Aging Issues and Opiates

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Keeping your whole family healthy

A Primary Care Approach to Treating Substance Use Disorders Lunch Series; MPCA May 14,2025

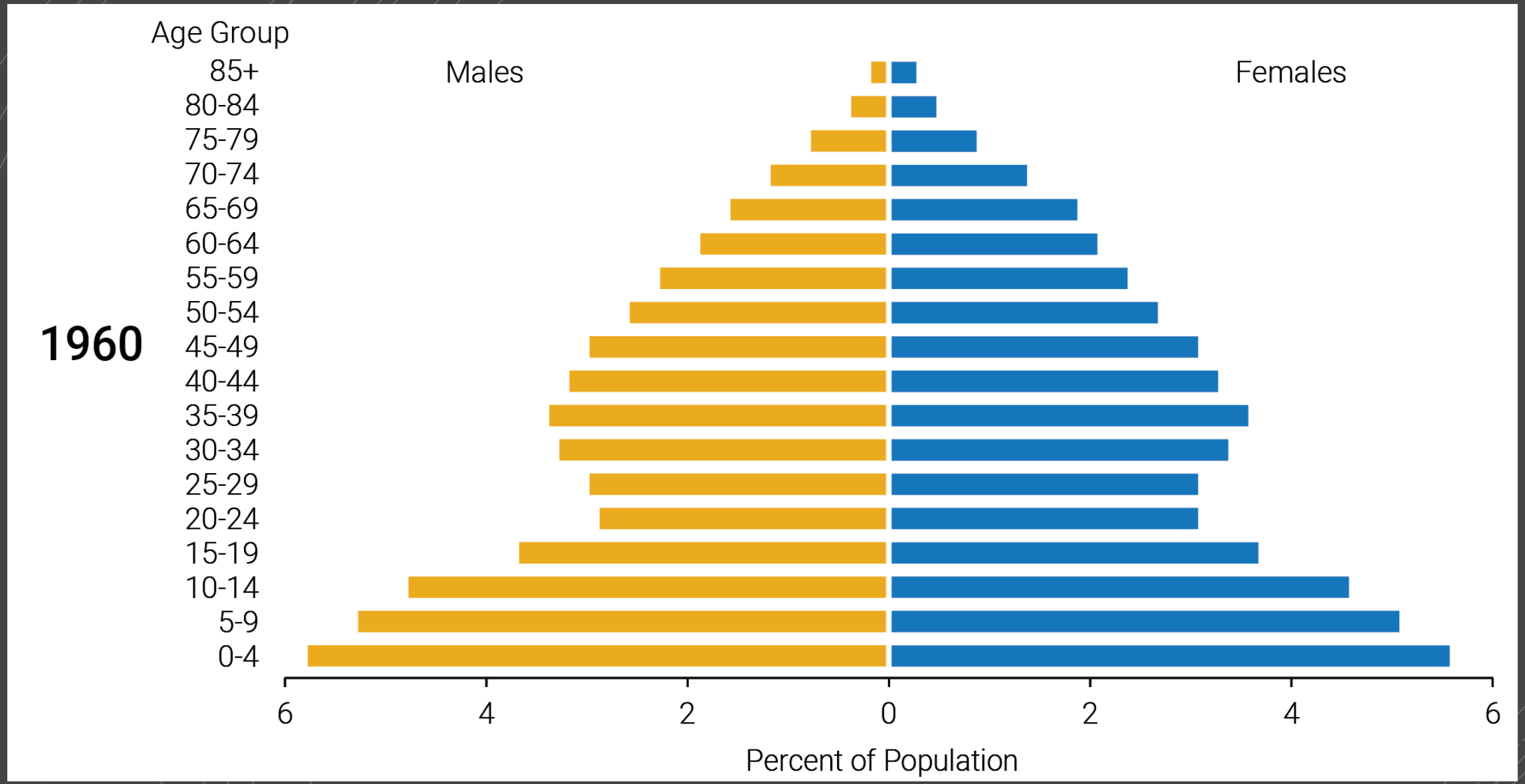
Objectives:

- Primer in Geriatric concerns for care
- Understanding of special physiological and pharmacological issues when prescribing to the older adult
- Special considerations in treating pain in the older adult
- Screening for misuse of substances
- Primer to Age Friendly Care

Greying of America

1 in 6 individuals in the US is over the age of 65

In 2050, the percentage increases to 22% of all Americans


Age Group
Males
Females
1960
85+
80-84
75-79
70-74
65-69
60-64
55-59
50-54
45-49
40-44
35-39
30-34
25-29
20-24
15-19
10-14
5-9
0-4
6
4
2
0
2
4
6
Percent of Population

