of depression in marijuana users

	annual scientific meeting of the college on problems with drug dependence. 2012 june 9-14; 2012. Abstract #360	with another medication. Does not address the key questions.
295.	Levine M, Truitt CA, O'Connor AD. Cardiotoxicity and serotonin syndrome complicating a milnacipran overdose. <i>J Med Toxicol.</i> 2011;7(4):312-316.	The case report did not involve cannabis use or depression.
296.	Lin A, Nelson B, Wood S, Beavan A, McGorry P, Yung A. Outcomes of non-transitioned cases in a sample at ultra-high risk for psychosis: A medium to long-term follow-up study. <i>Early Intervent Psychiatry.</i> 2012;6:3.	The study examined out ultra-high risk individuals with comorbid substance abuse and mental illness, but did not address cannabis use or treatment for depression.
297.	Lindsay AR, Warren CS, Velasquez SC, Lu M. A gender-specific approach to improving substance abuse treatment for women: The healthy steps to freedom program. <i>J Subst Abuse Treat.</i> 2012;43(1):61-69.	The study did not involve cannabis use or depression.
298.	Lipina C, Rastedt W, Irving AJ, Hundal HS. New vistas for treatment of obesity and diabetes? endocannabinoid signalling and metabolism in the modulation of energy balance. <i>Bioessays.</i> 2012;34(8):681-691.	The study was a description of biochemical pathways and did not involve depression or cannabis use.
299.	Lippi G, Smit DJ, Jordaan JC, Roos JL. Suicide risk in schizophrenia - A follow-up study after 20 years. part 2: Symptomatology and pharmacotherapy. <i>S Afr J Psychiatry.</i> 2009;15(4):79-85.	The study did not involve cannabis use or depression.
300.	Long CG, Fulton B, Fitzgerald K-, Hollin CR. Group substance abuse treatment for women in secure services. <i>Ment Health Subst Use: Dual Diagn.</i> 2010;3(3):227-237.	The study did not involve depression.
301.	Lorberg B, Wilens TE, Martelon M, Wong P, Parcell T. Reasons for substance use among adolescents with bipolar disorder. <i>Am J Addict.</i> 2010;19(6):474-480.	Study involved adolescents and did not address depression.
302.	Lotrich FE. Psychiatric clearance for patients started on interferon-alpha-based therapies. <i>Am J Psychiatry.</i> 2013;170(6):592-597.	The study did not involve cannabis use.
303.	Louh IK, Freeman WD. A nullSpiceynull encephalopathy: Occult (synthetic cannabanoids) cause of encephalopathy and seizure. <i>Neurocrit Care.</i> 2012;17:S284.	The case report did not involve depression.
304.	Lowe EJ, Ackman ML. Impact of tobacco smoking cessation on stable clozapine or olanzapine treatment. <i>Ann Pharmacother.</i> 2010;44(4):727-732.	The study did not involve cannabis use or depression.
305.	Lundquist RS, Seward G, Byatt N, Tonelli ME, Kolodziej ME. Using a multidisciplinary approach for pregnant women with nicotine dependence and co-occurring disorders. <i>J Dual Diagn.</i> 2012;8(2):158-167.	The study did not involve depression.
306.	Lydecker KP, Tate SR, Cummins KM, McQuaid J, Granholm E, Brown SA. Clinical outcomes of an integrated treatment for depression and substance use disorders. <i>Psychol Addict Behav.</i> 2010;24(3):453-465.	The study examined clinical outcomes for subjects with depression and substance use disorders in an integrated treatment program, but did not address cannabis use or treatment for depression.
307.	Lynch ME, Campbell F. Cannabinoids for treatment of chronic non-cancer pain; a systematic review of randomized trials. <i>Br J Clin Pharmacol.</i> 2011;72(5):735-744.	The study did not involve depression.
308.	MacDonald R, Crum RM, Storr CL, Schuster A, Bienvenu OJ. Sub-clinical anxiety and the onset of alcohol use disorders: Longitudinal associations	The study did not involve cannabis use or depression.

	from the baltimore eca follow-up, 1981-2004. <i>J Addict Dis.</i> 2011;30(1):45-53.	
309.	Mach F, Montecucco F, Steffens S. Effect of blockage of the endocannabinoid system by CB1 antagonism on cardiovascular risk. <i>Pharmacol Rep.</i> 2009;61(1):13-21.	The study was a description of biochemical pathways.
310.	Mack DR, Barbarello-Andrews L, Liu MT. Agitated delirium associated with therapeutic doses of sustained-release bupropion. <i>Int J Clin Pharm.</i> 2012;34(1):9-12.	The case report did not involve cannabis use.
311.	Magura S, Rosenblum A, Betzler T. Substance use and mental health outcomes for comorbid patients in psychiatric day treatment. <i>Subst Abuse Res Treat.</i> 2009;3(1):71-78.	The study examined treatment outcomes for comorbid patients in a psychiatric day treatment program, but did not address depression as treatment.
312.	Mahajan N, Kumar Mahajan R. Pattern of opioid use in acute episode of bipolar I disorder. <i>Bipolar Disord.</i> 2013;15:151.	The study did not involve cannabis use.
313.	Majlesi N, Lee DC, Ali SS. Dextromethorphan abuse masquerading as a recurrent seizure disorder. <i>Pediatr Emerg Care.</i> 2011;27(3):210-211.	The case report did not involve cannabis use or depression.
314.	Malfitano AM, Ciaglia E, Gangemi G, Gazzero P, Laezza C, Bifulco M. Update on the endocannabinoid system as an anticancer target. <i>Expert Opin Ther Targets.</i> 2011;15(3):297-308.	The study did not involve cannabis use or depression (expert opinion).
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316.	Manchikanti L, Fellows B, Ailinani H, Pampati V. Therapeutic use, abuse, and nonmedical use of opioids: A ten-year perspective. <i>Pain Phys.</i> 2010;13(5):401-435.	The study did not involve cannabis use or depression.
317.	Mannucci C, Pieratti A, Russo GA, Caputi AP, Calapai G. Involvement of endocannabinoid system on nicotine withdrawal signs in mice. <i>Basic Clin Pharmacol Toxicol.</i> 2009;105:149.	Animal study.
318.	Marco EM, Romero-Zerbo S, Viveros M-, Bermudez-Silva F. The role of the endocannabinoid system in eating disorders: Pharmacological implications. <i>Behav Pharmacol.</i> 2012;23(5-6):526-536.	The study did not involve cannabis use or depression.
319.	Marco EM, Viveros MP. The critical role of the endocannabinoid system in emotional homeostasis: Avoiding excess and deficiencies. <i>Mini-Rev Med Chem.</i> 2009;9(12):1407-1415.	The study was a description of biochemical pathways and did not involve depression or cannabis use.
320.	Maremmani I, Pacini M, Lamanna F, et al. Mood stabilizers in the treatment of substance use disorders. <i>CNS Spectr.</i> 2010;15(2):95-109.	The study did not involve depression.
