Relief vs. RISK

OPIOID USE IN OLDER ADULTS

Holly Geyer, MD, FASAM

MAYO CLINIC

The U.S. has historically used

80%

of the world's opioids


how we
GOT HERE
We're in an opioid
EPIDEMIC
the
STATS
it's in
NEW JERSEY

OPIOIDS

2/5 of US adults know someone Who's DIED

https://www.kff.org/wp-content/uploads/2018/01/cover-1-in-5-know-someone-died-rx-drug-overdose-slide.png

- Drive the #1 cause of accidental death in adults <45
- Reducing the average American life expectancy
- Resulting in a death every 5 minutes
- Causing dependency in 3-19% of people taking them
- Historically prescribed to 1/3 of adults annually

but...

cdc.org

Han, et al. Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. Annals of Internal Medicine. 2017.

Woolf SH, Schoomaker H. Life Expectancy and Mortality Rates in the United States, 1959–2017. JAMA. 2019;322(20):1996–2016.

Kaiser Family Foundation Health Tracking Poll

AMA Alliance. Prescription Opioid Epidemic: Know the Facts.

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adults <45


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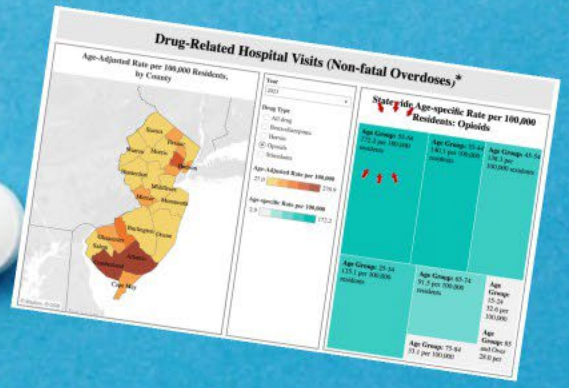
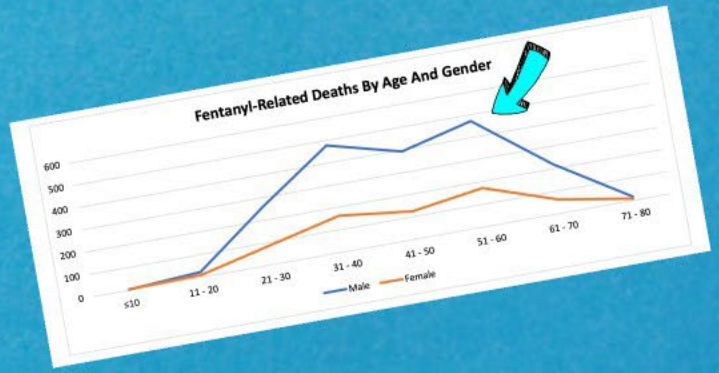
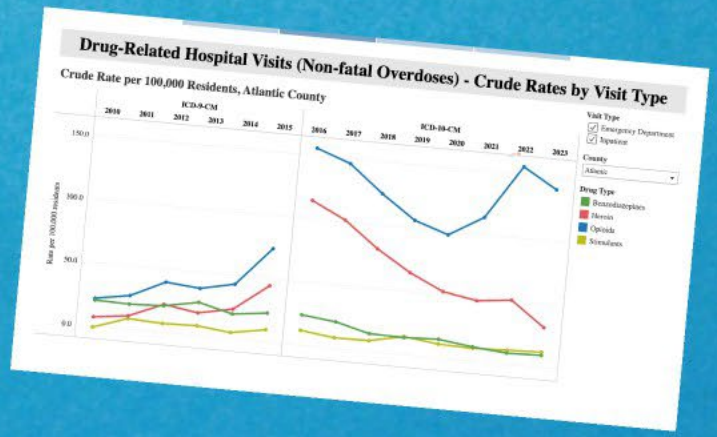
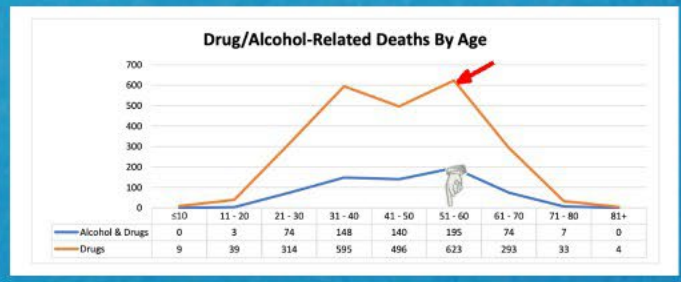
New Jersey Stats







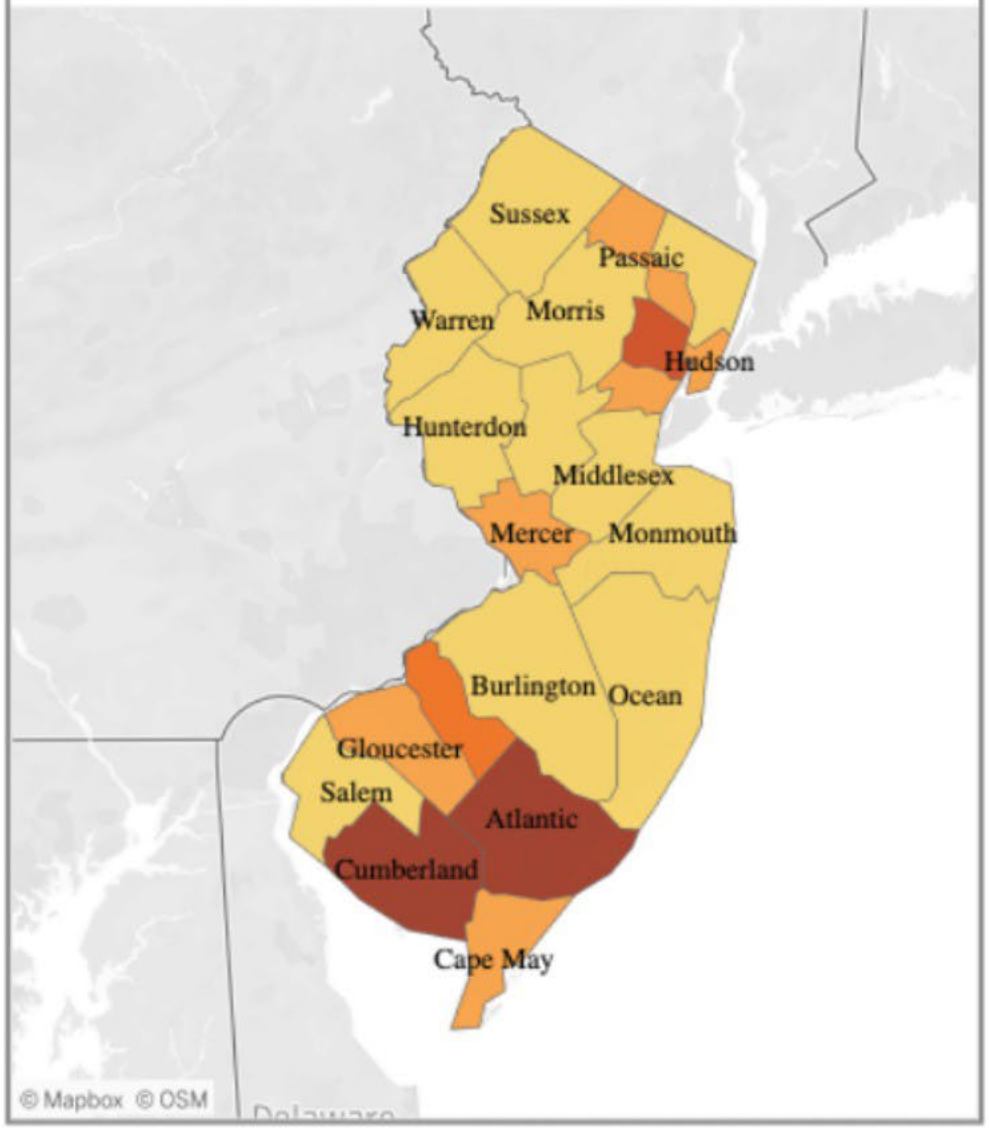


In New Jersey, adults aged **55-64** recorded the **highest number** of suspected overdose deaths from January to April 2025, with 87 fatalities, more than any other age group.