Challenges of the Aging Population

ECONOMIC AND SOCIAL IMPACTS

- Workforce shortage
- Dependency ratios
- Fiscal Instability
- Economic Disparities
- Family Changes

HEALTH AND WELL BEING

- Chronic Disease
- Cognitive Decline
- Healthcare Costs
- Current Environmental Barriers

Geriatric Assessment

- Medical History
- Function
- Nutrition
- Sleep
- Sensory

Polypharmacy

Substance Use

Cognition

Goals of Care

Social Support

- What **M**atters most (to you): planning the care you want for your future
- Your **M**obility: balance and walking
- Your **M**ind and memory
- Your **M**edicines

Chronic Geriatric Pain Syndromes

- Rheumatoid Arthritis/Osteoarthritis
- Postherpetic neuralgia
- Diabetic Peripheral Neuropathy
- Trigeminal Neuralgia
- Peripheral Vascular Disease
- Ischemic Pain
- Angina
- Malnutrition
- Cancer
- Multiple sclerosis

Managing Pain in the Older Adult

Physiological Changes in Aging

Distribution:[1]

Total fat increase

Total Body water decrease

Decreased Serum Albumin

Decreased Cytochrome P-450 function

- Increased toxic reactions SSRI/SNRIs

Decreased Renal Clearance

- Gabapentin

Decreased Liver Function

- (Typically decreases by 30-40%)
- Smoking also decreases

Analgesics

Tylenol

- Safest and Effective analgesic
- Up to 4g, but in most use 3g or less
- CI: Liver Failure, and Relative CI in ETOH Dependence
- Dosing window every 4-6 hours
- Additive analgesia with opiates

