

Older Adults & the Opioid Crisis



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Objectives

Participants will be able to:

- Identify national response to the opioid epidemic
- Describe characteristics of older adult opioid use
- Identify benefits and risks associated with opioid use
- Describe predisposing risk factors related to opioid use in older adults
- Identify commonly used opioids to treat older adults
- Describe age-related changes in older adults that impact decision to use opioids
- Cite CDC recommendations for health care providers prescribing opioids

National Response to Opioid Crisis

- March 26, 2015, HHS Secretary Sylvia Burwell announced a department-wide initiative to combat the opioid epidemic that focuses on three priority areas:
 - “Opioid prescribing practices to reduce opioid use disorders & overdose,
 - Expanded use of naloxone to treat opioid overdoses,
 - Expanded use of Medication-assisted Treatment (MAT) to reduce opioid use disorders and overdose.” (methadone, buprenorphine, naltrexone)
- March 2016 CDC Guideline for Prescribing Opioids for Chronic Pain
 - Explains benefits and risks associated with prescription opioids
 - Provides evidence-based guide for clinicians & patients in shared decision-making about use of opioids for chronic pain management
 - Prescribing guideline states: “long-term opioid use has uncertain [pain management] benefits but known, serious risks.”

National Response to Opioid Crisis

- CDC Guidelines recognize
 - Challenges faced by health care providers in prevention, assessment, & treatment of chronic pain
 - Asserts that patients, especially women, can be at risk for inadequate pain treatment & chronic pain can be experienced without being controlled
 - Living with chronic pain is associated with clinical, psychological, and social consequences – including limitations in complex activities, lost work productivity, reduced quality of life, and stigma
 - Appropriate and compassionate patient care with full consideration of benefits & risks of treatment options are essential
- October 26, 2017, the Department of Health and Human Services declared that a nationwide public health emergency exists due to the opioid crisis

Older Adults' Opioid Use

- Use at higher rates; over long-term older adults acquire Opioid Use Disorder
- Misuse projected to double from 1.2% to 2.4% (2004 to 2020)
- Opioid analgesic use past 30 days: 7.9% over age 60, 4.7% aged 20-39 (CDC, National Health & Nutrition Examination Survey, 2007-2012); and,
- Women over age 60 more likely to use opioids than their male peers (8.6 percent vs. 6.9 percent); and,
- Aged 65 and older made up 25.4% of long-term users of opioids (Mojtabai, 2017).
- OUD diagnosis: past 12 months - 0.4%; 0.5% - lifetime
- Medicare beneficiaries (aged and disabled): highest and fastest-growing rates of diagnosed opioid use disorder - > 6 of every 1,000 beneficiaries (Jan 2017).
- 3% of Medicare Part D beneficiaries or 14.4 mil at least one prescription in 2016
- > 500,000 beneficiaries use very high amounts of the medication- DHHS/OIG,2017

Benefit – Risk Analysis for Use of Opioids

BENEFITS

- Pain management (otherwise may be immobilized, homebound)
- Increase functionality
- Increase mobility
- Improve quality of life
- Maintain independence

RISKS

- Constipation, nausea
- Breathing complications
- Confusion / disorientation
- Drug interaction problems
- Addiction
- Death
 - age 45-54 highest rate – 30 per 100,000 in 2015
 - Age 55-64 – 4.2 in 1999 to 21.8 per 100,000 in 2015 (500% inc)
 - Heroin Overdose (8% in 2010 to 25% in 2015)

Predisposing Risk Factors in Older Adults & Opioid Use

- ❑ Higher incidence of chronic persistent pain in older adults
 - 40% older adults compared to 30% general population
 - TX for Non-cancerous conditions, degeneration of bones, joints, musculoskeletal, neuropathy
- ❑ Complex chronic health conditions
 - Higher rates of complex chronic health conditions, including mental health conditions, substance use disorders and cognitive impairments
 - Nearly 67% of older adults have two or more chronic conditions
- ❑ Falls & injury increases with age as individuals become more frail
 - One in every three adults aged 65 or older falls each year
 - Leading cause of fatal & nonfatal injuries for older adults, often requiring opioids to treat pain (TX is also a predisposing risk factor for falls!)

