

## PREScription OPIOID USE AMONG SENIORS

Nationwide and locally, marked attention is given to the “opiate challenge,” which is a serious public health problem, an epidemic. With regard to seniors, concerns focus on (1) high rates of narcotic analgesic use, (2) cautious approaches to pain management, and (3) storage and disposal of these drugs (e.g. preventing medications from being taken by other people). Costs associated with opioid misuse and addiction are high at the personal, community, and national levels.

This article focuses on prescription opioids: medications that are prescribed to manage or treat moderate-to-severe pain in some instances. Medications in this class of pain reducers include morphine, hydrocodone (Vicodin), and oxycodone (OxyContin).

Opioid use/misuse places older adults at risk of addiction, injuries, emergency room visits, hospitalization, and death. Side effects of opioid use are numerous, with some being very serious. Seniors taking opioids are at increased risk of falling. They may experience breathing problems, constipation, nausea, and urinary retention. Other potential side effects include higher sensitivity to pain, muscle jerking, and itching. Opioid use can result in cognitive impairment, decreased concentration and ability to focus, confusion, and difficulty with tasks such as driving, which require alertness and quick reactions.

### STATISTICS – A SNAPSHOT

- Based on a report from the Agency for Healthcare Research and Quality for the 2015-2016 time period, slightly less than 20% of older adults (**ALMOST 1 IN 5 SENIORS**) were prescribed at least one (outpatient) opioid prescription, and 7.3% received four or more opioid prescriptions.

### MANAGEMENT OF PAIN – OPTIONS

Studies reveal that 25%-50% of older adults and up to 70% of nursing home residents experience pain (reported by Chau et al.). Failure to manage pain effectively (1) can decrease quality of life, mobility, and overall well-being; (2) can trigger depression and isolation; (3) can result in decreased ability to engage in activities that one loved. While attention tends to focus on overuse and misuse of painkillers, it is noteworthy that insufficient treatment of pain is also a concern, particularly among nursing home residents. The picture is more complicated when assessing level of pain experienced by someone living with dementia. The individual may not be able to articulate the severity and location of pain, expressing himself nonverbally (grimaces, pressing a body part, groaning, crying, aggressive behavior).

So where do prescription opioids fit into the picture of being “needed” and “optimal” in treating pain in some instances? Opioid use may be needed in treating pain for those who are dying, for individuals with terminal cancer. They may be prescribed for moderate-to-severe acute pain (e.g., resulting from injuries and surgeries) in some instances.

The general rules associated with prescribing opioids: cautious approaches and safety must be prioritized when treating/managing significant acute pain; medication optimization principles should be adopted; misuse issues must be addressed; and addiction must be prevented. Prescription opioids are not meant to be the frontline treatment for CHRONIC pain (e.g., from age-related chronic health conditions such as arthritis). Notably, alternatives for managing acute and chronic pain include non-

opioid medications as well as non-drug pain-relieving approaches (relaxation, heat, psychiatric/psychological therapy, physical therapy).

### **WHAT QUESTIONS DO YOU NEED TO ASK BEFORE A PRESCRIPTION IS WRITTEN**

It is probable that the physician prescriber will address the “basics,” inform you about when and how to take the prescribed medication. However, recent survey research conducted by the University of Michigan Institute for Healthcare Policy and Innovation revealed that most seniors who are prescribed opioids are relatively uninformed by the prescriber about side effects and risks. If the prescriber doesn’t inform you, information about side effects, possible drug interactions, and allergic reactions will be provided on inserts when you pick your medication up from a pharmacy, or seek counsel from your pharmacist.

So what other questions do you and/or a family member need to ask? An excellent checklist of questions to ask your physician prescriber is provided by the FDA. “Answers” that seniors are looking for can be found by asking questions about (1) the rationale for why this medication is needed (WHY?), (2) the duration of use (HOW LONG?); and (3) non-opioid options for managing pain (WHAT ELSE CAN I DO?). If the health care provider is unaware, the senior and/or family member should tell her if there is any personal or familial history of addiction. The checklist provides four questions that may not even be thought about at the outset, and it may be assumed that these types of concerns – if deemed to be significant – will be raised by the prescribing physician. Seniors should be informed about why it is so important not to share their medications with others, to dispose properly of medications that are “left over,” to store them in a way that no one else can use them or take them accidentally. The issue of why it may be best to have a prescription for naloxone (also known as NARCAN) and to fill it if opioids are taken needs to be addressed. Naloxone is a life-saver if one overdoses accidentally or intentionally.

### **SHARING, STORAGE AND DISPOSAL OF OPIOIDS**

On occasion, opioid users who no longer need to take opioids (have medications left over) may offer their medications to those who are experiencing significant pain. Medications should not be shared with others, even if you are trying to help out someone who may not be able to afford purchasing them.

The issue of how to store potentially addictive opioid drugs needs to be addressed. It has been recommended that they be locked up. It is too easy for individuals – including children and teenagers -- to access these medications by opening up an unlocked medicine cabinet or by picking up your drug bottle off of your kitchen table, making it possible for these drugs to be used by others for personal or financial reasons (selling them). The issue of potential elder abuse comes into play: if the senior is living with someone who is an addict, these medications may be “stolen,” resulting in the senior being unable to take prescribed medications needed to manage his own significant pain.

A wealth of information about the storage and disposal of medications is provided on the website for the Mental Health and Recovery Board of Ashland County (MHRB, <https://www.ashlandmhrb.org/resources/drug-disposal>). First, unwanted or expired medications can be safely disposed of at prescription drug drop boxes, located at the Ashland County Sheriff’s Department and Loudonville Police Department. Second, drug disposal kits, available through the MHRB (419-281-3139), deactivates medications using a simple, safe, and convenient approach. Third, the MHRB website provides information about how medications can be disposed of safely in trash – noting how to mix medications with other substances such as kitty litter, where to place the mixture, where to throw it

away, and how to remove personal information from empty medication bottles or packaging. Fourth, an informative video about safe drug storage and disposal can be viewed, brought to you by the MHRB and the Ashland County Health Department.

#### **WHERE TO SEEK HELP IF ADDICTION IS SUSPECTED OR A REALITY**

For information about additional resources and where to find help, please contact the Mental Health and Recovery Board at 419-281-3139 or one of the board's contract providers: The Ashland County Council on Alcohol and Drug Abuse (419-289-7675), Appleseed Community Mental Health Center (419-281-3716) or Catholic Charities Community Services (419-289-1903).

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