https://ocsme.nj.gov/pdfs/annual_reports/NJOCSME-2021AnnualReport.pdf

Drug-Related Hospital Visits (Non-fatal Overdoses)*

Age-Adjusted Rate per 100,000 Residents, by County



Year

2023

Drug Type

- All drug
- Benzodiazepines
- Heroin
- (•) Opioids
- Stimulants

Age-Adjusted Rate per 100,000

27.0 — 276.9

Age-specific Rate per 100,000

2.9 — 172.2

Statewide Age-specific Rate per 100,000 Residents: Opioids

Age Group: 55-64
172.2 per 100,000 residents

Age Group: 35-44
140.1 per 100,000 residents

Age Group: 45-54
138.3 per 100,000 residents

Age Group: 25-34
135.1 per 100,000 residents

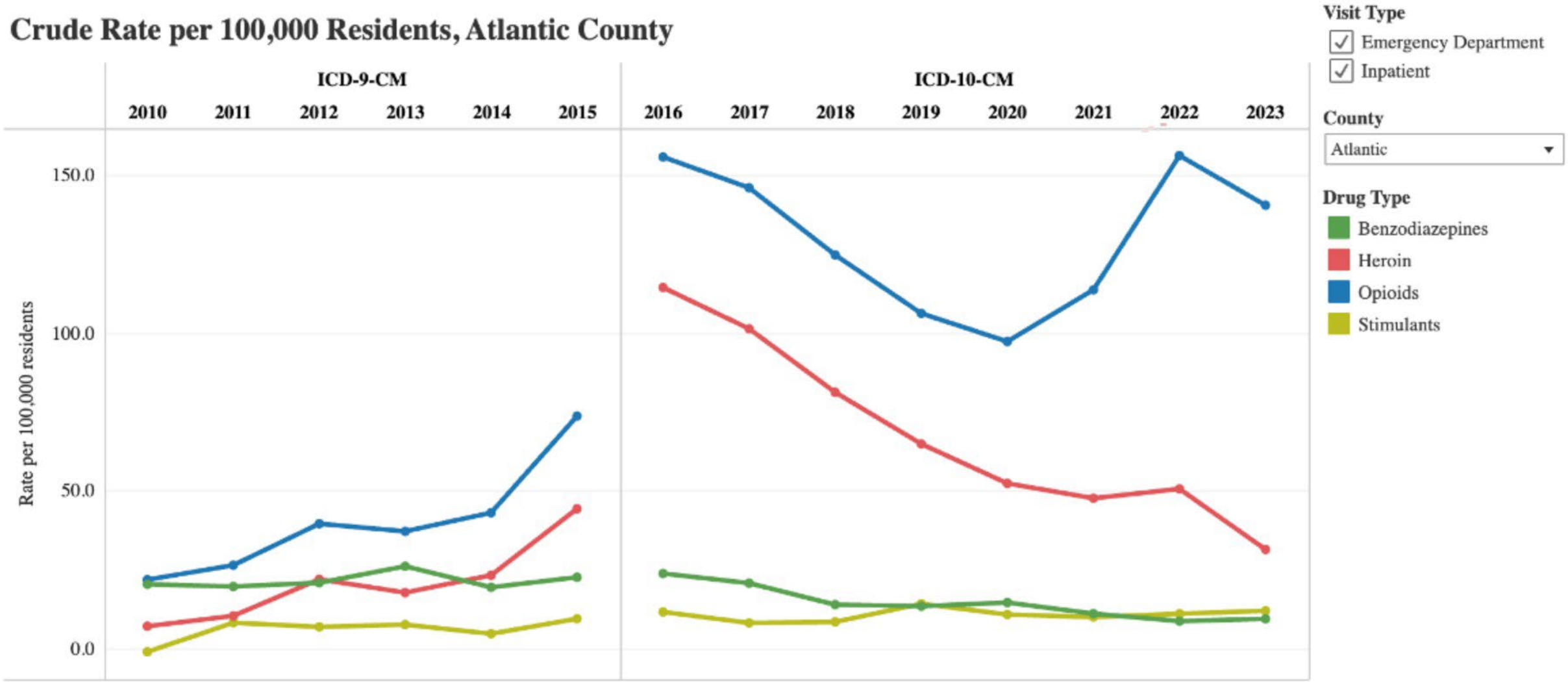
Age Group: 65-74
91.5 per 100,000 residents

Age Group: 15-24
32.6 per 100,000

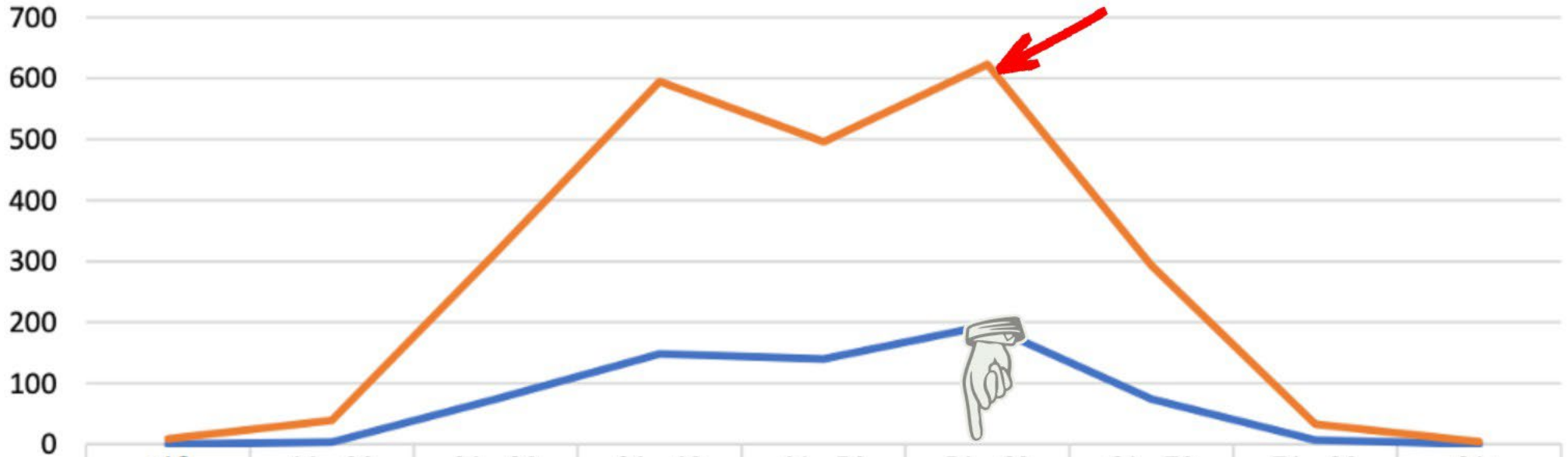
Age Group: 75-84
33.1 per 100,000

Age Group: 85 and Over
28.0 per

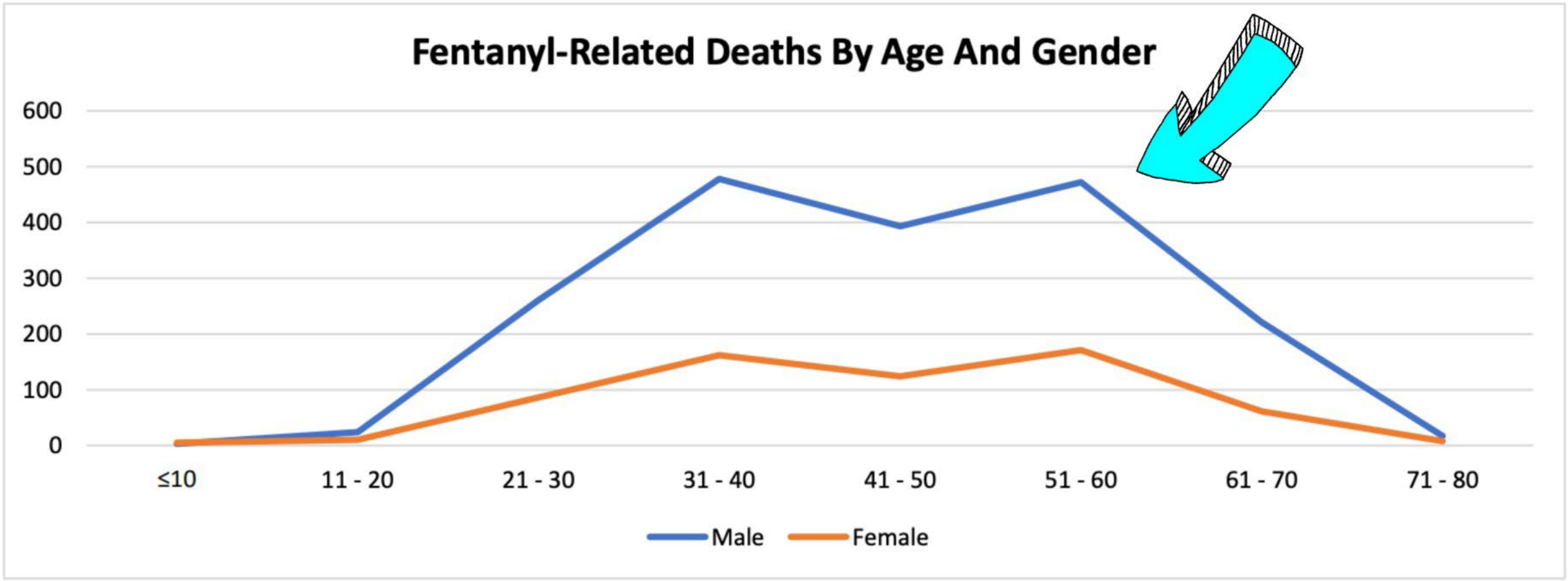
Drug-Related Hospital Visits (Non-fatal Overdoses) - Crude Rates by Visit Type