321.	Mariani JJ, Haney M, Hart CL, Vosburg SK, Levin FR. Effects of research setting on observed depressive symptoms in marijuana users. <i>J Subst Abuse Treat.</i> 2009;37(4):431-434.	The study did not address the key questions.
322.	Martin-Sanchez E, Furukawa TA, Taylor J, Martin JLR. Systematic review and meta-analysis of cannabis treatment for chronic pain. <i>Pain Med (USA).</i> 2009;10(8):1353-1368.	The review did not involve depression.
323.	Martino D, Mink JW. Tic disorders. <i>CONTINUUM Lifelong Learn Neurol.</i> 2013;19(5):1287-1311.	The review did not involve cannabis use or depression.
324.	Mason LH, Mathews MJ, Han DY. Neuropsychiatric symptom assessments in toxic exposure. <i>Psychiatr Clin North Am.</i> 2013;36(2):201-208.	The study did not involve cannabis use.
325.	Mason SL, Barker RA. Emerging drug therapies in Huntington's disease. <i>Expert Opin Emerg Drugs.</i> 2009;14(2):273-297.	The review did not involve cannabis use or depression.

326.	Massey SH, Lieberman DZ, Reiss D, et al. Association of clinical characteristics and cessation of tobacco, alcohol, and illicit drug use during pregnancy.	The study did not address the key questions and did not analyze cannabis use separately.
327.	Matheson KM, Gray G. Clozapine-induced neuroleptic malignant syndrome in an adolescent. <i>J Child Adolesc Psychopharmacol.</i> 2012;22(4):322-324.	The case report did not involve cannabis use or depression.
328.	Mathieu P, Poirier P, Pibarot P, Lemieux I, Despres J-. Visceral obesity the link among inflammation, hypertension, and cardiovascular disease. <i>Hypertension.</i> 2009;53(4):577-584.	The study did not involve cannabis use or depression.
329.	Matthews AJ, Bruno R. An investigation of factors associated with depressive symptoms among a sample of regular ecstasy consumers. <i>Neuropsychobiology.</i> 2010;61(4):215-222.	The study did not involve cannabis use.
330.	McCallum RW. Medical options for the treatment of gastroparesis-related GERD. <i>Gastroenterol Hepatol.</i> 2009;5(10):9-11.	The review did not involve cannabis use or depression.
331.	McDonald LJ, Griffin ML, Kolodziej ME, Fitzmaurice GM, Weiss RD. The impact of drug use in social networks of patients with substance use and bipolar disorders. <i>Am J Addict.</i> 2011;20(2):100-105.	The study did not involve depression.
332.	McFarlane WR, Lynch S, Melton R. Family psychoeducation in clinical high risk and first-episode psychosis. <i>Adolesc Psychiatry.</i> 2012;2(2):182-194.	The study did not involve cannabis use or depression.
333.	McHugh RK, Hearon BA, Halperin DM, Otto MW. A novel method for assessing distress intolerance: Adaptation of a measure of willingness to pay. <i>J Behav Ther Exp Psychiatry.</i> 2011;42(4):440-446.	The study did not involve cannabis use or depression.
334.	McKetin R, Lubman DI, Lee NM, Ross JE, Slade TN. Major depression among methamphetamine users entering drug treatment programs. <i>Med J Aust.</i> 2011;195(3):S51-S55.	The study did not involve cannabis use.
335.	McLarnon ME, Fulton HG, Maclsaac C, Barrett SP. Characteristics of quetiapine misuse among clients of a community-based methadone maintenance program. <i>J Clin Psychopharmacol.</i> 2012;32(5):721-723.	The study did not involve cannabis use or depression.
336.	McLaughlin PJ. Reports of the death of CB1 antagonists have been greatly exaggerated: Recent preclinical findings predict improved safety in the treatment of obesity. <i>Behav Pharmacol.</i> 2012;23(5-6):537-550.	The study did not involve cannabis use or depression.
337.	McRae-Clark A, Carter RE, Killeen TK, Carpenter MJ, White KG, Brady KT. A placebo-controlled trial of atomoxetine in marijuana-dependent individuals with attention deficit hyperactivity disorder. <i>Am J Addict.</i> 2010;19(6):481-489.	The study did not involve depression.
338.	McWhirter L, Morris S. A case report of inpatient detoxification after kratom (<i>mitragyna speciosa</i>) dependence. <i>Eur Addict Res.</i> 2010;16(4):229-231.	The case report did not involve cannabis use or depression.
339.	Melki E, Denier C, Theaudin-Saliou M, Sachet M, Ducreux D, Saliou G. External carotid artery branches involvement in reversible cerebral vasoconstriction syndrome. <i>J Neurol Sci.</i> 2012;313(1-2):46-47.	The study did not involve cannabis use or depression.
340.	Messinger-Rapport B, Thomas DR, Gammack JK, Morley JE. Clinical update on nursing home medicine: 2009. <i>J Am Med Dir Assoc.</i> 2009;10(8):530-553.	Clinical report from the American Medical Directors Association annual meeting. Report did not address the key questions.
341.	Mestre T, Ferreira J, Coelho MM, Rosa M, Sampaio C. Therapeutic interventions for symptomatic treatment in huntington's disease. <i>Cochrane Database Syst Rev.</i> 2009(3).	The study did not involve cannabis use or depression.

342.	Metrik J, Rohsenow DJ, Monti PM, et al. Effectiveness of a marijuana expectancy manipulation: Piloting the balanced-placebo design for marijuana. <i>Exp Clin Psychopharmacol.</i> 2009;17(4):217-225.	The study did not involve depression.
343.	Metz V, Kochl B, Fischer G. Should pregnant women with substance use disorders be managed differently? <i>Neuropsychiatry.</i> 2012;2(1):29-41.	The study did not involve depression.
344.	Mialon A, Berchtold A, Michaud P-, Gmel G, Suris J-. Sexual dysfunctions among young men: Prevalence and associated factors. <i>J Adolesc Health.</i> 2012;51(1):25-31.	The study did not involve cannabis use or depression.
345.	Micale V, Di Marzo V, Sulcova A, Wotjak CT, Drago F. Endocannabinoid system and mood disorders: Priming a target for new therapies. <i>Pharmacol Ther.</i> 2013;138(1):18-37.	The study was a description of biochemical pathways.
346.	Mititelu A. Neurochemical aspects of possible therapeutic interventions of opiate medications in schizophrenia patients. <i>Eur Neuropsychopharmacol.</i> 2009;19:S677.	The study did not involve cannabis use or depression.
347.	Mitjans M, Gasto C, Catalan R, Fananas L, Arias B. Genetic variability in the endocannabinoid system and 12-week clinical response to citalopram treatment: The role of the CNR1, CNR2 and FAAH genes. <i>J Psychopharmacol.</i> 2012;26(10):1391-1398.	The study did not involve cannabis use.
