

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) grant (U1QHP33079). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government HRSA GWEP.



Opioid Prescribing in Older Patients



Home Instead Center for Successful Aging 986155 Nebraska Medical Center Omaha, NE 68198-6155

unmc.edu/NebraskaGWEP

unmc.edu/NebraskaGWEP

Older patients are often prescribed and use opioids



≈**9**%

of outpatient clinic visits by older patients involve prescription opioid medication



≈**9**%

of patients over age 65 take an opioid for chronic, non-cancer pain



A growing number of patients are presenting for treatment

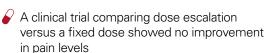
Additional concerns with opioid use in older adults



- Long-term opioid use is associated with cognitive decline and even short-term use is associated with the development of delirium
- Use of opioids is not associated with increased falls, but is associated with an increased risk of fractures
- Opioid use is also associated with increased risk of car accidents, cardiovascular events (MI or A.fib), and pneumonia

Puustinen, et. al. *BMC Ger.* (2011) 11:70 / Woolcott, et. al. *Arch Int. Med.* (2009) 169:1952-1960 / Naples, et. al. *Clin. Ger. Med.* (2016) 32:725-735

Importantly, evidence for the effectiveness of long-term opioids for chronic pain is weak



There are no studies showing that opioids improve physical activity, function, sleep, mood, or quality of life in patients with chronic, non-cancer pain

Naliboff, et. al. *J. Pain* (2011) 12:288-96 / Sehgal, et. al. *Expert Rev. Neurother.* (2013) 13:1201-20.

Non-opioid options to treat common sources of pain

LOW BACK PAIN

Self-care and education in all patients: Advise patients to remain active and limit bedrest

Nonpharmacological treatments:

Physical therapy, exercise, cognitive behavioral therapy, interdisciplinary rehabilitation

Medications:

- First-line Acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs) with caution (short-term only)
- Second-line Serotonin and norepinephrine reuptake inhibitors (SNRIs) / tricyclic antidepressants (TCAs) with caution

NEUROPATHIC PAIN

CDC Opioid guidelines

Medications: SNRIs, topical lidocaine, gabapentin/pregabalin, TCAs (caution)

OSTEOARTHRITIS

Nonpharmacological treatments: Physical therapy, exercise, weight loss, patient education, evaluation for joint replacement surgery

Medications:

- First-line Acetaminophen, topical NSAIDs, oral NSAIDs with caution (short-term)
- Second-line Intra-articular hyaluronic acid, capsaicin, intra-articular glucocorticoid injections

FIBROMYALGIA

Patient education:

Address diagnosis, treatment, and patient's role in treatment

Nonpharmacologic treatments:

Low-impact aerobic exercise, cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation

Medications:

First-line – duloxetine, pregabalin

Second-line – TCAs, gabapentin

Other ways to reduce patient harm

- Review PDMP (prescription drug monitoring program) to check for prescriptions from multiple providers
- Prescribe acute opioids for only short durations (7 days or less)
- Refer patients interested in deprescribing to PCMH Pharmacy for tapering of opioid medications
- Offer treatment for opioid use disorder when indicated