Predisposing Risk Factors in Older Adults & Opioid Use

- ❑ Accumulation of trauma resulting in higher levels of anxiety & depression, often treated with psychotropic meds (all side effects...can result in falls!)
- ❑ Losses – loved ones, retirement, relationships, identity, health, functioning contributing to decline in overall health, increase in mental health issues & substance use
- ❑ Prescription (& non-prescription) medication use, misuse, abuse
 - High proportion of long-term prescription drugs & multiple medications
 - Consume 30% of all prescriptions and 40% of all OTC medications
 - Improper drug use, misuse, and abuse are common -- effected by factors:
 - Co-morbid health conditions, age-related changes in drug metabolism; potential interactions with prescribed drugs, over-the-counter medications, dietary supplements, alcohol

Commonly Prescribed Opioids for Pain

- **Morphine** (MS Contin[®], Kadian[®], Avinza[®])
 - used before & after surgical procedures to treat severe pain
- **Codeine** (Tylenol with Codeine[®], Robitussin AC[®])
 - prescribed for mild pain
- **Hydrocodone** (Vicodin[®], Lortab[®], Zydone[®])
 - prescribed to relieve moderate to severe pain
- **Oxycodone** (OxyContin[®], Percodan[®], Percocet[®], Tylox[®], Roxicet[®])
 - used to relieve moderate to severe pain
- **Fentanyl** (Duragesic[®])
 - a strong pain medication typically delivered through a “pain patch” and prescribed for severe ongoing pain.



Age-related Changes in Older Bodies Can Increase Sensitivity to Opioids

- ✓ Slowing of metabolism
- ✓ Presence of illness or chronic conditions
- ✓ Changes in absorption and excretion
- ✓ Changes in ratio of muscle and fatty tissue
- ✓ Changes in vision, balance and coordination
- ✓ Reduced water in cells and tissues of the body
- ✓ Use of medications (prescription, OTC, herbal, supplements)
- ✓ Require more time to clear medications and alcohol

**These changes and consequences that they present with use of alcohol, medications, other substances must be discussed with older adults and care partners.*

Opioid, Aging Body, & Risks

- Opioids remain in body of older adult longer even when an older adult takes a medication properly
- Managed short-term -- almost always non-addictive & beneficial
- Taken improperly -- whether by accident or intentional--
 - opioids can worsen an older adult's overall health
 - higher risk of accidents, falls and injuries
 - Slowed or depressed respiration resulting in Hypoxia (less oxygen to brain) lead to coma & permanent brain damage
 - Brain's white matter lose effects:
 - decision-making abilities, & ability to regulate behavior
 - responses to stressful situations
- Death

CDC Guidelines for Prescribing Opioids for Chronic Pain, USA, 2016

- Non-opioid therapy (exercise, CBT, massage) preferred for chronic pain outside of active cancer, palliative care and end-of-life care.
- Establish treatment goals with patients including a plan for discontinuation of opioid therapy if risks outweigh benefits.
- Discuss the risks and benefits of opioid therapy with patients prior to treatment; revisit possible harms & benefits at least every three months.
- When starting opioid therapy, prescribe immediate-release opioids instead of extended-release (or long acting) opioids.
- When opioids are used, prescribe the lowest possible effective dosage to reduce risks of OUD and overdose.

CDC Guidelines for Prescribing Opioids for Chronic Pain, USA, 2016

- Review patients' history of controlled substance use and consult PDMPs to determine risk for overdose.
- Use drug testing to identify other prescribed medications as well as illicit or undisclosed drugs.
- Avoid prescribing opioid pain medications and benzodiazepines at the same time when possible.
- Offer or make arrangements for evidence-based treatment with medication-assisted treatment for patients with OUD.

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