348.	Moran P, Coffey C, Romaniuk H, et al. The natural history of self-harm from adolescence to young adulthood: A population-based cohort study. <i>Lancet.</i> 2012;379(9812):236-243.	Study involved adolescents and did not involve cannabis use.
349.	Moreira FA, Crippa JAS. The psychiatric side-effects of rimonabant. <i>Rev Bras Psiquiatr.</i> 2009;31(2):145-153.	The study did not involve cannabis use.
350.	Moreira FA, Grieb M, Lutz B. Central side-effects of therapies based on CB1 cannabinoid receptor agonists and antagonists: Focus on anxiety and depression. <i>Best Pract Res Clin Endocrinol Metab.</i> 2009;23(1):133-144.	The study did not involve cannabis use.
351.	Morgan CJA, Das RK, Joye A, Curran HV, Kamboj SK. Cannabidiol reduces cigarette consumption in tobacco smokers: Preliminary findings. <i>Addict Behav.</i> 2013;38(9):2433-2436.	The study did not involve depression.
352.	Morley JE. Anorexia of aging: A true geriatric syndrome. <i>J Nutr Health Aging.</i> 2012;16(5):422-425.	The study did not involve cannabis use or depression.
353.	Mosher CE, Danoff-Burg S. Addiction to indoor tanning: Relation to anxiety, depression, and substance use. <i>Arch Dermatol.</i> 2010;146(4):412-417.	The study did not involve cannabis use or depression.
354.	Moura HF, Faller S, Benzano D, et al. The effects of ADHD in adult substance abusers. <i>J Addict Dis.</i> 2013;32(3):252-262.	The study did not involve depression.
355.	Mrnak-Meyer J, Jajodia A, Tripp JC, Tate SR, Brown SA. Relations between alcohol and other substance use and severity of suicidal ideation in veterans. <i>Alcohol Clin Exp Res.</i> 2011;35:216A.	The study examined the relationship between substance use and severity of suicidal ideation in veterans, but did not address cannabis use or treatment for depression.
356.	Muller-Vahl K. Treatment of tourette syndrome with cannabinoids. <i>Behav Neurol.</i> 2013;27(1):119-124.	The study did not involve depression.
357.	Muramatsu RS, Silva N, Ahmed I. Suspected dronabinol withdrawal in an elderly cannabis-naive medically ill patient. <i>Am J Psychiatry.</i> 2013;170(7):804.	The study did not meet inclusion criteria (letter to the editor).
358.	Muruganathan A. Obesity and weight management in primary care. <i>J Indian Med Assoc.</i> 2009;107(7):441-445.	The study did not involve cannabis use or depression.
359.	Muscaritoli M, Costelli P, Molfino A, et al. New strategies for metabolic support in cancer. <i>Curr Nutr Food Sci.</i> 2012;8(2):139-148.	The study did not involve cannabis use or depression.

360.	Myers A, Barrueto Jr. F. Refractory priapism associated with ingestion of yohimbe extract. <i>J Med Toxicol.</i> 2009;5(4):223-225.	The study did not involve cannabis use or depression.
361.	Naderi-Heiden A, Naderi A, Naderi MM, et al. Ultra-rapid opiate detoxification followed by nine months of naltrexone maintenance therapy in iran. <i>Pharmacopsychiatry.</i> 2010;43(4):130-137.	The study did not involve cannabis use or depression.
362.	Namaka M, Leong C, Grossberndt A, et al. A treatment algorithm for neuropathic pain: An update. <i>Consult Pharm.</i> 2009;24(12):885-902.	The study did not involve cannabis use or depression.
363.	Navari RM. Antiemetic control: Toward a new standard of care for emetogenic chemotherapy. <i>Expert Opin Pharmacother.</i> 2009;10(4):629-644.	The study was a description of biochemical pathways and did not involve depression.
364.	Navari RM. Management of chemotherapy-induced nausea and vomiting: Focus on newer agents and new uses for older agents. <i>Drugs.</i> 2013;73(3):249-262.	The study was a description of biochemical pathways and did not involve depression.
365.	Nguyen M, Yang E, Neelkantan N, et al. Developing 'integrative' zebrafish models of behavioral and metabolic disorders. <i>Behav Brain Res.</i> 2013;256:172-187.	The study did not involve cannabis use or depression.
366.	Nguyen QC, Villaveces A, Marshall SW, Hussey JM, Halpern CT, Poole C. Adolescent expectations of early death predict adult risk behaviors. <i>PLoS ONE.</i> 2012;7(8).	Study involved adolescents and did not answer the key questions.
367.	Notcutt W, Langford R, Davies P, Ratcliffe S, Potts R. A placebo-controlled, parallel-group, randomized withdrawal study of subjects with symptoms of spasticity due to multiple sclerosis who are receiving long-term sativex (nabiximols). <i>Mult Scler.</i> 2012;18(2):219-228.	The study did not involve cannabis use or depression.
368.	Nyhlen A, Fridell M, Backstrom M, Hesse M, Krantz P. Substance abuse and psychiatric co-morbidity as predictors of premature mortality in swedish drug abusers a prospective longitudinal study 1970 - 2006. <i>BMC Psychiatry.</i> 2011;11.	The study did not involve depression.
369.	O'connor NR, Corcoran AM. End-stage renal disease: Symptom management and advance care planning. <i>Am Fam Phys.</i> 2012;85(7):705-710.	The study did not involve cannabis use or depression.
370.	Obermeit LC, Cattie JE, Bolden KA, et al. Attention-deficit/hyperactivity disorder among chronic methamphetamine users: Frequency, persistence, and adverse effects on everyday functioning. <i>Addict Behav.</i> 2013;38(12):2874-2878.	The study did not involve cannabis use or depression.
371.	Olive MF. Cognitive effects of group I metabotropic glutamate receptor ligands in the context of drug addiction. <i>Eur J Pharmacol.</i> 2010;639(1-3):47-58.	The study was a description of biochemical pathways and did not involve depression.
372.	Oliveira ASB, Pereira RDB. Amyotrophic lateral sclerosis (ALS): Three letters that change the people's life. for ever. <i>Arq Neuro-Psiquiatr.</i> 2009;67(3):750-782.	The study did not involve cannabis use or depression.
373.	Olver I, Molassiotis A, Aapro M, Herrstedt J, Grunberg S, Morrow G. Antiemetic research: Future directions. <i>Supportive Care Cancer.</i> 2011;19:S49-S55.	The study did not involve cannabis use or depression.
374.	Pacher P, Mechoulam R. Is lipid signaling through cannabinoid 2 receptors part of a protective system? <i>Prog Lipid Res.</i> 2011;50(2):193-211.	The study was a description of biochemical pathways.
375.	Palaniyappan L, White TP, Liddle PF. The concept of salience network dysfunction in schizophrenia: From neuroimaging observations to therapeutic opportunities. <i>Curr Top Med Chem.</i> 2012;12(21):2324-2338.	The study did not involve cannabis use or depression.
