Original Complaint
and
Dr. Tvedten's Response

Psychiatric Services, Inc.

Scott M. Hogan, MD

Child, Adolescent & Addiction Psychiatry

P.O. Box 251708 • Little Rock, AR 72225-1708
Office: 501-373-8272 • Fax: 501-312-1011

April 5, 2020

Arkansas State Medical Board
1401 West Capitol Avenue Suite 340
Little Rock, AR 72201
Fax: (501) 296-1805

Scott Hogan, MD
Lynn Thomas, MD
Psychiatric Services, Inc.
PO Box 251708
Little Rock, AR 72225-1708

Members of the Arkansas Medical Board,

Tom Tvedten, MD, (C-5169) has issued a Medical Marijuana Physician Written Certification for 12-year old patient ..ho both Lynn Thomas, MD, and I have treated and are currently treating on an inpatient basis at Methodist Behavioral Hospital. The attached copy of the certification indicates that Dr. Tvedten prescribed Marijuana for this 12-year old patient for a reported diagnosis of n fact, she has no history of trauma, as documented numerous times in done at Pinnacle Pointe Hospital and Methodist Behavioral Hospital in the last 2 years. This information re absence of trauma was repeatedly provided by her guardians during her intake assessments. current is positive for as was he last month at Pinnacle Pointe Hospital. eports that marijuana makes her feel "very tired" and "confused." It was reported durin ast hospitalization at Pinnacle Point Hospital that Dr. Tvedten was, per er "marijuana doctor," and that guardian reported to the hospital that Dr. Tvedten was also her guardian's "marijuana doctor." guardian discharged her last month from Pinnacle Pointe Hospital AMA after apparently being upset when educated about the inappropriateness of a 12-year old girl using marijuana.

I would like to have Dr. Tvedten justify this medical treatment:

(1) How did you arrive at this diagnosis? (I would like to have him provide a copy of the psychiatric evaluation and mental status exam he performed to justify this diagnosis. Also, I'd like to see if her psychiatric medications were listed and address potential interaction of these medications with marijuana.)
(2) Was a UDS performed to evaluate whether was taking any other prescribed or illicit controlled substances?
(3) What was documented in her psychiatric evaluation re previous substance abuse or dependence?
(4) What other diagnoses were considered in the differential?
(5) What training and/or experience do you have in treating child and adolescent psychiatric conditions, especially childhood PTSD?

(6) What other treatment modalities were previously utilized to treat this patient?
(7) What records by previous treating psychiatrists and therapists were obtained and reviewed?
(8) Which previous treating psychiatrists and therapists were consulted?
(9) What modalities of therapy have previously been conducted, and what was her response to such therapy?
(10) What other modalities are being utilized concurrently with medical marijuana? Specifically, what trauma-focused outpatient therapy is being provided, and how often? What psychiatrist is currently treating her? If it is occurring, how is esponding?
(11) What follow-up has occurred to evaluate non-existent PTSD diagnosis? When is her next appointment to evaluate her treatment response to marijuana?

Key points from *Effects of Cannabis on the Adolescent Brain (ncbi.nlm.nih.gov),* a review of neuroimaging, neurocognitive, and preclinical findings on the effects of cannabis on the adolescent brain are listed below.

(1) Marijuana, second to alcohol, is the most widely used intoxicant. Approximately 25% of adolescents (8th, 10th, and 12th grade) report being drunk in the past month and close to the same (23%) report using marijuana in the past. **The literature not only suggests neurocognitive disadvantages to using marijuana in the domains of attention and memory that persist beyond abstinence, but suggest possible macrostructural brain alterations (e.g., morphometry changes in gray matter tissue), changes in white matter tract integrity (e.g., poorer coherence in white matter fibers), and abnormalities of neural functioning (e.g., increased brain activation, changes in neurovascular functioning). Earlier initiation of marijuana use (e.g., before age 17) and more frequent use has also been associated with poorer outcome.**
(2) Differences in brain tissue integrity following marijuana use **does** predict future risky behaviors such as increased marijuana use and aggressive and delinquent behaviors. This suggests imaging biomarkers may provide some clinical utility, despite the underlying pathological processes.
(3) Large longitudinal research would also help clarify the degree to which pre-existing differences and/or chronic marijuana use during adolescence contributes to the development of psychiatric disorders and cognitive impairment in adulthood. Furthermore, we need to better understand the interactive relationships between alcohol and marijuana use as these substances are commonly used together and may result in differing structural, functional, and cognitive brain changes when used alone or in combination.

*Note: These studies address brain alterations and impairments of adolescents who use marijuana, but they do not address the complications associated with CHILDREN. Furthermore, most studies other indicate that marijuana exacerbates anxiety disorders, including PTSD, and that marijuana often merely mask the symptoms of anxiety and does nothing to address the cognitive and emotional impairment the must be addressed to help a patient improve. In fact, some children and adolescents use substances such as marijuana as a means to numb themselves and merely "escape."

I'd be very interested to read literature that contradicts this information, if only Dr. Tvedten could. Even if such literature existed, prescribing marijuana for a 12-year old is clearly malpractice as it is not the community standard and poses unnecessary risks and neurocognitive impairment, macrostructural brain alterations, and abnormalities of neural functioning for adolescents, let alone children. And even more alarming, earlier initiation of marijuana use (e.g., before age 17) has also been associated with poorer outcome. Again, this is a CHILD, only 12-years old.

