

Opioid Use in Older Adults

Question

Opioid use is a concern across all patient populations, but how is opioid use specifically affecting older adults? What should healthcare providers who treat older adults know about opioid use in this patient population?

Answer

Opioid misuse among older adults is an increasingly urgent public health concern, according to the Substance Abuse and Mental Health Services Administration.¹ In the past two decades, drug overdose rates for older adults have increased.²

Research also indicates that age-adjusted rates of drug overdose deaths for those 65 and older went from 2.4 to 8.8 deaths per 100,000 standard population between 2000 and 2020.³ Comparing rates of men versus women showed that the drug overdose deaths for men aged 65–74 and 75 and older were higher among non-Hispanic black men compared with Hispanic and non-Hispanic white man; and for women aged 65–74, those rates were higher for non-Hispanic black women compared with Hispanic and Non-Hispanic white women.⁴ However, for women aged 75 and older, non-Hispanic white women had the highest rates.⁵

Additionally, drug overdose deaths involving synthetic opioids other than methadone (such as fentanyl) for adults aged 65 and older increased by 53 percent between 2019 and 2020.6

For older adults, opioids are generally prescribed for pain associated with chronic conditions and surgical procedures, active-phase cancer treatment, palliative care, and end-of-life care. They can help older adults maintain their independence, which is a key predictor of health. However, several adverse side effects can occur with opioid misuse, including sedation, cognitive impairment, falls, fractures, and constipation.⁷ Medications affect older adults more strongly and are slower to leave their systems, leaving an opportunity for possible severe side effects.

In addition to being misused and posing an addiction threat, opioids can also present other health issues in the older population, including drug interaction problems, central nervous system effects, pruritus, urinary retention, opioid-induced hyperalgesia, increased sensitivity to pain, and cardiovascular and endocrine system effects.⁸

Healthcare providers who prescribe opioids to older adults should consider any concerns about addiction and misuse in the context of the potential benefit of effective pain management in relation to the risk of side effects. Providers may want to consider alternatives to opioids, including pain management therapies such as nonsteroidal anti-inflammatories, corticosteroids, anti-epileptics, antidepressants, cognitive-behavioral therapy, and exercise therapy.⁹

To maintain responsible prescribing practices, healthcare providers should also comply with the updated Centers for Disease Control and Prevention's guidelines. For more information, see the CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. For additional resources, see MedPro's Risk Resources: Opioid Prescribing & Pain Management.

Endnotes

- ³ Ibid.
- ⁴ Ibid.
- ⁵ Ibid.
- ⁶ Ibid.

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¹ Substance Abuse and Mental Health Services Administration. (2017). *Resources list: Opioid use in the older adult population*. State Technical Assistant Project. Rockville, MD: SAMSHA.

² Kramarow, E. A., & Tejada-Vera, B. (2022, November). Drug overdose deaths in adults aged 65 and over: United States, 2000-2020. Centers for Disease Control and Prevention. *NCHS Data Brief, No. 455*. Retrieved from www.cdc.gov/nchs/data/databriefs/db455.pdf

⁷ Dufort, A., & Samaan, Z. (2021). Problematic opioid use among older adults: Epidemiology, adverse outcomes and treatment considerations. *Drugs Aging, 38*(12), 1043-1053. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC8421190/

⁸ Tilly, J., Skowronski, S., & Ruiz, S. (2017). *The opioid public health emergency and older adults*. Washington, DC: Department of Health and Human Services, Administration for Community Living.

⁹ Substance Abuse and Mental Health Services Administration, Resources list: Opioid use in the older adult population.