376.	Panagiotarakou M, Gupta A, Syrigos K, Saif MW. Use of supportive care for symptom management in pancreatic cancer: Application of clinical research to patient care. <i>J Pancreas.</i> 2012;13(4):342-344.	The study did not involve cannabis use or depression.

377.	Parolaro D, Realini N, Vigano D, Guidali C, Rubino T. The endocannabinoid system and psychiatric disorders. <i>Exp Neurol.</i> 2010;224(1):3-14.	The review article referenced study describing biochemical pathways and did not involve cannabis use.
378.	Paruk S, Ramlall S, Burns JK. Adolescent-onset psychosis: A 2-year retrospective study of adolescents admitted to a general psychiatric unit. <i>S Afr J Psychiatry.</i> 2009;15(4):86-92.	The study was a descriptive review of adolescents admitted to general psychiatric wards in South Africa and did not address treatment for depression.
379.	Patterson F, Seravalli L, Hanlon A, Nelson DB. Neighborhood safety as a correlate of tobacco use in a sample of urban, pregnant women. <i>Addict Behav.</i> 2012;37(10):1132-1137.	The study did not involve cannabis use or depression.
380.	Patyar S, Prakash A, Medhi B. Dual inhibition: A novel promising pharmacological approach for different disease conditions. <i>J Pharm Pharmacol.</i> 2011;63(4):459-471.	The study did not involve cannabis use or depression.
381.	Perron BE, Ahmedani BK, Vaughn MG, Glass JE, Abdon A, Wu L-. Use of salvia divinorum in a nationally representative sample. <i>Am J Drug Alcohol Abuse.</i> 2012;38(1):108-113.	The study did not involve cannabis use or depression.
382.	Perry E, Howes M-R. Medicinal plants and dementia therapy: Herbal hopes for brain aging? <i>CNS Neurosci Ther.</i> 2011;17(6):683-698.	The study did not involve cannabis use or depression.
383.	Pertwee RG. Emerging strategies for exploiting cannabinoid receptor agonists as medicines. <i>Br J Pharmacol.</i> 2009;156(3):397-411.	The study did not involve cannabis use or depression.
384.	Perwitasari DA, Gelderblom H, Atthobari J, et al. Anti-emetic drugs in oncology: Pharmacology and individualization by pharmacogenetics. <i>Int J Clin Pharm.</i> 2011;33(1):33-43.	The study did not involve cannabis use or depression.
385.	Pickett KE, Wilkinson RG. Inequality: An underacknowledged source of mental illness and distress. <i>Br J Psychiatry.</i> 2010;197(6):426-428.	The study did not involve cannabis use or depression.
386.	Pierre JM. Nonantipsychotic therapy for monosymptomatic auditory hallucinations. <i>Biol Psychiatry.</i> 2010;68(7):e33-e34.	The study did not involve cannabis use or depression.
387.	Pillarsetti S, Alexander CW, Khanna I. Pain and beyond: Fatty acid amides and fatty acid amide hydrolase inhibitors in cardiovascular and metabolic diseases. <i>Drug Discov Today.</i> 2009;14(23-24):1098-1111.	The study did not involve cannabis use or depression.
388.	Pillon F. Cannabis, psychostimulants and psychodysleptics. <i>Actual Pharm.</i> 2009(483):21-22.	The study was not published in English.
389.	Pink LR, Smith AJ, Peng PWH, et al. Intake assessment of problematic use of medications in a chronic noncancer pain clinic. <i>Pain Res Manage.</i> 2012;17(4):276-280.	The study did not involve cannabis use or depression.
390.	Pirozzi C, Scholand MB. Smoking cessation and environmental hygiene. <i>Med Clin North Am.</i> 2012;96(4):849-867.	The study did not involve cannabis use or depression.
391.	Plawecki MH, Erickson CA, O'Connor S. Pharmacologic treatment for substance use disorders in children and adolescents. <i>Psychopharm Rev.</i> 2009;44(9):65-72.	The review involved adolescents and did not address the key questions.
392.	Plecas D, Diplock J, Garis L. An updated review of the research on the risks and harms associated to the use of marijuana. <i>J Global Drug Policy Pract.</i> 2012;6(3).	The review referenced articles that involved adolescents or were reviewed in the 2012 report.
393.	Poceta JS. Zolpidem ingestion, automatisms, and sleep driving: A clinical and legal case series. <i>J Clin Sleep Med.</i> 2011;7(6):632-638.	The study did not involve cannabis use or depression.
394.	Podda G, Constantinescu CS. Nabiximols in the treatment of spasticity, pain and urinary symptoms due to multiple sclerosis. <i>Expert Opin Biol Ther.</i> 2012;12(11):1517-1531.	The study did not involve cannabis use or depression.

395.	Poirier P. Weight loss drugs and cardiovascular risks. <i>Curr Cardiovasc Risk Rep.</i> 2011;5(2):138-144.	The study did not involve cannabis use or depression.
396.	Pollack TM, McCoy C, Stead W. Clinically significant adverse events from a drug interaction between quetiapine and atazanavir-ritonavir in two patients. <i>Pharmacotherapy.</i> 2009;29(11):1386-1391.	The case report did not involve cannabis use or depression.
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406.	Reddymasu SC, McCallum RW. Pharmacotherapy of gastroparesis. <i>Expert Opin Pharmacother.</i> 2009;10(3):469-484.	The study did not involve cannabis use or depression.
407.	Reid SC, Kauer SD, Hearps SJ, Khor AS, Sancu LA, Patton GC. A mobile phone application for the assessment and management of youth mental health problems in primary care: A randomised controlled trial. In: <i>BMC family practice.</i> Vol 12. ; 2011:131.	The study did not involve cannabis use.
408.	Reinarman C, Nunberg H, Lanthier F, Heddleston T. Who are medical marijuana patients? population characteristics from nine California assessment clinics. <i>J Psychoact Drugs.</i> 2011;43(2):128-135.	The study was a description of populations characteristics of medical marijuana users and did not address the key questions.
409.	Richards BL, Whittle SL, Buchbinder R. Neuromodulators for pain management in rheumatoid arthritis. In: <i>Cochrane database of systematic reviews.</i> ; 2012.	The study did not address the key questions.
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425.	Rohde P, Stice E, Gau JM, Marti CN. Reduced substance use as a secondary benefit of an indicated cognitive-behavioral adolescent depression prevention program. <i>Psychol Addict Behav.</i> 2012;26(3):599-608.	The study involved adolescents and did not address cannabis use as treatment.
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	development of psychosis. <i>Afr J Psychiatry (South Africa)</i> . 2011;14(3):242-244.	
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429.	Rosenson RS. Role of the endocannabinoid system in abdominal obesity and the implications for cardiovascular risk. <i>Cardiology</i> . 2009;114(3):212-225.	The study did not involve cannabis use or depression.