Drug/Alcohol-Related Deaths By Age



	≤10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81+
Alcohol & Drugs	0	3	74	148	140	195	74	7	0
Drugs	9	39	314	595	496	623	293	33	4


Fentanyl-Related Deaths By Age And Gender
600
500
400
300
200
100
0
≤10
11 - 20
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
71 - 80
Male
Female

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The road to hell is paved with

~~good intentions~~ cash.

1980-1990's

Prescribed Opioids Are Safe!

"We are undertreating pain"

"Its not addiction, its 'pseudoaddiction'"

Show us The Money

Pain is the 5th vital sign!

1980-1990's

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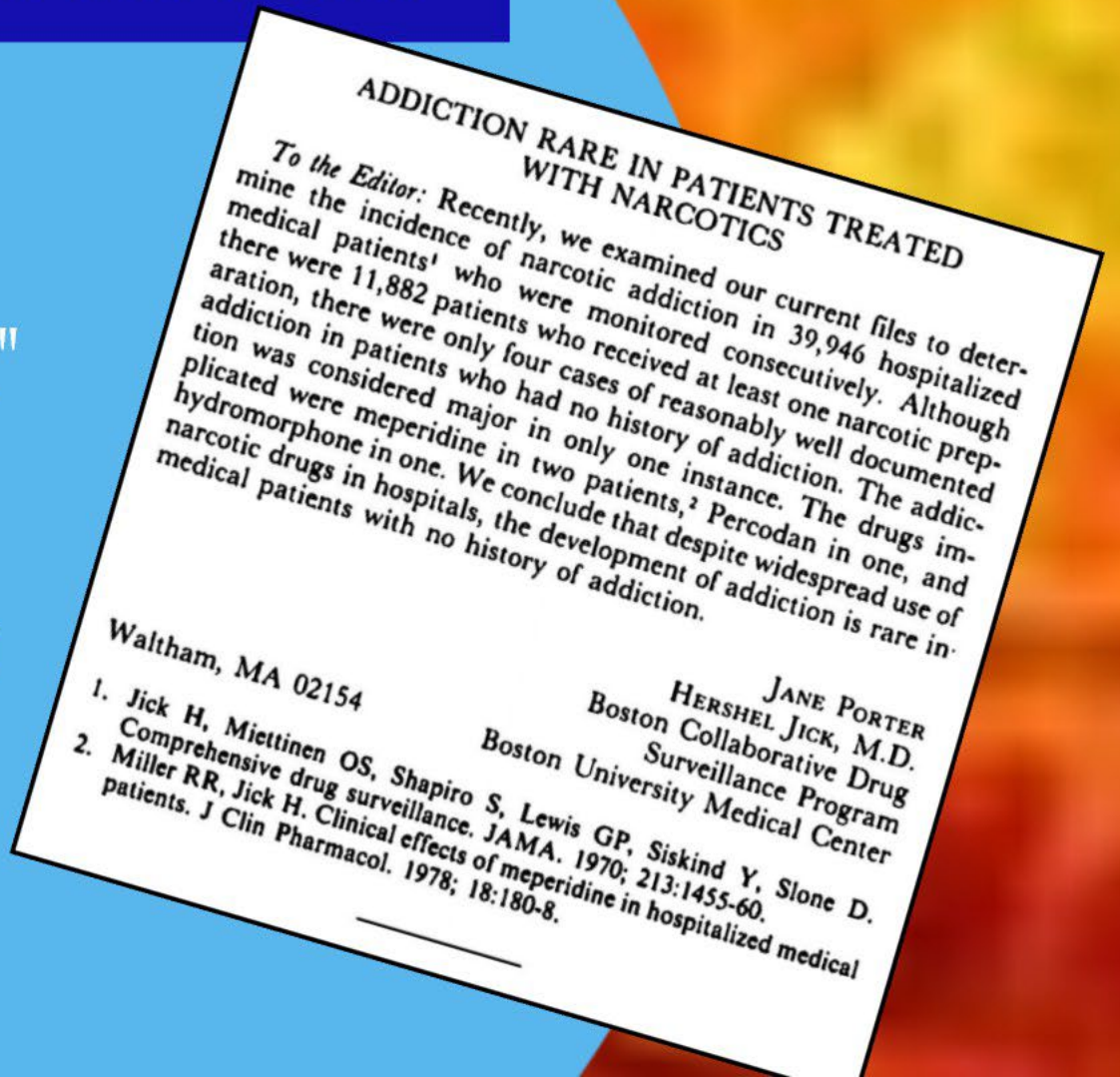

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The drugs implication was considered major in only one instance. The drugs implicated were meperidine in two patients,[2] Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Boston University Medical Center
Waltham, MA 02154

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

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Early 2000's

Pain is the 5th vital sign!

Campaigned by American Pain Association, VA, others

TJC framed pain control as a 'patients'-rights' issue

CMS began assessing patient satisfaction on pain control

Show us the Money

Press Ganey evaluated patient satisfaction...tied results to reimbursement

CMS scored hospitals on value-based purchasing and 'patient experience'

