Opioid Prescribing in the Older Adult

Leslie Simons, DNP, ANP-BC
Assistant Professor Michigan State University College of Nursing
Objectives

• Articulate implications and considerations in opioid therapy, including the opioid misuse epidemic and influences on nursing care.

• Explain new legislation for professionals prescribing opioids and controlled substances.

• Discuss steps for safe monitoring strategies with use of Universal Precautions in pain management.
Conflict of Interest

I have no conflict of interest to report
Importance of Pain Management

- Recurrent pain affects 126 million Americans.
- 25 million adults endure daily chronic pain.
- Costs: $600 billion/year in health care & disability costs.
- 25 million Americans use illegal drugs each year.
- Estimated 20 million with substance abuse disorder.

Nahin, 2015, p. 769-780
St. Marie, Arnstein, & Zimmer, 2018, p.40
Importance of Assessment

An accurate, individualized pain assessment is the foundation for successful pain management.

Herr, Coyne, McCaffery, Manworren, & Merkel, ASPMN Position Statement, 2011
Assessment

- Institute of Medicine Statistics

- Assessment is essential

- Unrelieved Pain

- Aging Population
ANA Position Statement Summary

“Nurses have an ethical responsibility to relieve pain and the suffering it causes. The national response to the opioid crisis poses constraints for nurses in every role and practice setting. Recognizing biases and creating ethical practice environments are tactics for approaching better relief of pain and suffering.”

ANA Position Statement, 2018 p. 7
Nonpharmacological Therapies

Prior to Medication Management

- Physical/Occupational/Cognitive Behavioral Therapies
- Massage
- Chiropractic Therapy
- Acupuncture
- Aquatic Therapy
- TENS
Non Opioid Therapies

- Acetaminophen
- NSAIDS
- Gabapentin/Pregabalin
- Serotonin Norepinephrine Reuptake Inhibitors
- Muscle Relaxants
Opioid Therapy

Consider opioids only if benefits for pain or function outweigh patient risk.
Opioid Treatment for Chronic Pain

- Opioids have a role in chronic pain management.

- American Academy of Pain Medicine
  - Does not recommend opioids as first line treatment.
  - For moderate to severe pain not managed with more conservative methods.
Benefits of Opioid Therapy

Obtaining a level of anesthesia so that activities of daily living can be obtained or advanced.
Opioid Risks

- Respiratory depression.
- Alcohol induced dumping syndrome.
- Substance misuse.
- Increased risk for overdose related fatalities.
Opioid Therapy

- Appropriate selection and dosing of medications is essential.
- Opioids must be used with caution.
Initiating Opioid Therapy

Prior to initial prescription:

- Decision to proceed with medication trial.
- Specified time period.
- Established timeline /treatment goals.
- Use of tool to assess patient addiction risk.
- Baseline MAPS & UDS.
- Informed consent, and signed patient/provider agreement.
Opioid Therapy

- Selection

- Dosage
  - Lowest effective dosage
  - Less than 50 morphine mg equivalents/day
  - Long term use

- Follow up

- When to discontinue
Immediate Release Opioids

• Half life 2-4 hours.
• Use with opioid naïve patients.
• Dose adjustment every 2-3 days.
  - When pain control achieved.
  - When functional goals met.
  - When steady state maintained consider dose reduction.
Extended Release Opioids

- Half life 8-12 hours.
- Long term use.
  - Do not prescribe 2 long-acting opioids together.
  - Use extended release in the same family.
- Examples:
  - Oxycodone ER 10 mg BID supplemented with
  - Oxy IR 5 mg Q 4-6 HRS as needed for breakthrough pain.
  - Morphine ER & MSIR.
Safe Prescribing

Drug/Drug Interactions

• Avoid opioids if patient is prescribed 3 or more CNS Acting Drugs.