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432.	Rot AH, Collins KA, Fitterling HL. Physical exercise and depression. <i>Mt Sinai J Med</i> . 2009;76(2):204-214.	The study did not involve cannabis use.
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436.	Sall L, Salamon E, Allgulander C, Owe-Larsson B. Psychiatric symptoms and disorders in HIV infected mine workers in south africa: A retrospective descriptive study of acute first admissions. <i>Afr J Psychiatry (South Africa)</i> . 2009;12(3):206-212.	The study was a description of biochemical pathways.
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439.	Sanchez-Samper X, Knight JR. Drug abuse by adolescents: General considerations. <i>Pediatr Rev</i> . 2009;30(3):83-93.	The study involved adolescents and did not address depression or cannabis use as treatment.
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441.	Santini E, Klann E. Dysregulated mTORC1-dependent translational control: From brain disorders to psychoactive drugs. <i>Front Behav Neurosci</i> . 2011.	The study was a description of biochemical pathways.
442.	Saraf G, Viswanath B, Hatti S, Malyala A, Benegal V. A comparison of baclofen and topiramate with acamprosate as anticraving agents: A naturalistic follow-up in a tertiary care de-addiction unit. <i>Alcohol Clin Exp Res</i> . 2012;36:247A.	The study was a description of biochemical pathways.
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445.	Satre DD, DeLorenze GN, Quesenberry Jr. CP, Tsai A, Weisner C. Factors associated with treatment initiation for psychiatric and substance use disorders among persons with HIV. <i>Psychiatr Serv.</i> 2013;64(8):745-753.	The study did not involve cannabis use or depression.
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449.	Scheinin L, Wetli CV. Sudden death and sickle cell trait: Medicolegal considerations and implications. <i>Am J Forensic Med Pathol.</i> 2009;30(2):204-208.	The study did not involve cannabis use or depression.
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452.	Scholes-Balog K, Hemphill SA, Patton GC, Toumbourou JW. Cannabis use and related harms in the transition to young adulthood: A longitudinal study of australian secondary school students. <i>J Adolesc.</i> 2013;36(3):519-527.	The study involved adolescents and did not address depression or cannabis use as treatment.
453.	Scholey A, Owen L. Effects of chocolate on cognitive function and mood: A systematic review. <i>Nutr Rev.</i> 2013;71(10):665-681.	The study did not involve cannabis use or depression.
454.	Schultz KAP, Chen L, Chen Z, Zeltzer LK, Nicholson HS, Neglia JP. Health and risk behaviors in survivors of childhood acute myeloid leukemia: A report from the children's oncology group. <i>Pediatr Blood Cancer.</i> 2010;55(1):157-164.	The study involved adolescents and did not address depression or cannabis use as treatment.
455.	Schulz A, Kohlschutter A. NCL disorders: Frequent causes of childhood dementia. <i>Iran J Child Neurol.</i> 2013;7(1):1-8.	The study involved adolescents and did not address depression or cannabis use as treatment.
456.	Schwartz AC, Spitalnick JS, Short DK, Garlow SJ. Suicide pact by mutual simultaneous arm amputation. <i>Psychosomatics.</i> 2009;50(6):633-637.	The study did not involve cannabis use or depression.
457.	Schwartzberg LS. Overview of CINV agents. <i>Clin Adv Hematol Oncol.</i> 2011;9(1):9-13.	The study did not involve depression.
458.	Scott J, Martin G, Bor W, Sawyer M, Clark J, McGrath J. The prevalence and correlates of hallucinations in australian adolescents: Results from a national survey. <i>Schizophr Res.</i> 2009;107(2-3):179-185.	The study involved adolescents and did not address depression or cannabis use as treatment.
459.	Scott LA, Roxburgh A, Bruno R, Matthews A, Burns L. The impact of comorbid cannabis and methamphetamine use on mental health among regular ecstasy users. <i>Addict Behav.</i> 2012;37(9):1058-1062.	The study assessed the impact of cannabis and methamphetamine use on mental health among ecstasy

		users, but did not address treatment for depression.
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461.	Seely KA, Prather PL, James LP, Moran JH. Marijuana-based drugs: Innovative therapeutics or designer drugs of abuse? <i>Mol Interventions.</i> 2011;11(1):36-51.	The study was a description of biochemical pathways.
462.	Selvarajah D, Gandhi R, Emery CJ, Tesfaye S. Randomized placebo-controlled double-blind clinical trial of cannabis-based medicinal product (sativex) in painful diabetic neuropathy: Depression is a major confounding factor. <i>Diabetes Care.</i> 2010;33(1):128-130.	The study involved a cannabis-based medicinal product in painful diabetic neuropathy. Depression was a confounding factor, but the study did not address cannabis use as treatment for depression.
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465.	Sheikhmoonesi F, Kabirzadeh A, Yahyavi ST, Mohseni B. A prospective study of patients absconding from a psychiatric hospital in iran. <i>Med Glas.</i> 2012;9(2):345-349.	The study did not involve cannabis use.
466.	Shorvon SD. Drug treatment of epilepsy in the century of the ILAE: The first 50 years, 1909-1958. <i>Epilepsia.</i> 2009;50:69-92.	The study did not involve cannabis use or depression.
467.	Simeunovic Ostojic M, Hansen AMJ. Sociocultural factors in the development of bulimia nervosa in a blind woman: A case report. <i>Int J Eating Disord.</i> 2013;46(3):284-288.	The case report did not address the key questions.
468.	Simkin DR, Grenoble S. Pharmacotherapies for adolescent substance use disorders. <i>Child Adolesc Psychiatr Clin North Am.</i> 2010;19(3):591-608.	Study involved adolescents and did not answer the key questions.
469.	Simoff MJ, Lally B, Slade MG, et al. Symptom management in patients with lung cancer: Diagnosis and management of lung cancer, 3rd ed: American college of chest physicians evidence-based clinical practice guidelines. <i>Chest.</i> 2013;143(5):e455S-e497S.	The study did not involve cannabis use or depression.
470.	Singer HS. Treatment of tics and tourette syndrome. <i>Curr Treat Options Neurol.</i> 2010;12(6):539-561.	The study did not involve cannabis use or depression.
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473.	Smith PF. New approaches in the management of spasticity in multiple sclerosis patients: Role of cannabinoids. <i>Ther Clin Risk Manage.</i> 2010;6(1):59-63.	The study did not involve depression.
474.	Smith PH, Homish GG, Leonard KE, Collins RL. Marijuana withdrawal and aggression among a representative sample of U.S. marijuana users. <i>Drug Alcohol Depend.</i> 2013;132(1-2):63-68.	The study did not involve depression.
475.	Smith PH, Homish GG, Leonard KE, Cornelius JR. Intimate partner violence and specific substance use disorders: Findings from the national	The study did not involve depression.

	epidemiologic survey on alcohol and related conditions. <i>Psychol Addict Behav.</i> 2012;26(2):236-245.	
