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

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>RISKS</th>
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<tbody>
<tr>
<td>• Pain management (otherwise may be immobilized, homebound)</td>
<td>• Constipation, nausea</td>
</tr>
<tr>
<td>• Increase functionality</td>
<td>• Breathing complications</td>
</tr>
<tr>
<td>• Increase mobility</td>
<td>• Confusion / disorientation</td>
</tr>
<tr>
<td>• Improve quality of life</td>
<td>• Drug interaction problems</td>
</tr>
<tr>
<td>• Maintain independence</td>
<td>• Addiction</td>
</tr>
<tr>
<td></td>
<td>• Death</td>
</tr>
<tr>
<td></td>
<td>• age 45-54 highest rate – 30 per 100,000 in 2015</td>
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<tr>
<td></td>
<td>• Age 55-64 – 4.2 in 1999 to 21.8 per 100,000 in 2015 (500% inc)</td>
</tr>
<tr>
<td></td>
<td>• Heroin Overdose (8% in 2010 to 25% in 2015)</td>
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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®, Zydome®)
  - 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
• 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.
• 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.
References

integration.samhsa.gov


• *Under Treatment of Pain: A Prescription for Opioid Misuse Among the Elderly?* Maria A. Levi-Minzi, MA, Hilary L. Surratt, PhD, Steven P. Kurtz, PhD, and Mance E. Buttram, MA (Miami, FL. 2013)

References


References