• Adverse Reactions
  • Cognitive Impairment
  • Sedation
  • Respiratory Depression
  • Delirium
  • Falls
Safe Prescribing

- Drug/Drug interactions
  - Benzodiazepines/Opioids
  - Non Benzodiazepine/Benzodiazepine Receptor Agonist Hypnotics
    - Do not use in those patients with respiratory depression, confusion or are a fall risk.
    - Use with caution with patients with cognitive impairment.
    - Do not use concurrently with opioids.
Safe Prescribing

- Drug/Disease interactions
- Tramadol use in patients with CNS disorders:
  - Adverse reactions:
    - Respiratory depression, confusion, falls
  - Properties of Tramadol:
    - Seizure risk at higher doses (> 8 tabs/day).
Safe Prescribing

• Guidelines for Drug/Drug interactions
  o Medication assessment.
  o Avoid opioids if patient is prescribed 3 or more CNS acting drugs.
  o Adverse reactions:
    ✓ Cognitive Impairment
    ✓ Sedation
    ✓ Respiratory Depression
    ✓ Delirium
    ✓ Falls
Safe Prescribing

- Guidelines for Drug/Drug interactions
  - Medication assessment.
  - Avoid opioids if patient is prescribed 3 or more CNS acting drugs.
  - Adverse reactions:
    - Cognitive Impairment
    - Sedation
    - Respiratory Depression
    - Delirium
    - Falls
Legislation

- New requirements for the prescribing of opioids/controlled substances.

  - House Bill 4408
    - Patient information on opioid risks.
    - Requirement for informed consent.

  - Senate Bills 166 & 167
    - Mandatory Michigan Automated Prescription System (MAPS) review.

Opioid Alert, 2018
Opioid Start Talking Form

- Public Act (PA) 246 of 2017
- The form is designed to:
  Satisfy new patient education and parental consent regulations regarding prescriptions.
- Effective June 1, 2018
Opioid Start Talking

• Helpful link to assist prescribers

• *Opioid start talking.* MDHHS-5730 (4-18a). Retrieved from https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584--,00.html
Universal Precautions in Pain Management

- Informed Consent
- Patient Prescriber Agreement
- MAPS
- Urine Drug Screening
Universal Precautions

- Predicting opioid risk & misuse is imprecise.
- Consistent application of Precautions.
- Resonant with expert guidelines.
Informed Consent/Plan of Care

Patient information regarding opioid risks.

- Requirement for informed consent.
- Required information that must be included:
  - Dangers of opioid addiction.
  - Proper disposal.
  - Delivery of controlled substance is a felony.
  - Short/long term effects of fetal exposure.

Opioid Alert, 2018
Patient Provider Agreement

Contains the following information:

• Treatment Goals
• Patient’s Responsibilities
• Refills of Medications
• Risks of Chronic Opioid Use
• Termination of Care

Patient Responsibility Agreement for Controlled Substance Prescriptions

Michigan Automated Prescription System Reports

- Mandatory MAPS checks
- All licensed prescribers in Michigan.

Exceptions:
- Prescriptions for quantities ≤ 3 day supply.
- If hospital or free standing outpatient facility & medication is administered in the facility.
Urine Drug Screening

- Random urine drug screening (UDS).

- Baseline UDS prior to prescribing opioids.

- Yearly UDS, sooner if problems(784,913),(928,936).
Professional Role

- Universal precautions
  - Used whenever opioid therapy is initiated, continued, or modified.
  - Consist of:
    - Patient/provider agreement with informed consent.
    - MAPS
    - UDS
    - Pill counts/evaluation of drug-drug interactions.
Professional Role

- APRNs have a professional responsibility to follow state and national guidelines.

- APRNs have a professional responsibility to be aware of best practices.

Hudspeth, (2016) p.213
Case Study

- 86 year old female
- Daughter accompanies her to office visit.
- Seen for Medication Evaluation
Past Surgical History

- Repair of left femur fracture
- Left hip fracture – Left Total Hip Replacement
- Repair of left wrist fracture
- Repair of left humeral fracture
Medication

- Zolpidem 5 mg 1 PO Q HS
- Gabapentin 300 mg 2 PO TID
- Alprazolam 0.25 mg 1 PO TID PRN

Anxiety

- MS Contin 5 mg 1 PO TID
- MSIR 5mg 1 PO Q 4-6 HRS PRN
Thank You!
References


References


References