476.	Sofuoglu M, Sugarman DE, Carroll KM. Cognitive function as an emerging treatment target for marijuana addiction. <i>Exp Clin Psychopharmacol.</i> 2010;18(2):109-119.	The study did not involve depression.
477.	Somasundaram O. Poet bharathi, touched with fire. <i>Indian J Psychiatry.</i> 2012;54(2):188-191.	The study did not involve cannabis use or depression.
478.	Spaderna M, Addy PH, D'Souza DC. Spicing things up: Synthetic cannabinoids. <i>Psychopharmacology (Berl).</i> 2013;228(4):525-540.	The study did not involve depression.
479.	Sparadeo F, Meyerson M, Meyerson D. Processing speed and reaction time: A highly fragile cognitive construct. <i>J Head Trauma Rehabil.</i> 2012;27(5):E17-E18.	The study did not involve cannabis use or depression.
480.	Stahl SM. Circuits of sexual desire in hypoactive sexual desire disorder. <i>J Clin Psychiatry.</i> 2010;71(5):518-519.	The study did not involve cannabis use or depression.
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482.	Stein LA, Clair M, Lebeau R, Colby SM, Barnett NP, Golembeske C, Monti PM. Motivational interviewing for incarcerated adolescents: Effects of depressive symptoms on reducing alcohol and marijuana use after release. In: <i>Journal of studies on alcohol and drugs.</i> Vol 72. ; 2011:497-506.	The study involved youth not adults and discussed motivational interviewing as a technique to reduce marijuana use.
483.	Stein LA, Clair M, Lebeau R, Colby SM, Barnett NP, Golembeske C, Monti PM. Motivational interviewing to reduce substance-related consequences: Effects for incarcerated adolescents with depressed mood. In: <i>Drug and alcohol dependence.</i> Vol 118. ; 2011:475-478.	The study involved youth not adults and did not address cannabis use.
484.	Stern M, Sorkin L, Milton K, Sperber K. Aging with multiple sclerosis. <i>Phys Med Rehabil Clin North Am.</i> 2010;21(2):403-417.	The study did not involve cannabis use or depression.
485.	Stoving RK, Andries A, Brixen K, Flyvbjerg A, Horder K, Frystyk J. Leptin, ghrelin, and endocannabinoids: Potential therapeutic targets in anorexia nervosa. <i>J Psychiatr Res.</i> 2009;43(7):671-679.	The study did not involve depression.
486.	Strandheim A, Bratberg GH, Holmen TL, Coombes L, Bentzen N. The influence of behavioural and health problems on alcohol and drug use in late adolescence - a follow up study of 2 399 young norwegians. <i>Child Adolesc Psychiatry Ment Health.</i> 2011;5.	The study involved adolescents and did not address the key questions.
487.	Sturgiss EA, Parekh V. The work of forensic physicians with police detainees in the canberra city watchhouse. <i>J Forensic Leg Med.</i> 2011;18(2):57-61.	The study did not involve cannabis use or depression.
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489.	Sussman S, Rohrbach L, Spruijt-Metz D, Barnett E, Lisha N, Sun P. One-year prediction of pain killer use among at-risk older teens and emerging adults. <i>J Drug Educ.</i> 2012;42(2):195-210.	The study did not involve cannabis use or depression.
490.	Sussman S, Sun P, Gunning M, et al. Peer group self-identification in samples of russian and U.S. adolescents. <i>J Drug Educ.</i> 2010;40(2):203-215.	The study involved adolescents and did not address the key questions.
491.	Swencionis C, Sarah LR. The psychology of obesity. <i>Abdom Imaging.</i> 2012;37(5):733-737.	The study did not involve cannabis use.
492.	Tahboub-Schulte S, Ali AY, Khafaji T. Treating substance dependency in the UAE: A case study. <i>J Ment Health.</i> 2009;4(1):67-75.	The case report did not address the key questions.

493.	Tahir MS. Preventive interventions for schizophrenia: A case report. <i>Clin Schizophr Relat Psychoses</i> . 2009;3(2):117-120.	The case report did not address the key questions.
494.	Tanasescu R, Rog D, Constantinescu CS. A drug discovery case history of 'a(euro)delta-9- tetrahydrocannabinol, cannabidiol'. <i>Expert Opin Drug Discov</i> . 2011;6(4):437-452.	The study was a description of biochemical pathways and was an expert opinion article.
495.	Tandon N, Shah J, Keshavan MS, Tandon R. Attenuated psychosis and the schizophrenia prodrome: Current status of risk identification and psychosis prevention. <i>Neuropsychiatry</i> . 2012;2(4):345-353.	The study did not involve cannabis use or depression.
496.	Tang CY, Carpenter DM, Eaves EL, et al. Occupational solvent exposure and brain function: An fMRI study. <i>Environ Health Perspect</i> . 2011;119(7):908-913.	The study did not involve cannabis use or depression.
497.	Tanti A, Belzung C. Neurogenic basis of antidepressant action: Recent advances. <i>Mod Trends Pharmacopsychiatry</i> . 2010;27:224-242.	The study did not involve cannabis use.
498.	Tate SR, Tripp JC, Trim RS. The role of physical health problems on treatment outcomes for veterans in treatment for co-occurring depression and alcohol/substance dependence. <i>Alcohol Clin Exp Res</i> . 2012;36:158A.	The study did not address the key questions.
499.	Tatum WO, Bui DD, Grant EG, Murtagh R. Pseudo-guillain-barre syndrome due to "whippet"-induced myeloneuropathy. <i>J Neuroimaging</i> . 2010;20(4):400-401.	The study did not involve cannabis use or depression.
500.	Taylor VH, Stonehocker B, Steele M, Sharma AM. An overview of treatments for obesity in a population with mental illness. <i>Can J Psychiatry</i> . 2012;57(1):13-20.	The study did not involve cannabis use.
501.	The role of the physician in "medical" marijuana. <i>J Global Drug Policy Pract</i> . 2011;5(4):1-60.	The study did not involve depression or depressive disorders. *No author listed.
502.	Thomas DR. Anorexia: Aetiology, epidemiology and management in older people. <i>Drugs Aging</i> . 2009;26(7):557-570.	The study did not involve cannabis use or depression.
503.	Thomas DR. Use of orexigenic medications in geriatric patients. <i>Am J Geriatr Pharmacother</i> . 2011;9(2):97-108.	The study did not involve cannabis use or depression.
504.	Thomas R, Cavanna AE. The pharmacology of tourette syndrome. <i>J Neural Transm</i> . 2013;120(4):689-694.	The study did not involve cannabis use or depression.
505.	Tijssen MJA, Van Os J, Wittchen HU, Lieb R, Beesdo K, Wichers M. Risk factors predicting onset and persistence of subthreshold expression of bipolar psychopathology among youth from the community. <i>Acta Psychiatr Scand</i> . 2010;122(3):255-266.	The study did not involve cannabis use.
