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UNMC

Opioid Prescribing in Older Patients

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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

Opioid use disorders

A growing number of patients are presenting for treatment

Naples, et. al. *Clin. Ger. Med.* (2016) 32:725-735 / Maree, et. al. *Am. J. Ger. Psych.* (2016) 24:949-963

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

- A clinical trial comparing dose escalation versus a fixed dose showed no improvement in pain levels
- 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

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

CDC Opioid guidelines

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