Analgesics

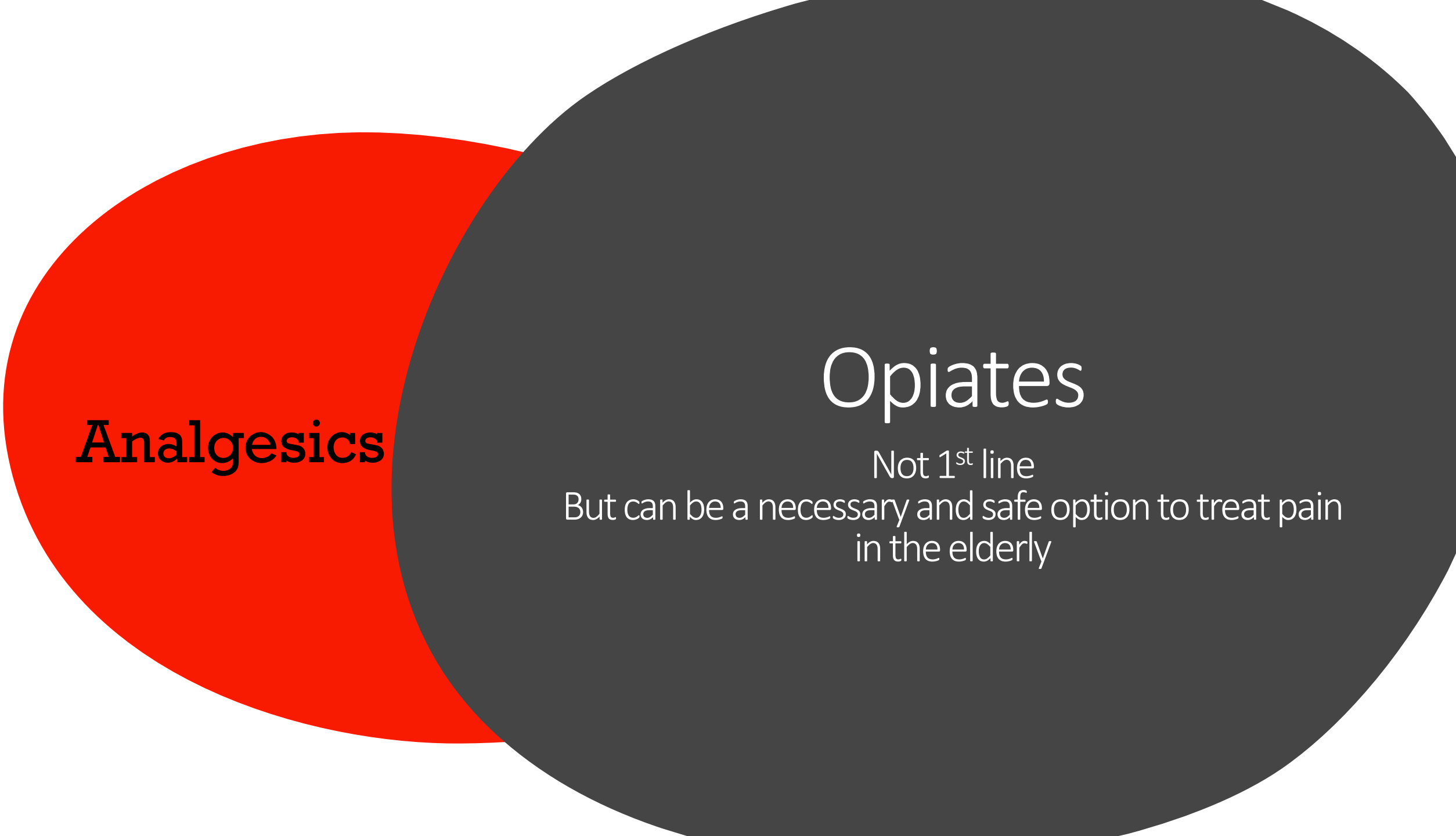
NSAIDs/COX-2

- Acute vs chronic pain
- Consider rarely and with caution
- Use when safer modalities fail and therapeutic goals not met
- Provide ongoing assessment
- CI: PUD, CKD, Heart Failure
- Relative CI: HTN, hx of PUD, concomitant use of Corticosteroids or SSRIs, malnutrition

Analgesics

Adjuncts

- Tricyclic Antidepressants
  - Fall risk, anticholinergic effects
- Antiepileptics
  - Gabapentin: May take 2-3 weeks to be effective and needs dose adjusted for renal clearance
- Muscle relaxers
  - Fall risk, anticholinergic effects
- Topical Agents
  - Lidocaine, Diclofenac
- SSRI/SNRI's
  - Cymbalta
  - Paxil concern for anticholinergics
  - SE: Hyponatremia, Serotonin Syndrome


Analgesics
Opiates
Not 1st line
But can be a necessary and safe option to treat pain in the elderly

Opiate Stats in the older adult

- > 30% of all Medicare recipients received one opiate prescription in 2022
- 25-40% of older cancer patients have daily pain but 30% of those did not receive opiate pain medication[2]
- Chronic pain is defined as an unpleasant sensory or emotional experience for greater than 3 months
- 66% of Nursing home patients have chronic pain

Weigh the Risk vs Benefits

OPIATE PROS

- Affordability
- Decrease disability
- Low risk of end organ damage
- May not be a candidate for surgery or procedures
- Increase Quality of life
- Can be used to improve dyspnea/cough

OPIATE CONS

- Risk of fall, fractures
- Risk of delirium
- Exacerbate co-morbidities (**Constipation**, Urinary retention)
- Polypharmacy
- Potential target for elder abuse
- Risk of Substance abuse

Opiates for Chronic Pain

- Start low and go slow
- Frequent re-evaluation
- Prescribe Narcan with all Opiate Rx's
- Use controlled substance agreements
- Base treatment changes on effectiveness
- Educate and prepare for Side Effects
- Insist on team approach and multimodal

Opiates for Chronic Pain

- Oxycodone
- Buprenorphine
- Tramadol
- Fentanyl
- Methadone
- Morphine

National Survey on Drug Use and Health 2023

- Binge Drinking
  - 50-64 year olds 19%
  - > 65 year olds 12%
- Marijuana
  - 65-75 year olds 9%
  - >75 year olds 3%

- Opiate Misuse in the last year
  - > 65 reported at 1.2%
- Medicare beneficiaries have among the fastest growing rates of diagnosed opioid use disorder at 6 of every 1000 beneficiaries. (CMS, 2017)

Screen for Substance Use

Use DSM 5 Criteria for Substance Use Disorder
CAGE – validated in older adults
AUDIT – validated in older adults
ASSIST – Alcohol, Smoking and Substance Involvement Screening Test – Not validated
DAST - Drug Abuse Screening Test - validated
ORT - Opioid Risk Tool – not validated in older adults

SBIRT with all patients all the time

Tidbits for Older Adults

1. What don't I know (ask)
2. Stigma is high
3. Partner with patients
4. Goals of Care
5. Physiology changes with age
6. See patients with severe illness frequently
7. Deprescribe
8. Toxicology Screen in Long Term Care
9. Narcan should be in the homes
10. Please treat pain

Questions or Discussion

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