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507.	Todaro B. Cannabinoids in the treatment of chemotherapy-induced nausea and vomiting. <i>JNCCN J Nat Compr Cancer Netw</i> . 2012;10(4):487-492.	The study did not involve depression.
508.	Todd G, Noyes C, Flavel SC, et al. Illicit stimulant use is associated with abnormal substantia nigra morphology in humans. <i>PLoS ONE</i> . 2013;8(2).	The study did not involve cannabis use or depression.
509.	Tofighi B, Lee JD. Internet highs-seizures after consumption of synthetic cannabinoids purchased online. <i>J Addict Med</i> . 2012;6(3):240-241.	The study did not involve depression.
510.	Tomillero A, Moral MA. Summary. <i>Methods Find Exp Clin Pharmacol</i> . 2010;32(5):331-388.	The study did not address the key questions.
511.	Tosun M. Selective serotonin reuptake inhibitors in the treatment of cannabis dependence. <i>Klin Psikofarmakol Bul</i> . 2011;21:S84.	The study did not involve depression.
512.	Tsai AC. A case of recurrent priapism in the context of quetiapine use, discontinuation, and rechallenge. <i>J Clin Psychopharmacol</i> . 2011;31(2):235-236.	The case report did not address the key questions.

513.	Tsopeles C, Ntounas P, Konsta A, et al. Substance use and pharmaceutical choices for patients who are involuntarily hospitalised in the psychiatric hospital of athens. <i>Eur Neuropsychopharmacol.</i> 2012;22:S353-S354.	The study assessed the relationship between drug use and mental health disorders, but did not address cannabis use or treatment for depression.
514.	Tuca A. Use of granisetron transdermal system in the prevention of chemotherapy-induced nausea and vomiting: A review. <i>Cancer Manage Res.</i> 2010;2(1):1-12.	The study did not involve cannabis use or depression.
515.	Tuchman E. Women and addiction: The importance of gender issues in substance abuse research. <i>J Addict Dis.</i> 2010;29(2):127-138.	The study did not involve depression.
516.	Tuesta LM, Fowler CD, Kenny PJ. Recent advances in understanding nicotinic receptor signaling mechanisms that regulate drug self-administration behavior. <i>Biochem Pharmacol.</i> 2011;82(8):984-995.	The study did not involve depression.
517.	Tuman TC, Asdemir A, Basturk M. Cannabis induced mania: A case report. <i>Klin Psikofarmakol Bul.</i> 2012;22:S71.	The study did not meet inclusion criteria (case report).
518.	Tyrer P. From the editor's desk. <i>Br J Psychiatry.</i> 2010;196(6):502.	The study did not meet inclusion criteria (editorial).
519.	Unsel M, Dworschak G, Tran US, et al. The concept of temperament in psychoactive substance use among college students. <i>J Affective Disord.</i> 2012;141(2-3):324-330.	The case report did not address the key questions.
520.	Uzbay TI. The pharmacological importance of agmatine in the brain. <i>Neurosci Biobehav Rev.</i> 2012;36(1):502-519.	The study did not involve cannabis use or depression.
521.	Vadhan NP, Van Gorp WG, Levin FR. Specificity of verbal learning impairment and recovery in a marijuana-dependent male: The effects of sustained marijuana abstinence. <i>Cogn Neuropsych.</i> 2011;16(2):158-173.	The study did not involve depression.
522.	Van Nimwegen-Campailla L, Van Beveren N, Laan W, Van DB, Linszen D, De Haan L. Effect of early dysphoric response and cannabis use on discontinuation of olanzapine or risperidone in patients with early psychosis. <i>Pharmacopsychiatry.</i> 2010;43(7):281.	The study did not meet inclusion criteria (letter to the editor).
523.	Vandrey R, Haney M. Pharmacotherapy for cannabis dependence: How close are we? <i>CNS Drugs.</i> 2009;23(7):543-553.	The study did not involve depression.
524.	Veneziano GC, Rao VK, Orebaugh SL. Recognition of local anesthetic maldistribution in axillary brachial plexus block guided by ultrasound and nerve stimulation. <i>J Clin Anesth.</i> 2012;24(2):141-144.	The study did not involve cannabis use or depression.
525.	Villagonzalo K-, Dodd S, Ng F, Mihaly S, Langbein A, Berk M. The utility of the mood disorders questionnaire as a screening tool in a methadone maintenance treatment program. <i>Int J Psychiatry Clin Pract.</i> 2010;14(2):150-153.	The study did not involve cannabis use.
526.	Viswambharan V, Manepalli JN, Grossberg GT. Orexigenic agents in geriatric clinical practice. <i>Aging Health.</i> 2013;9(1):49-65.	The study did not involve cannabis use or depression.
527.	Wade D. Evaluation of the safety and tolerability profile of sativex (registered trademark): Is it reassuring enough? <i>Expert Rev Neurother.</i> 2012;12(4):9-14.	The study did not involve depression.
528.	Wagner H, Ulrich-Merzenich G. Synergy research: Approaching a new generation of phytopharmaceuticals. <i>Phytomedicine.</i> 2009;16(2-3):97-110.	The study did not involve cannabis use or depression.
529.	Walther B, Morgenstern M, Hanewinkel R. Co-occurrence of addictive behaviours: Personality factors related to substance use, gambling and computer gaming. <i>Eur Addict Res.</i> 2012;18(4):167-174.	The study did not involve depression.
530.	Walther S, Halpern M. Cannabinoids and dementia: A review of clinical and preclinical data. <i>Pharmaceuticals.</i> 2010;3(8):2689-2708.	The study did not involve depression.

531.	Waseem S, Moshiree B, Draganov PV. Gastroparesis: Current diagnostic challenges and management considerations. <i>World J Gastroenterol.</i> 2009;15(1):25-37.	The study did not involve cannabis use or depression.
532.	Weaver M. Prescribing medications that have potential for abuse: Case study and commentary. <i>J Clin Outcomes Manage.</i> 2009;16(4):171-179.	The study did not meet inclusion criteria (case study and commentary).
533.	Wee S, Koob GF. The role of the dynorphin-(kappa) opioid system in the reinforcing effects of drugs of abuse. <i>Psychopharmacology (Berl).</i> 2010;210(2):121-135.	The study was a description of biochemical pathways.
534.	Weinstein AM, Gorelick DA. Pharmacological treatment of cannabis dependence. <i>Curr Pharm Des.</i> 2011;17(14):1351-1358.	The study was a description of biochemical pathways.
535.	Weisshaar E, Szepietowski JC, Darsow U, et al. European guideline on chronic pruritus: In cooperation with the european dermatology forum (EDF) and the european academy of dermatology and venereology (EADV). <i>Acta Derm -Venereol.</i> 2012;92(5):563-581.	The study did not involve cannabis use or depression.