Civil suits for undertreatment of pain acceptable

We can make YOU money

Fraudulant drug company marketing campaigns

Physician kick-back programs

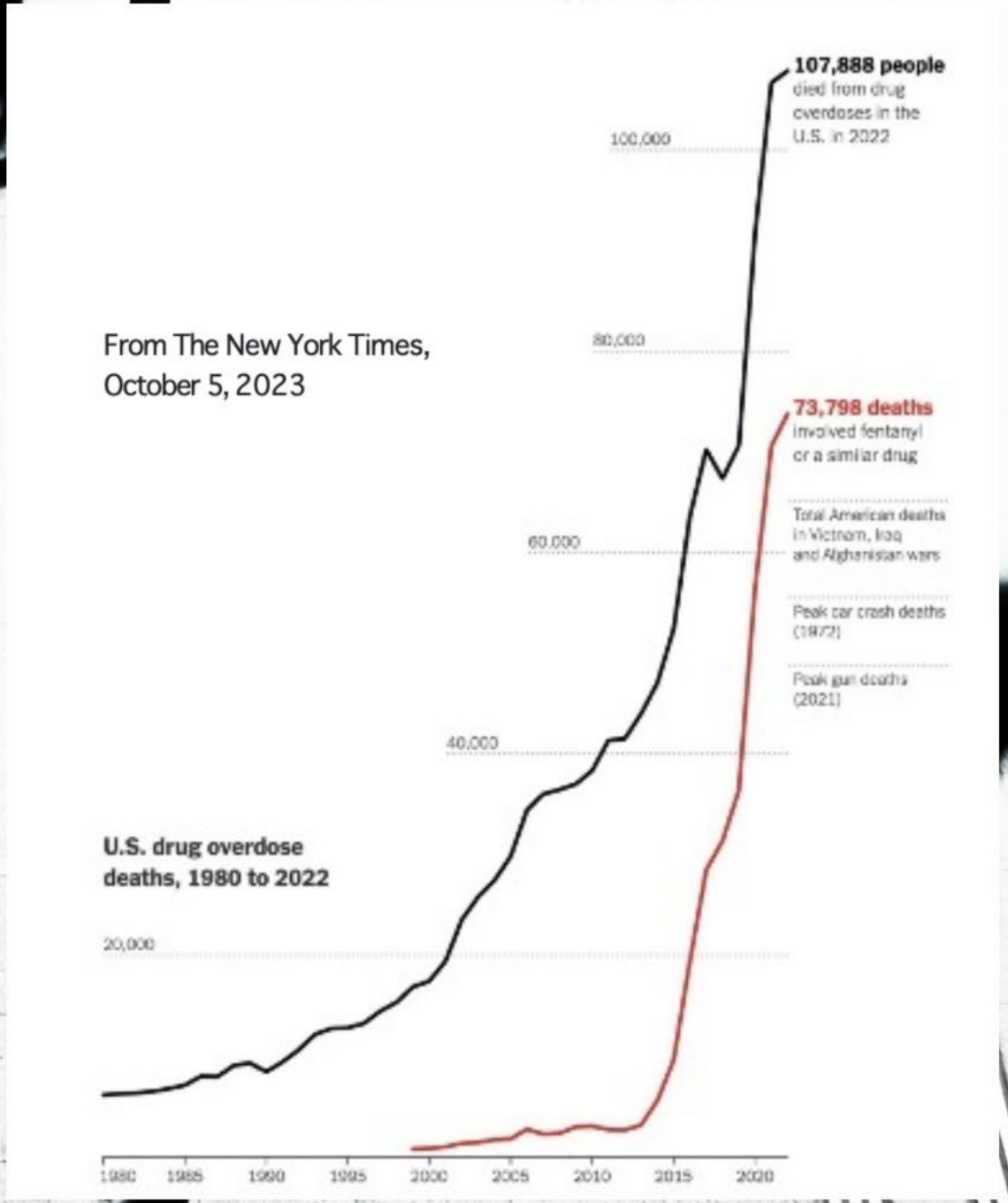
The Prescribing Crisis

In 2006, 72.4 opioid prescriptions were written per 100 people

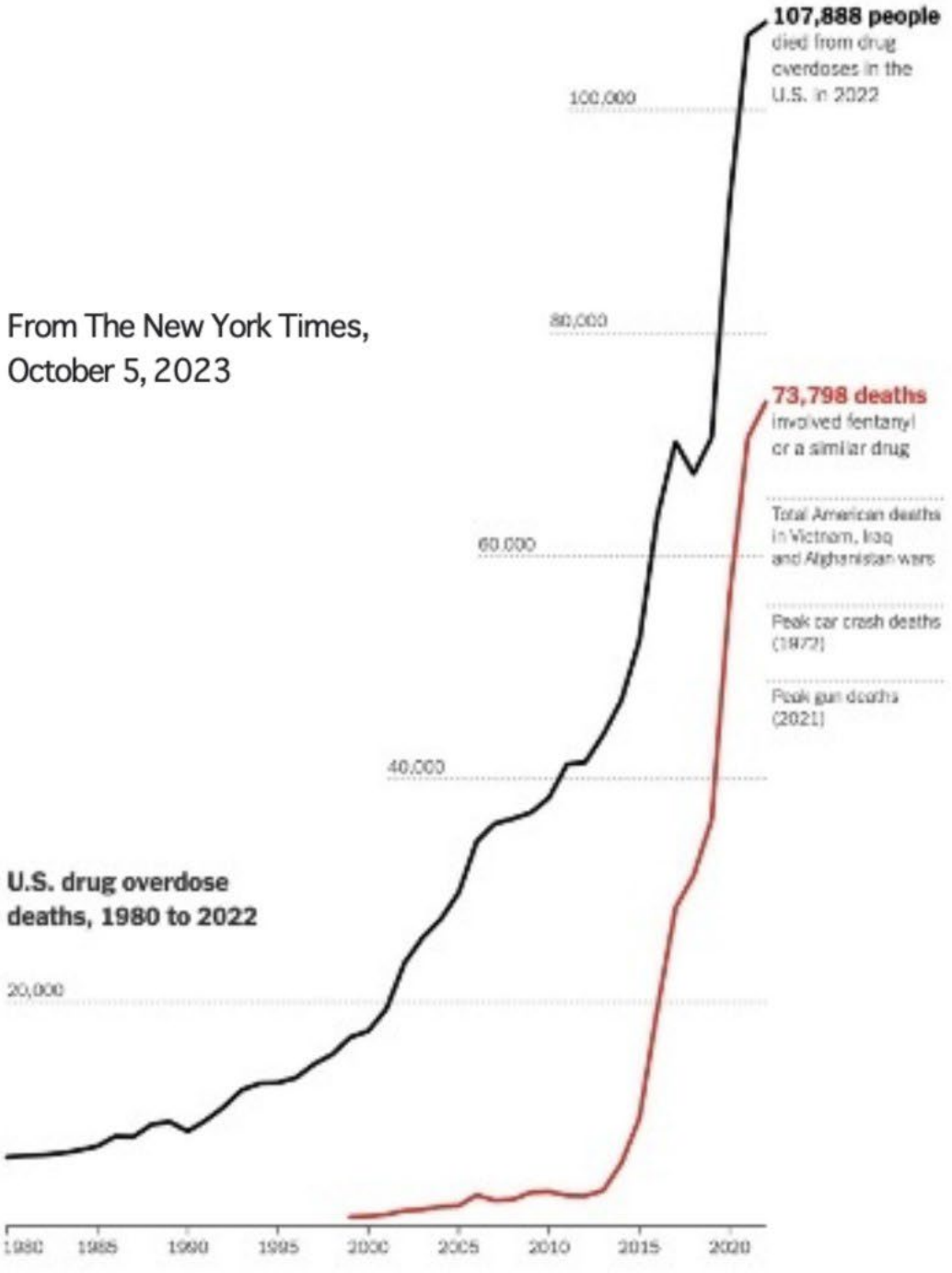
In 2015, 1 in 3 adults received an opioid prescription

Prescribing peaked in 2012

This. Is. An. Epidemic.



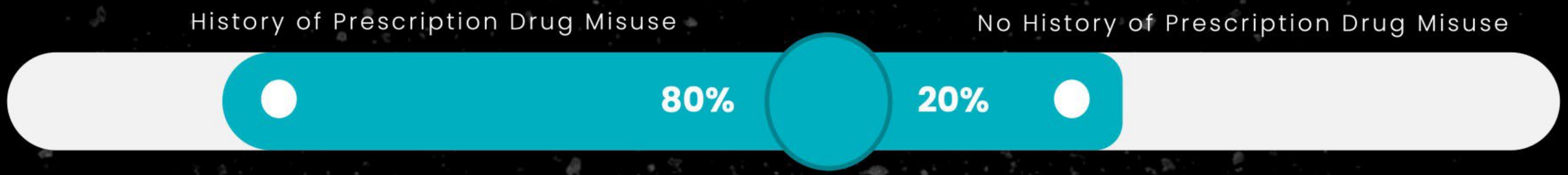
From The New York Times,
October 5, 2023



We  Prescribing, but didn't...

- Educate patients
- Screen for risk factors
- Screen for addiction
- Refer to substance abuse
- Offer naloxone
- Develop internal policies
- Take time to advocate

...And patients found new sources



https://nida.nih.gov/publications/drugfacts/heroin

Why fentanyl?

50-100x more potent than morphine

Easy to transport

Cheap to make

No need to grow

Budget-friendly

HIGHLY addictive


how we
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Getting Older is Hard Enough...