Who on the Medical Board would allow a physician to prescribe marijuana for their 12-year old child or for their child to take marijuana? I consider this to be an egregious violation of the Medical Practice Act and request the Board consider an Emergency Order of Suspension and report to the DEA.

Sincerely,

Scott Hogan, MD

Lynn Thomas, MD

Heber Springs Cannabis Clinic
706 West Quitman
Heber Springs, 72543
Phone (501) 263-8877 Fax (870)201-9780

To: Members of the Arkansas State Medical Board
From: Tom Tvedten, MD
Re: Complaint in your letter dated April 13, 2020

April 16, 2020

Dear Sirs,

I was surprised and disturbed by the complaint made against me by Dr's Hogan and Thomas. As far as I know I have never met either physician. The complaint is well worded and speaks for itself.

I began seeing patients in my Heber Springs Clinic in September, 2019 We temporarily closed our clinic in early March due to Dr. Anthony Faucci's recommendation that only emergency and time sensitive office visits be made in order to "flatten the curve". In the several months that we were open I had occasion to see and certify only two or three minors. One of these was

First, let me assure the board and Drs. Hogan and Thomas that I did not and never have "prescribed" marijuana to any patient. My function is to evaluate patients regarding whether or not they have a "certifying" medical condition that allow them to legally obtain and use THC containing products. Each patient that I see is advised that I am not recommending or "prescribing" marijuana and that I can not advise them as to how much to use or how to use it. The potential negative side effects are reviewed and the lack of evidence based studies proving clinical efficacy is emphasized.

I generally spend about twenty minutes with each patient. In the case of and her mom, the visit was somewhat longer. Mrs. brought with her numerous medical records documenting her daughter's rather extensive medical history and the many interventions that had been tried and failed to adequately control the child's apparently severe symptoms. stated that none of the previously and currently prescribed medications had helped and that most had had undesirable side effects. She had read or been advised that "medical marijuana" might help and wanted to try it but did not want to break the law for fear of losing custody of her child. Some of the medications that was currently taking at the time of her visit have side effect

profiles far in excess of marijuana and the possibility exisited that some of these might be able to be eliminated if the marijuana was effective.

We established a diagnosis of by administering a test used nationally to evaluate for this condition. Mrs. ıelped take this "test".

It was understood that was to continue her care with her current medical providers and that my role was soley to certify that she had a "qualifying condition" and that I would remain available to answer any questions regarding medical marijuana that she or ₹ might have, that I was not her "new doctor" and that no return appointment would be made. I did offer to recertify her in one year if the worked and do so for a discounted price.

mom agreed to be her "care giver" and to obtain, moderate, and control 's use of the medication and that the "edible" form seemed most appropriate in her case. They were advised that when using this modality the effects were slow to begin and could last for up to eight hours.

One of the "benefits" of medical marijuana, if you can call it a benefit, is that it's purchase is not covered by insurance, Medicare, or Medicaid. People must pay for it out of their own pocket. The product is relatively expensive. If it does not work, the patient simply does not buy more.

It is my medical opinion that the side effect profile of marijuana as suggested by Drs Hogan and Thomas is far less severe than the side effect profiles of many medications tried on in the past and less than that of her current medications that she was taking at the time of her visit. These were
The potential for adverse side effects from each of these medications alone is significant and the side effects of them in combination is unstudied and unknown. Trileptal is an anticonvulsive and marijuana has been effectively used in certain pediatric seizure disorders.

Basically, due to the severity of this child's medical problems, I felt at the time and still feel that a therapeutic trial of medical marijuana therapy was in order. After receipt of your letter and order my office reached out to the for follow up. Mrs. said that the "gummies" helped some, but made drowsy. She seemed quite distressed that a complaint had been filed against me.

In my opinion, as time goes by, it will become clear that cannabinoids have a much broader role in the treatment of human disease. Most of the patients I see in my clinic, above 80%, have tried marijuana in the past and found it very helpful in alleviating their particular symptoms. Many have been able to eliminate or markedly decrease their use of opioids for treatment of their chronic pain syndrome, but the PTSD patients I see seem to find the greatest therapeutic benefit. This is why I decided to certify .
Millions of American have taken and currently are using marijuana products on a regular basis. Even with long term use the adverse side effect profile seems low and the risk

benefit ratio seems acceptable. Still, in general, I do not advocate for its use in children or even older adolescents. I feel that in younger people it allows them to justify avoiding unpleasant tasks such as studying and test preparation. In some cases though, such as in case, I feel that the potential benefits of a therapeutic trial outweigh the risks.

I am enclosing a complete copy of clinic record. If you or Drs. Hogan and Thomas have further questions, please do not hesitate to contact me.
My cell number is

Sincerely,

Tom H. Tvedten, MD

P.S. I feel that it is possible that Drs. Hogan and Thomas may be aware of my primary medical practice as an abortion provider in Little Rock and that this may have influenced the intensity of their response to my decision to treat. The long term effects on neurologic development of many of the medicines currently and previously prescribed fo have not been intensely studied and may well be more profound than those of marijuana, which are suggested, and not proven. Had the interventions prescribed by this patients past and current medical providers been effective, she would have never been brought to my attention in the first place.