536.	What place for cannabis extract in MS? <i>Drug Ther Bull.</i> 2012;50(12):141-144.	The study did not involve depression or depressive disorders. *No author listed.
537.	White KL, Roth BL. Psychotomimetic effects of kappa opioid receptor agonists. <i>Biol Psychiatry.</i> 2012;72(10):797-798.	The study was a description of biochemical pathways.
538.	Whiteford HA, Ferrari AJ, Baxter AJ, Charlson FJ, Degenhardt L. How did we arrive at burden of disease estimates for mental and illicit drug use disorders in the global burden of disease study 2010? <i>Curr Opin Psychiatry.</i> 2013;26(4):376-383.	The study did not involve depression.
539.	Wilens TE, Morrison NR, Prince J. An update on the pharmacotherapy of attention-deficit/hyperactivity disorder in adults. <i>Expert Rev Neurother.</i> 2011;11(10):1443-1465.	The study did not involve cannabis use or depression.
540.	Williams L, Sharp C. Borderline personality disorder in adolescence: The case for medium stay inpatient treatment. <i>J Psychiatr Pract.</i> 2013;19(2):162-172.	The study involved youth not adults.
541.	Winhusen TM, Lewis DF, Davies RD, Adler LA, Sonne S, Somoza EC. Subjective effects, misuse, and adverse effects of osmotic-release methylphenidate treatment in adolescent substance abusers with attention-deficit/hyperactivity disorder. In: <i>Journal of child and adolescent psychopharmacology.</i> Vol 21. ; 2011:455-463.	The study involved youth not adults and did not address cannabis use or depression.
542.	Winstock AR, Ford C, Witton J. Assessment and management of cannabis use disorders in primary care. <i>BMJ (Online).</i> 2010;340(7750):800-804.	The study did not involve depression.
543.	Winter-Van Rossum I, Boomsma MM, Tenback DE, Reed C, Van Os J. The influence of cannabis on the course of bipolar disorder: A longitudinal analysis. <i>Tijdschr Psychiatr.</i> 2010;52(5):287-298.	The study involved bipolar disorder and cannabis use, but did not address depression.
544.	Wittchen H-, Buhringer G, Rehm JT, Soyka M, Trader A, Trautmann S. The social, clinical and treatment situation of opioid maintenance treatment in a prevalence sample of patients at baseline. <i>Suchtmed Forsch Prax.</i> 2011;13(5):227-231.	The study did not involve cannabis use.
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546.	Worley MJ, Tapert SF, Granholm E, Brown SA. Neurocognitive impairment interacts with 12-step affiliation and depression to predict future drinking in depressed, substance-dependent veterans. <i>Alcohol Clin Exp Res.</i> 2012;36:227A.	The study did not involve cannabis use.

547.	Worley MJ, Tate SR, Brown SA. Mediation relations between 12-step attendance, depression and substance use in patients with comorbid substance dependence and major depression. In: <i>Addiction (abingdon, england)</i> . Vol 107. ; 2012:1974-1983	The study assessed the effectiveness of a treatment program among patients with substance dependence and depression. Did not study cannabis as treatment for depression.
548.	Wright S, Duncombe P, Altman DG. Assessment of blinding to treatment allocation in studies of a cannabis-based medicine (sativex(registered trademark)) in people with multiple sclerosis: A new approach. <i>Trials</i> . 2012;13.	The study did not involve depression.
549.	Wright TE, Schuetter R, Fombonne E, Stephenson J, Haning III WF. Implementation and evaluation of a harm-reduction model for clinical care of substance using pregnant women. <i>Harm Reduct J</i> . 2012;9.	The study did not involve cannabis use or depression.
550.	Wu JCY. Psychological co-morbidity in functional gastrointestinal disorders: Epidemiology, mechanisms and management. <i>J Neurogastroenterology Motil</i> . 2012;18(1):13-18.	The study did not involve cannabis use.
551.	Wu L-, Woody GE, Yang C, Blazer DG. Subtypes of nonmedical opioid users: Results from the national epidemiologic survey on alcohol and related conditions. <i>Drug Alcohol Depend</i> . 2010;112(1-2):69-80.	The study did not involve cannabis use or depression.
552.	Wu SW, Harris E, Gilbert DL. Tic suppression: The medical model. <i>J Child Adolesc Psychopharmacol</i> . 2010;20(4):263-276.	Study of adolescents. The study did not involve cannabis use or depression.
553.	Wu ZH, Nguyen-Oghalai T, Shokar NK, Berenson AB, Cottler L. Morbidity in a population of low-income, female users of MDMA and other drugs. <i>Subst Use Misuse</i> . 2009;44(7):1039-1054.	The study did not involve depression.
554.	Yan H-, Cao X, Gao T-, Zhu X-. Promoting adult hippocampal neurogenesis: A novel strategy for antidepressant drug screening. <i>Curr Med Chem</i> . 2011;18(28):4359-4367.	The study did not involve cannabis use.
555.	Yargic I, Ozdemiroglu FA. Pregabalin abuse: A case report. <i>Klin Psikofarmakol Bul</i> . 2011;21(1):64-66.	The case report did not address the key questions.
556.	Yazdani S, Zeltzer L. Treatment of chronic pain in children and adolescents. <i>Pain Manage</i> . 2013;3(4):303-314.	The study involved adolescents and did not address the key questions.
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558.	Zajicek J, Ball S, Wright D, et al. Effect of dronabinol on progression in progressive multiple sclerosis (CUPID): A randomised, placebo-controlled trial. <i>Lancet Neurol</i> . 2013;12(9):857-865.	The study did not involve depression.
559.	Zanni GR. Improving end-of-life care. <i>Consult Pharm</i> . 2010;25(9):582-586.	The study did not involve cannabis use or depression.
560.	Zanni GR. Involuntary weight loss - an ignored vital sign in seniors. <i>Pharm Times</i> . 2010;76(1).	The study did not involve depression.
561.	Zeman M, Jirak R, Vecka M, Raboch J, Zak A. N-3 polyunsaturated fatty acids in psychiatric diseases: Mechanisms and clinical data. <i>Neuroendocrinol Lett</i> . 2012;33(8):736-748.	The study was a description of biochemical pathways.
562.	Zhornitsky S, Potvin S. Cannabidiol in humans-the quest for therapeutic targets. <i>Pharmaceuticals</i> . 2012;5(5):529-552.	The study was a description of biochemical pathways and did not involve depression.

563.	Zilbermint MF, Dobs AS. Nonsteroidal selective androgen receptor modulator ostarine(trademark) in cancer cachexia. <i>Future Oncol.</i> 2009;5(8):1211-1220.	The study was a description of biochemical pathways and did not involve depression or cannabis use.
564.	Zuardi AW, Crippa JAS, Dursun SM, et al. Cannabidiol was ineffective for manic episode of bipolar affective disorder. <i>J Psychopharmacol.</i> 2010;24(1):135-137.	The study involved bipolar disorder and cannabis use, but did not address depression.