Problematic Opioid Use in Older Adults

Nonpharmacologic interventions and nonopioid treatments are preferred for persistent pain in older adults. However, opioids may be needed and considered if moderate to severe pain impacts function and quality of life an expected benefits for both pain and function are anticipated to outweigh the risks of opioid use. Steps should be taken to avoid and address problematic opioid use.

Opioids - opioids can be a safe and effective pain treatment in older adults when used according to best practice recommendations for selection, dosing and monitoring. Clinicians, however, must recognize an increasing number of older adults are affected by problematic opioid use and opioid use disorder (OUD). They can be at risk of increasing pain, multimorbidities, concurrent alcohol use disorder and depression. Opioids are associated with sedation, falls, fractures, cognitive impairment, and constipation.

Problematic opioid use - defined as the use of opioids resulting in social, medical, or psychological consequences. Opioid Use Disorder (OUD) is a form of problematic use that meets diagnostic criteria as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.

Treatment of OUD - consists of acute detoxification and maintenance therapy which is based on research of younger adults. At this time, there have been no randomized controlled trials examining the effectiveness of pharmacological interventions for OUD in this population. Opioid agonist therapy (OAT) is recommended for both stages of treatment in older adults with OUD. Buprenorphine is recommended as a first line agent over methadone in the older adult population, due to a more favorable safety profile and relative accessibility. Use of methadone in this population is complicated by risk of QT interval prolongation and respiratory depression. Available observational data suggests that older adults respond well to OAT and age should not be a barrier to treatment. Further research is required to inform treatment decisions in this population.

Addiction – refers to the loss of control over the intense urges to take the drug even at the expense of adverse consequences. It is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful and adverse consequences. which refers to the loss of control over the intense urges to take the drug even at the expense of adverse consequences. The initial decision to take drugs most often is voluntary, but continual and repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs. Addiction is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, and drug craving.

Physical Dependence- is an ordinary biological consequence of taking certain medications for weeks or years— while addiction is continued drug use that persists in the face of negative experience and consequences. Physical dependence is a state of adaptation manifested by a withdrawal syndrome that is specific to the class of drug or medication; in other words, withdrawal to anti-depressant therapy or long-term corticosteroid treatment has different symptoms than opioid withdrawal. Withdrawal can occur when the drug is suddenly stopped, or the drug dose is reduced abruptly; and changes in metabolism and other factors cause decreased blood level of the drug, and/or an antagonist (for example, naloxone) is administered.

Tolerance - is a diminished response to drugs or alcohol over the course of repeated or prolonged exposure. This mechanism allows physiological processes to achieve stability in a constantly changing environment. It is a state of adaptation in which exposure to a drug induces changes that result in a decrease of one or more of the drug's effects over time.

Important Note for Clinicians - failing to distinguish between addiction and physical dependence results in confusion and may have negative consequences for older adults. Clinicians who see evidence of tolerance and withdrawal symptoms may assume this means addiction and individuals requiring additional pain medication are made to suffer. Individuals with pain in need of opioid medications may forgo proper necessary treatment because of the fear of dependence, which is self-limiting by equating it with addiction. Studies have found that involuntary cessation of opioid pain treatment is associated with triple the risk of overdose death, as well as increased risk of suicidal thoughts and behavior.

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References

American Psychiatric Association, DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™* (5th ed.). American Psychiatric Publishing, Inc.. https://doi.org/10.1176/appi.books.9780890425596

Dufort, A., & Samaan, Z. (2021). Problematic Opioid Use Among Older Adults: Epidemiology, Adverse Outcomes and Treatment Considerations. *Drugs & aging*, *38*(12), 1043–1053. https://doi.org/10.1007/s40266-021-00893-z

National Institute on Drug Abuse Understanding Drug Use and Addiction DrugFacts | National Institute on Drug Abuse (NIDA) (nih.gov)

Szalavitz, M., Rigg, K. K., & Wakeman, S. E. (2021). Drug dependence is not addiction-and it matters. *Annals of medicine*, *53*(1), 1989–1992. https://doi.org/10.1080/07853890.2021.1995623