2. DRUGS DON'T WORK THE SAME
ABSORPTION GOES UP:
- BOWELS SLOW DOWN
- HIGHER GASTRIC PH
- MORE BODY FAT FOR FAT-SOLUABLE DRUGS TO ENTER
DRUG METABOLISM SLOWS DOWN:
- REDUCED BLOOD FLOW IN THE LIVER
- IMPAIRED REACTIONS TO BREAK DOWN DRUGS
ELIMINATION GOES DOWN:
- KIDNEY FUNCTION DECLINES 1%/YEAR AFTER AGE 50
DRUGS INTERACT:
- ELDERLY ARE FREQUENTLY ON MULTIPLE MEDICATIONS
3. BODIES DON'T WORK THE SAME
• DISEASES GO UP:
FRAILTY, VISUAL IMPAIRMENT, HEARING IMPAIRMENT, CARDIOVASCULAR DISEASE, MUSCULOSKELETAL CONDITIONS (IE, ARTHRITIS), DEMENTIA, STROKE, DIABETES MELLITUS
• SIDE-EFFECTS GO UP:
CONFUSION, DIZZINESS, SEDATION, FALLS, CONSTIPATION
1. EVERYTHING HURTS
• 40% OF ALL OLDER ADULTS STRUGGLE WITH CHRONIC PAIN
• CHRONIC PAIN INCREASES RISK OF EXPOSURE TO OPIOIDS
• INCREASED OPIOID EXPOSURE RISK CORRELATES WITH RISK OF OPIOID-RELATED COMPLICATIONS AND OPIOID DEPENDENCY/OPIOID USE DISORDER (ADDICTION)


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  CONFUSION, DIZZINESS, SEDATION, FALLS, CONSTIPATION

**Same side-effects as opioids!

Let's Talk Opioids in Elderly

12.8% of adults >65 receive an opioid prescription anually

In 2016, almost **30%** of Medicare Part D (drug benefit) beneficiaries filled at least 1 opioid prescription and 10% received them for >3 months

SIDE EFFECTS

- Dizziness (6.7% to 53.3%)
- Mental status changes (16%)
- Lethargy (9%)
- Depression (9.8% to 25.4%)
- Headache (6.7% to 12.5%)
- Somnolence (2.7% to 20.3%)
- Falls (7.6% to 13.7%)
- Constipation (9.6% to 70%)
- Nausea (0.3% to 40%)

Jassal M, Egan G, Dahri K. Opioid Prescribing in the Elderly: A Systematic Review. J Pharm Technol. 2020 Feb;36(1):28-40. doi: 10.1177/8755122519867975

https://meps.ahrq.gov/data_files/publications/st551/stat551.shtml

Centers for Medicare and Medicaid Services. Medicare Current Beneficiary Survey (MCBS). Baltimore, MD: Centers for Medicare and Medicaid Services. https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey.

Zhu W, Chernew ME, Sherry TB, Maestas N. Initial Opioid Prescriptions among U.S. Commercially Insured Patients, 2012-2017. N Engl J Med. 2019 Mar 14;380(11):1043-1052. doi: 10.1056/NEJMsa1807069. PMID: 30865798; PMCID: PMC6487883.

Opioids have no Sense of Humor

Opioid Misuse Happens

Up to 35% of patients > age 50 receiving opioids report misusing their prescription

About 79% of elderly patients with OUD ALSO have chronic pain and arthritis

Prevalence of OUD disorder among older adults TRIPLED 2013 to 2018.

Shoff C, Yang T-C, Shaw BA. Trends in opioid use disorder among older adults: analyzing medicare data, 2013–2018. Am J Prev Med. 2021;60(6):850–855. doi: 10.1016/j.amepre.2021.01.010

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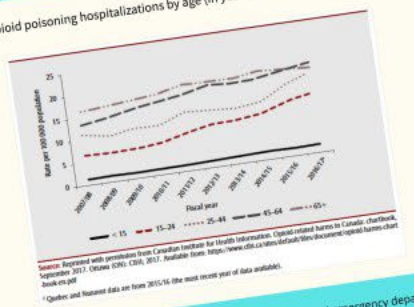
COMPLICATIONS GET DANGEROUS

A 10-YEAR STUDY IN CANADA SHOWED OLDER ADULTS HAD THE HIGHEST RATE OF HOSPITALIZATIONS FOR OPIOID OVERDOSES!

Figure 2. Opioid poisoning hospitalizations by age (in years), Canada, 2007/08 to 2016/17.



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Risk Rises with Age

Adults >50 with OUD have an INCREASED all-cause mortality rate compared with younger adults with OUD

They also have increased prevalence of suicidal ideation

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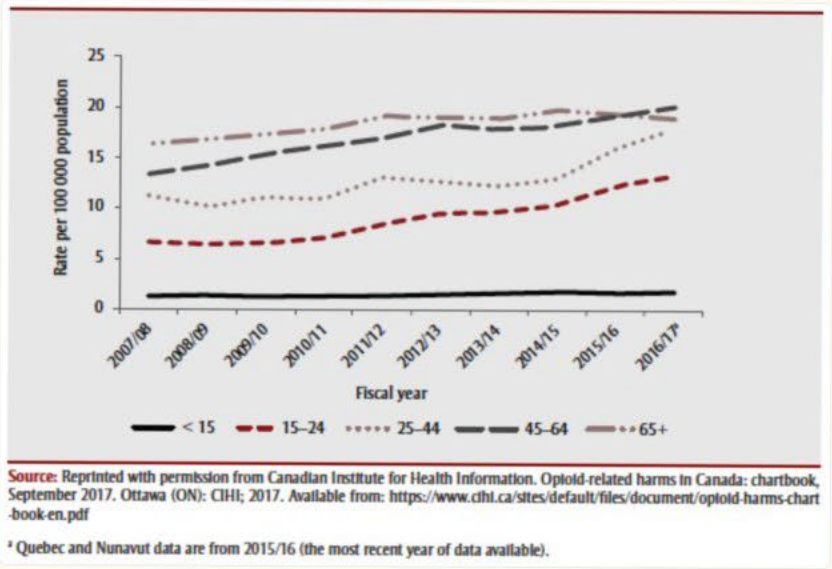

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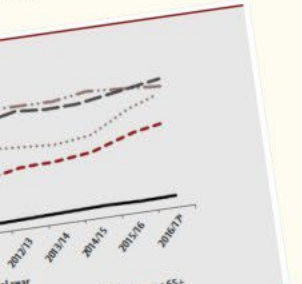

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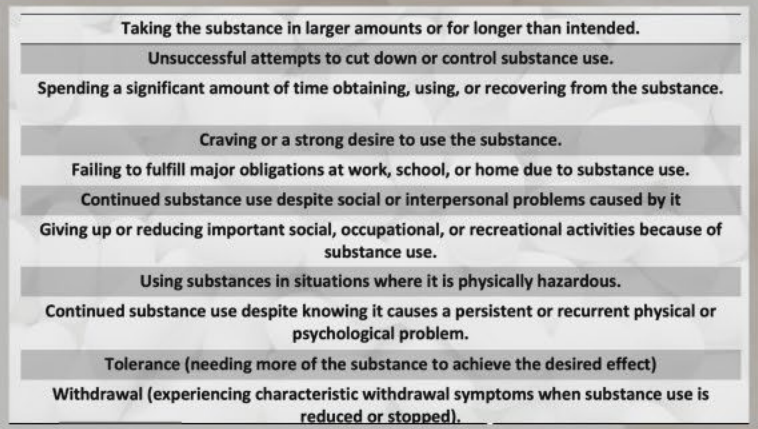
Too Few Get **OUD** Treatment

1. We don't screen for it as often
2. We blame potential OUD symptoms on other causes
3. The treatments have not been well-studied in the elderly
4. The DSMV Scoring Criteria are potentially less sensitive



Taking the substance in larger amounts or for longer than intended.
Unsuccessful attempts to cut down or control substance use.
Spending a significant amount of time obtaining, using, or recovering from the substance.
Craving or a strong desire to use the substance.
Failing to fulfill major obligations at work, school, or home due to substance use.
Continued substance use despite social or interpersonal problems caused by it
Giving up or reducing important social, occupational, or recreational activities because of substance use.
Using substances in situations where it is physically hazardous.
Continued substance use despite knowing it causes a persistent or recurrent physical or psychological problem.
Tolerance (needing more of the substance to achieve the desired effect)
Withdrawal (experiencing characteristic withdrawal symptoms when substance use is reduced or stopped).

Dufort A, Samaan Z. Problematic Opioid Use Among Older Adults: Epidemiology, Adverse Outcomes and Treatment Considerations. Drugs Aging. 2021 Dec;38(12):1043-1053. doi: 10.1007/s40266-021-00893-z. Epub 2021 Sep 7. PMID: 34490542; PMCID: PMC8421190.

