Opioid Use and Misuse in Older Adults

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Why do older adults use opioids?

• Persistent pain is experienced by approximately half of people aged 65 years and older (2011 NHATS).

• Persistent pain is associated with substantial disability in this age group.

• Pain relief is one of the most commonly endorsed goals of older adults.

• Prior to changes in opioid prescribing guidelines, up to 30% of Medicare Part D enrollees received an opioid prescription in 2015.

What is opioid misuse?

• National Survey of Drug Use and Health (NSDUH) defines as use of opioid that was not prescribed for you or that you took only for the experience or feeling it caused.

• Much lower in older than in younger age groups
  • Past year: 2.4% age 50-64y and 0.7% age 65+y
  • Past month: 1% 50-64y and 0.4% 65+y

• Most older adults who misuse opioids obtain them from physicians.
Deaths nudge doctors to curb opioid prescribing

Coroner’s notifications promote change among physicians

BY MELISSA HEALY

Addressed directly to the doctor, the letter arrived in a plain business envelope with a return address of the San Diego County medical examiner’s office.

Its contents were intended, ever so carefully, to focus the physician on a national epidemic of opioid abuse — and his or her possible role in it.

“This is a courtesy communication to inform you that your patient [name, date of birth inserted here] died on [date inserted here]. Prescription drug overdose was either the primary cause of death or contributed to the death,” the letter read.

In the blandest of clinical language, the “courtesy communication” went on to inform the doctor of how many medication-related deaths the San Diego County medical examiner sees each year (between 250 and 270).

It offered five prescribing tips (or “evidence-based interventions”) proven to help lower overdose death rates. And it steered the doctor to an online program designed to help medical professionals who are “dedicated to avoiding prescribing controlled substances when they are likely to do more harm than good.”

The letters — signed by San Diego County’s chief deputy medical examiner, Dr. Jonathan Lucas, who has since become Los Angeles County’s chief medical examiner — were part of an experiment to gauge how to reduce the prescribing of drugs implicated in fatal overdoses.

At a time when legally prescribed opioids and other medications are claiming 64 lives a day in the United States, the research aimed to test a new way to get physicians to rethink their prescribing habits.

Medical societies, state boards

[See Opioids, A7]
Factors associated with prescription opioid misuse in older adults

- Younger age
- Higher education
- Depression
- Alcohol use problem
- Illicit drug use
- Higher level of pain
Adverse effects of opioids

- Constipation
- Nausea
- Urinary retention
- Sedation/cognitive impairment/delirium
- Increased risk of falls/injury
- Respiratory depression
- Plus addiction and hospitalization and death
Why are older adults at increased risk for opioid adverse effects?

• Changes in body composition and metabolism (that increase opioid effect)
• Reduced physical reserve and increased cognitive sensitivity
• Increased comorbidity and use of medications that can interact with opioids.
Guidelines for prescribing opioids for treatment of chronic pain?

• CDC guidelines recommend nonpharmacologic therapy and nonopioid pharmacologic therapy.

• Consider opioids only if expected benefits related to pain and function outweigh risks. If opioids are used, they should be combined with nonopioid therapy as appropriate.

• Establish and measure goals for pain and function.

• Use immediate release opioids when starting (start low and go slow).

• Follow-up and re-evaluate risk of harm, reduce dose or taper and discontinue if needed.

www.cdc.gov/drugoverdose/pdf/guideline.html
## Alternatives to opioids for chronic pain

<table>
<thead>
<tr>
<th>Class</th>
<th>Notes</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>Mild-moderate pain NTE 3000mg daily</td>
<td>High</td>
</tr>
<tr>
<td>Oral NSAIDs</td>
<td>Short term use, adverse GI, renal and CV side effects</td>
<td>High</td>
</tr>
<tr>
<td>Topical NSAIDs</td>
<td>Localized pain</td>
<td>Moderate</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Side effect profile similar to opioids, increased risk sz, serotonin syndrome with antidep</td>
<td>Not reported</td>
</tr>
<tr>
<td>Tricyclic antidepressants</td>
<td>Nortriptyline preferred. QT prolongation</td>
<td>Moderate</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>Neuropathic pain. Sedation, edema</td>
<td>Moderate</td>
</tr>
<tr>
<td>Cannabis</td>
<td>? Helpful for pain, ? Increase CNS adverse effects</td>
<td>Not reported</td>
</tr>
</tbody>
</table>
Non-medication alternatives to opioids for chronic pain

• Cognitive behavioral therapy-based on the premise that an individual's beliefs, attitudes and behaviors play a central role in the experience of pain.
• Self-management programs
• Exercise interventions

Reid, MC et al, BMJ 2015
Association Between Psychological Interventions and Chronic Pain Outcomes in Older Adults
A Systematic Review and Meta-analysis

• Analyzed 22 studies, 2608 participants

• Psychological modalities studied included behavioral coping skills (e.g., meditation, mindfulness), cognitive coping skills (e.g., guided imagery), cognitive restructuring (e.g., self-monitoring of thoughts), behavioral activation (e.g., goal setting) and acceptance (e.g. practice awareness of avoidance behaviors that aim to control pain)

• Pain intensity was primary outcome

• Small benefits observed including reducing pain and catastrophizing beliefs and improving pain self-efficacy for managing pain.

• Results strongest when delivered using group-based approaches. Pain intensity was only outcome effect persisting beyond the post treatment assessment

Niknejad et al, JAMA Internal Medicine 2018
Conclusions

• Older adults frequently experience persistent pain and use opioids for pain

• Using a standard definition, opioid misuse is rare in older adults but they are at high risk for adverse effects from opioids due to age-associated factors.

• CDC has issued guidelines for opioid prescribing

• There are many other pharmacologic and nonpharmacologic alternatives for opioids.

• Pain is challenging