

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 Americans is becoming an increasingly urgent public health concern, according to the Substance Abuse and Mental Health Services Administration.¹

Opioid misuse among adults age 50 or older in 2014 was higher than in 2002, which in turn has led to an increase in hospitalizations.² For people older than 65, opioid-related hospitalizations increased more than 50 percent, and opioid-related emergency department (ED) visits more than doubled between 2010 and 2015.³ Compared with nonopioid-related stays for patients older than 65, these opioid-related stays involved higher than average inpatient costs and ED charges, a higher proportion of patients discharged against medical advice, and a higher proportion of patients with multiple chronic conditions.⁴

When adults older than 65 are admitted to a hospital for opioid misuse, a subsequent loss of independence may become very likely. In 2015, about 37 percent of patients 65 and older admitted for opioid misuse were discharged to a nonhospital institution, such as a skilled nursing facility or intermediate care facility.⁵

Because of their generally reduced metabolism, excretion, physical reserve, and more frequent use of drugs that can interact negatively with opioids, older adults encounter challenges with using opioids.⁶ Medications affect older adults more strongly and are slower to leave their systems,

leaving an opportunity for possible severe side effects. Additionally, older adults are likely to be prescribed multiple pain relievers that may increase the severity of the side effects caused by opioids, and they may be at an increased risk of developing addiction after a shorter period of time than younger people.⁷

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.

Eighty percent of U.S. adults aged 65 and older have multiple chronic conditions (e.g., heart disease, diabetes, arthritis, and depression), and the incidence of chronic pain increases with age.⁸ In 2015 and 2016, nearly 4 million seniors on average filled four or more opioid prescriptions. Nearly 10 million filled at least one opioid prescription in those years.⁹

In 2016, more than 13 million Americans enrolled in Medicare Part D received prescription opioids to treat chronic conditions, which puts them at an increased risk of misuse.¹⁰ Additionally, Medicare beneficiaries (aged and disabled) have among the highest and fastest growing rates of diagnosed opioid use disorder at more than 6 of every 1,000 beneficiaries.¹¹

In addition to being misused and posing an addiction threat, opioids can also present other health issues in the older population, including increased risk of falls, drug interaction problems, cognitive impairment, central nervous system effects including respiratory depression and cognitive impairment, pruritus, urinary retention, constipation, opioid-induced hyperalgesia, increased sensitivity to pain, and cardiovascular and endocrine system effects.¹²

Not only are concerns for seniors' health paramount, but also the costs to care for these seniors is increasing. The average cost of an opioid-related inpatient stay in 2015 among patients 65 and older was \$14,900 (about 13 percent higher than the \$13,200 average cost of nonopioid-related stays among the same age group). Additionally, the average charge for opioid-related ED visits in 2015 among these patients was about 35 percent (\$6,600) higher than the average charge for nonopioid-related ED visits (\$4,900).¹³

Frequent use of opioids is more likely among seniors who were poor or low income compared to those who were middle or high income; more likely among seniors with Medicare and other public

insurance compared to those who had Medicare only or Medicare and private insurance; and more likely among seniors living in rural areas compared to those living in urban areas.¹⁴ However, opioid misuse can affect people of all racial, ethnic, sexual, and gender minorities; income classes; and geographic areas.

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, and antidepressants, cognitive-behavioral therapy, and exercise therapy.¹⁵

Resources

- [CDC Guideline for Prescribing Opioids for Chronic Pain](#) (Centers for Disease Control and Prevention)
- [Opioids for Pain Management in Older Adults: Strategies for Safe Prescribing](#) (*The Nurse Practitioner*)
- [Opioid Overdose](#) (Centers for Disease Control and Prevention)
- [Opioid Prescribing: Navigating Through a Crisis](#) (MedPro Group)
- [Opioid Use in the Older Adult Population](#) (Substance Abuse and Mental Health Services Administration)
- [Pain Management Checklist](#) (MedPro Group)
- [SCOPE of Pain](#) (Boston University)

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 Abbasi, E. (2018, September 25). Opioid use among older adults on the rise. *LeadingAge*. Retrieved from www.leadingage.org/education/opioid-use-among-older-adults-rise

³ Agency for Healthcare Research and Quality. (2018, September 18). *New AHRQ reports highlight seniors' struggles with opioids*. Rockville, MD: AHRQ.

⁴ Substance Abuse and Mental Health Services Administration, *Resources list: Opioid use in the older adult population*.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Abbasi, E., Opioid use among older adults on the rise.

⁹ Agency for Healthcare Research and Quality, New AHRQ reports highlight seniors' struggles with opioids.

¹⁰ Abbasi, E., Opioid use among older adults on the rise.

¹¹ 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.

¹² Ibid.

¹³ Substance Abuse and Mental Health Services Administration, *Resources list: Opioid use in the older adult population*.

¹⁴ Agency for Healthcare Research and Quality, New AHRQ reports highlight seniors' struggles with opioids.

¹⁵ Substance Abuse and Mental Health Services Administration, *Resources list: Opioid use in the older adult population*.

This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and regulatory approval and may differ among companies.

© 2018 MedPro Group Inc. All rights reserved.