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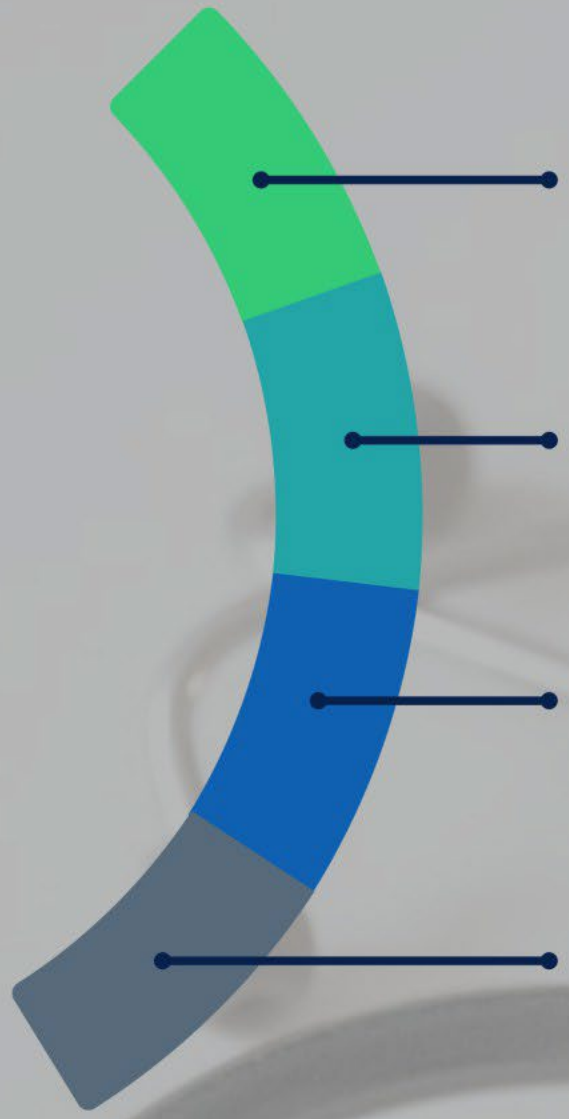
Let's Get This
RIGHT

Every patient needs to know…



Expectations with Pain

How long will it be there?

What will make it better/worse?

What isn't normal?

Goals: Functionality, not pain elimination

The role of opioids

Their Pain Management Regimen

Include non-pharmacological options

Include non-opioid pharmacological options

When is an opioid appropriate

How to Store and Dispose of Opioids

Lock them up!

Get them out of the house when done

Never reuse without permission

What to Watch For

Addiction

Overdoses

Diversion

Expectations with Pain

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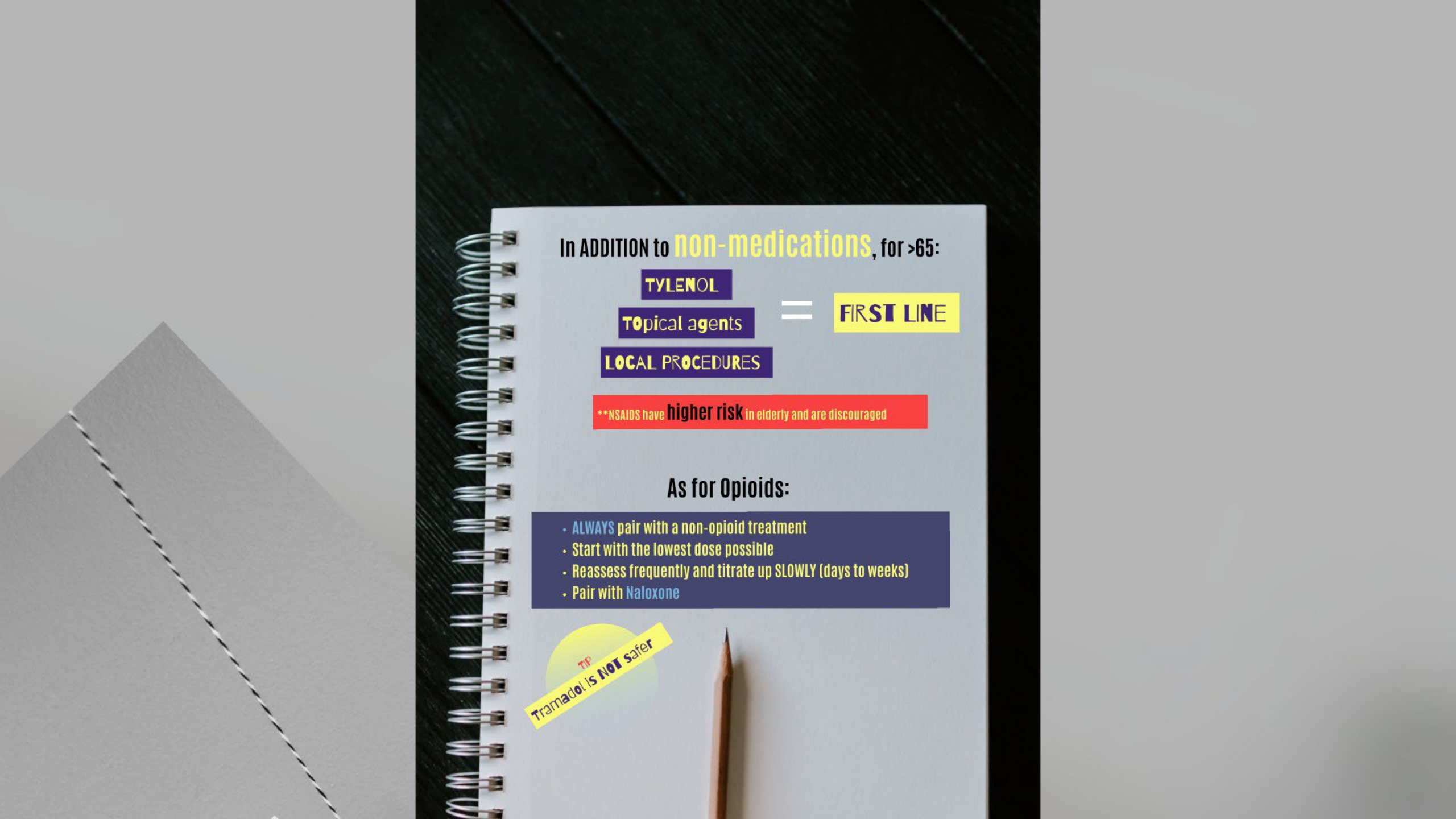
In ADDITION to non-medications, for >65:
TYLENOL
TOpical agents
LOCAL PROCEDURES
=
FIRST LINE
**NSAIDS have higher risk in elderly and are discouraged
As for Opioids:
• ALWAYS pair with a non-opioid treatment
• Start with the lowest dose possible
• Reassess frequently and titrate up SLOWLY (days to weeks)
• Pair with Naloxone
TIP
Tramadol is NOT safer

In ADDITION to non-medications, for >65:

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TOpical agents

LOCAL PROCEDURES

= FIRST LINE

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As for Opioids:

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- ALWAYS pair with a non-opioid treatment
- Start with the lowest dose possible
- Reassess frequently and titrate up SLOWLY (days to weeks)
- Pair with Naloxone

TIP

Tramadol is NOT safer

For most pain, opioids are not the go-to drug, they are the last-resort drug

Dose and Length Matter

Even SHORT TERM prescriptions come with significant risk of dependency:

OPIOID PRESCRIPTION LENGTH

ONE DAY
6%
RISK OF OPIOID USE AT ONE YEAR

EIGHT DAY
13.5%
RISK OF OPIOID USE AT ONE YEAR

ONE MONTH
30%
RISK OF OPIOID USE AT ONE YEAR

Authorization of a second opioid prescription doubles the risk for opioid use 1 year later.

(Anuj Shah1; Corey J. Hayes, PharmD1,2; Bradley C. Martin, PharmD, PhD. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR. 2017. 66(10);265–269)

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Include non-opioid pharmacological options

When is an opioid appropriate

How to Store and Dispose of Opioids

Lock them up!

Get them out of the house when done

Never reuse without permission

What to Watch For

Addiction

The DEA lists take-back locations

Medicine Dropbox

Don't let your medicine fall into the wrong hands.

Dispose of it in the dropbox located on the 1st floor of Borough Hall.

Get them out of the house when done

Never reuse without permission

What to Watch For

Addiction

Overdoses

Diversion

ADDICTION

Risks: CHRONICITY!!! Mental health issues, social stressors, hx of ANY addiction, chronic pain

Looks like problems with the 4 C's:

CONTROL

CRAVINGS

CONSEQUENCES

COMPULSION

Encourage patient and family to raise concerns!

OVERDOSE

Risks: Baseline heart or lung problems, reduced kidney or liver clearance, history of overdose/addiction

It's going to look like:

DIFFICULTY BREATHING

MINIMAL RESPONSE TO STIMULATION

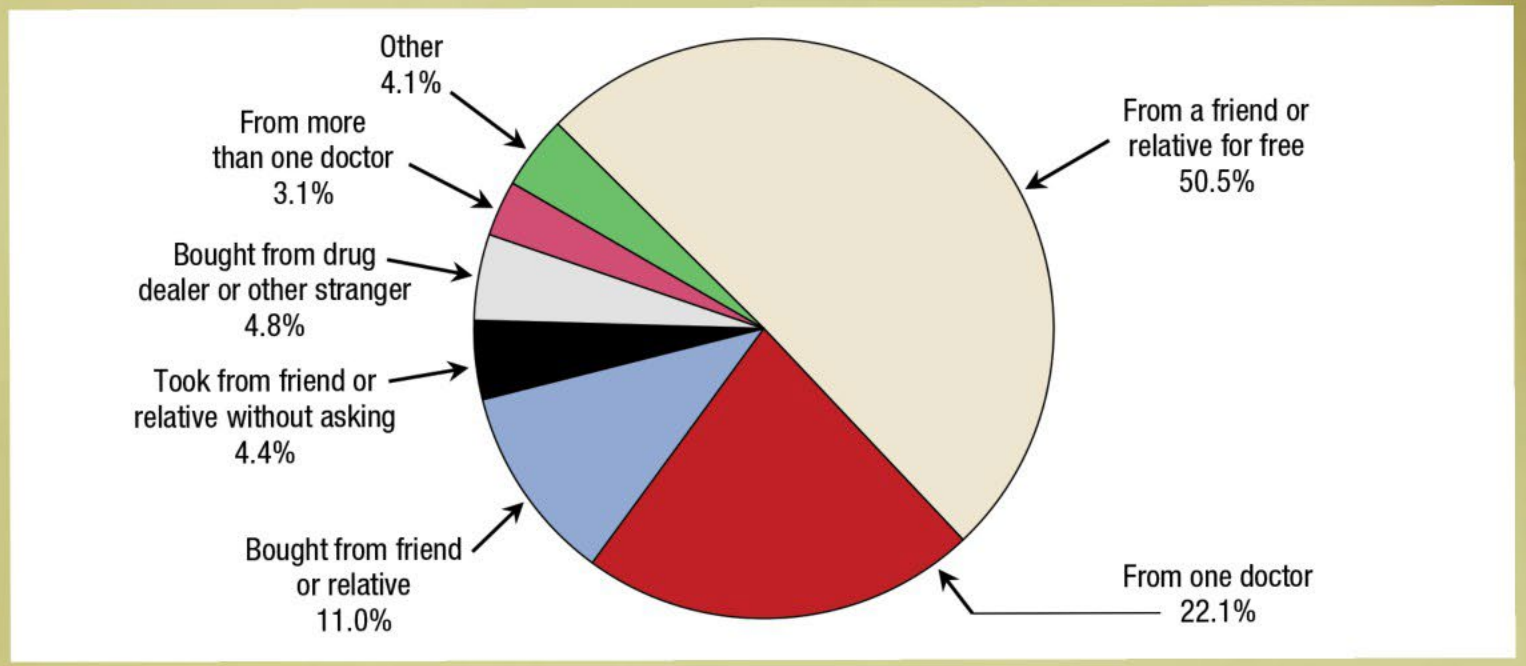
EXTREMELY SLEEPY

KEEP naloxone HANDY

Overdoses are MEDICAL EMERGENCIES-call 911

DIVERSION

These drugs have street value-keep them out of the wrong hands



SAFE OPIOID PRESCRIBING 101

ACUTE PRESCRIBING

- Complete History and Physical
- Employ non-opioid treatments +/- opioids
- Review PDMP
- Risk/Benefit Discussion (Patient Handouts)
- Reassess and de-escalate

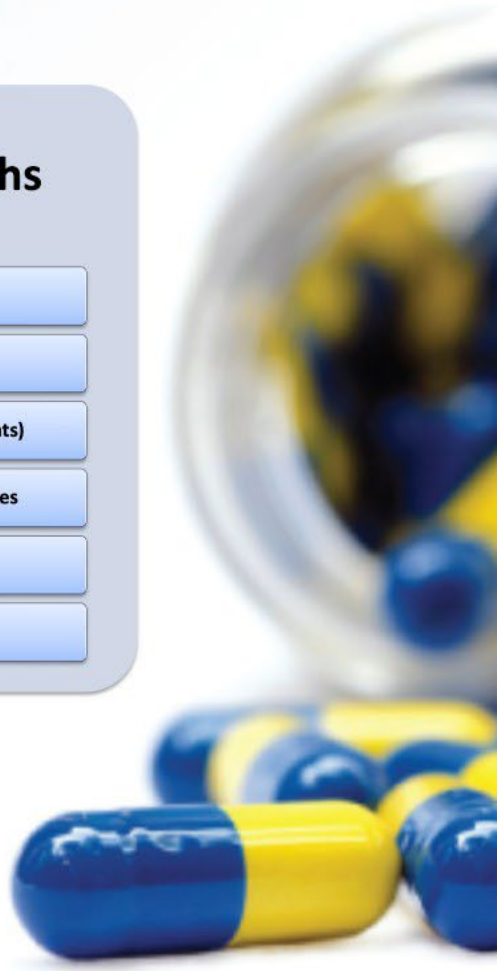
CHRONIC PRESCRIBING

Beginning of Therapy and Annually

- Physical Examination
- Past Medical/Social History
- PDMP Search Results
- Opioid Risk Tool (ORT)
- Risk/Benefit Discussion
- Baseline Urine Drug Screen
- Depression Screening (PHQ9)
- Anxiety Screening (GAD7)
- Functional Assessment (PEG)
- Opioid Therapy Agreement

Every 3 Months

- Physical examination
- Pain Intensity/Function
- Compliance (medication counts)
- Side-effects/Accidents/Injuries
- EMPOWER Tool/DSMV
- PDMP Search Results



Addiction Is

A DISEASE

Healing Takes a Village

BIOLOGICAL

MOUD (buprenorphine, methadone, naltrexone); Withdrawal medications, Antidepressants, Antianxiety, Sleep, Comorbidities

PSYCHOLOGICAL

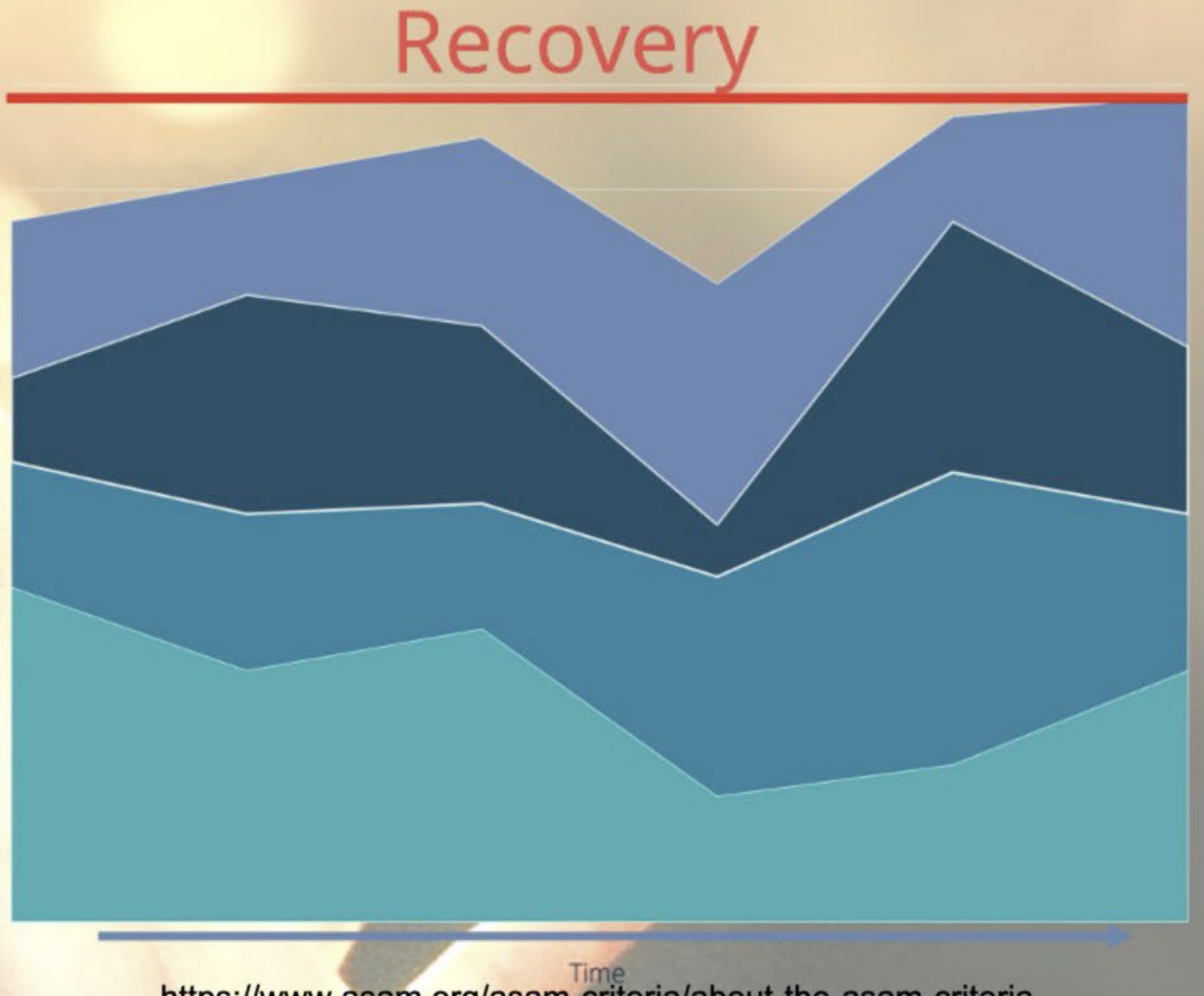
Mental health assessments, Counseling, Grief, Trauma, Relationships

SOCIAL

Relationships, Financial, Vocational, Legal, Living Conditions, Parental Rights

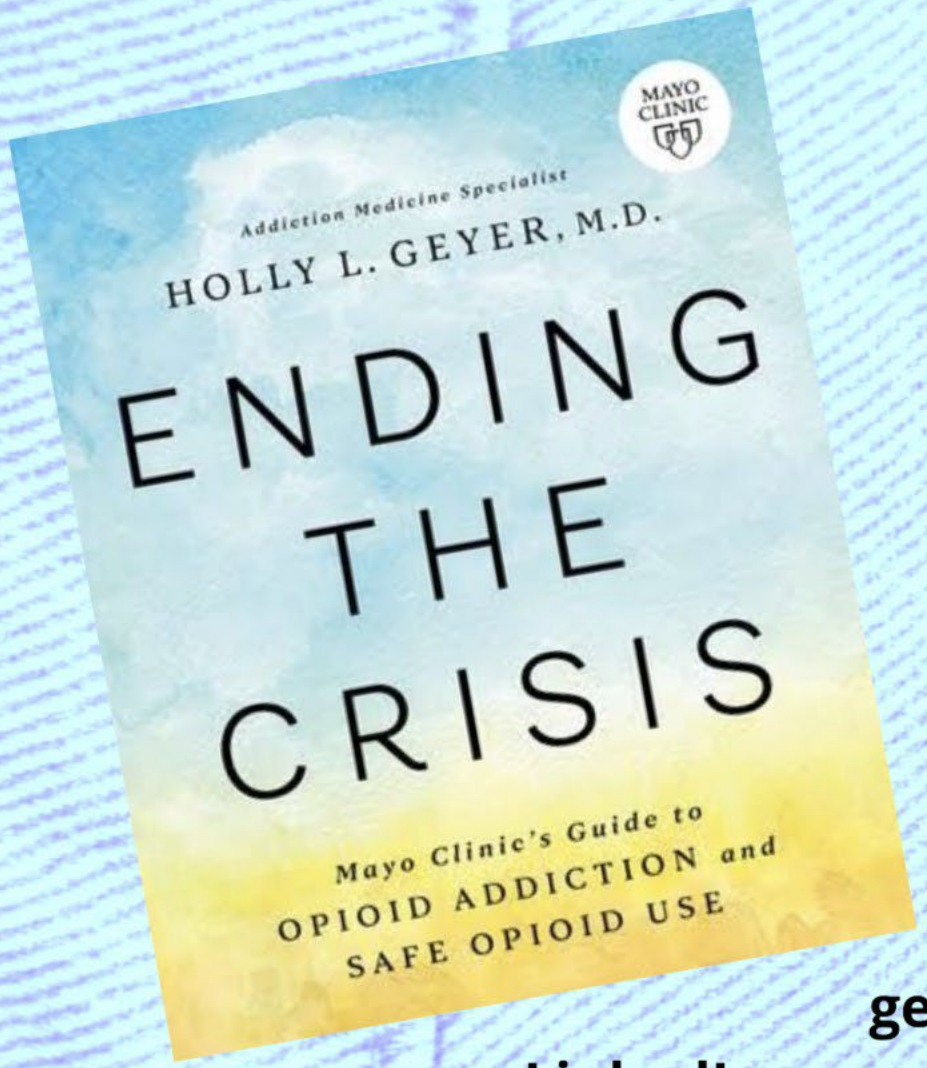
SPIRITUAL

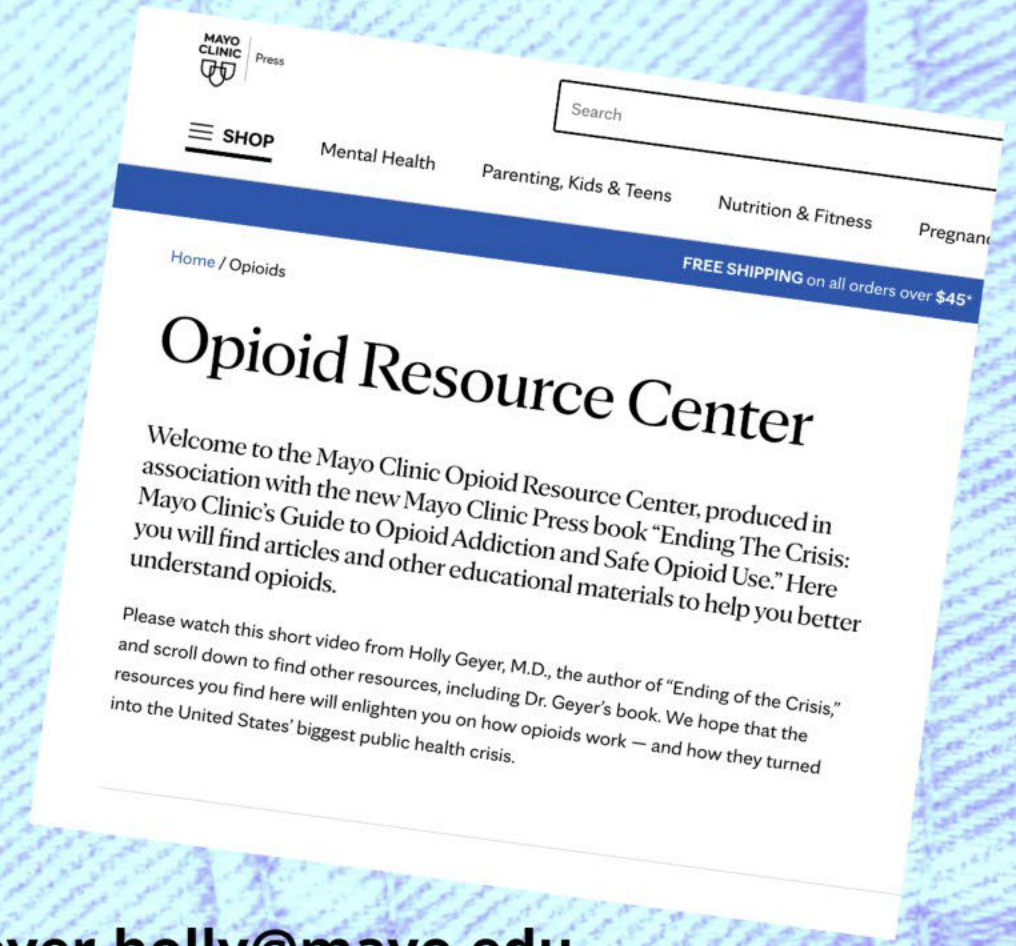
Shame, Guilt, Moral Failures, Restoration to Higher Power, Purpose



https://www.asam.org/asam-criteria/about-the-asam-criteria

Back Pocket Resources





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https://mcpress.mayoclinic.org/opioids/

Relief vs. RISK

OPIOID USE IN OLDER ADULTS

Holly Geyer, MD, FASAM

MAYO CLINIC