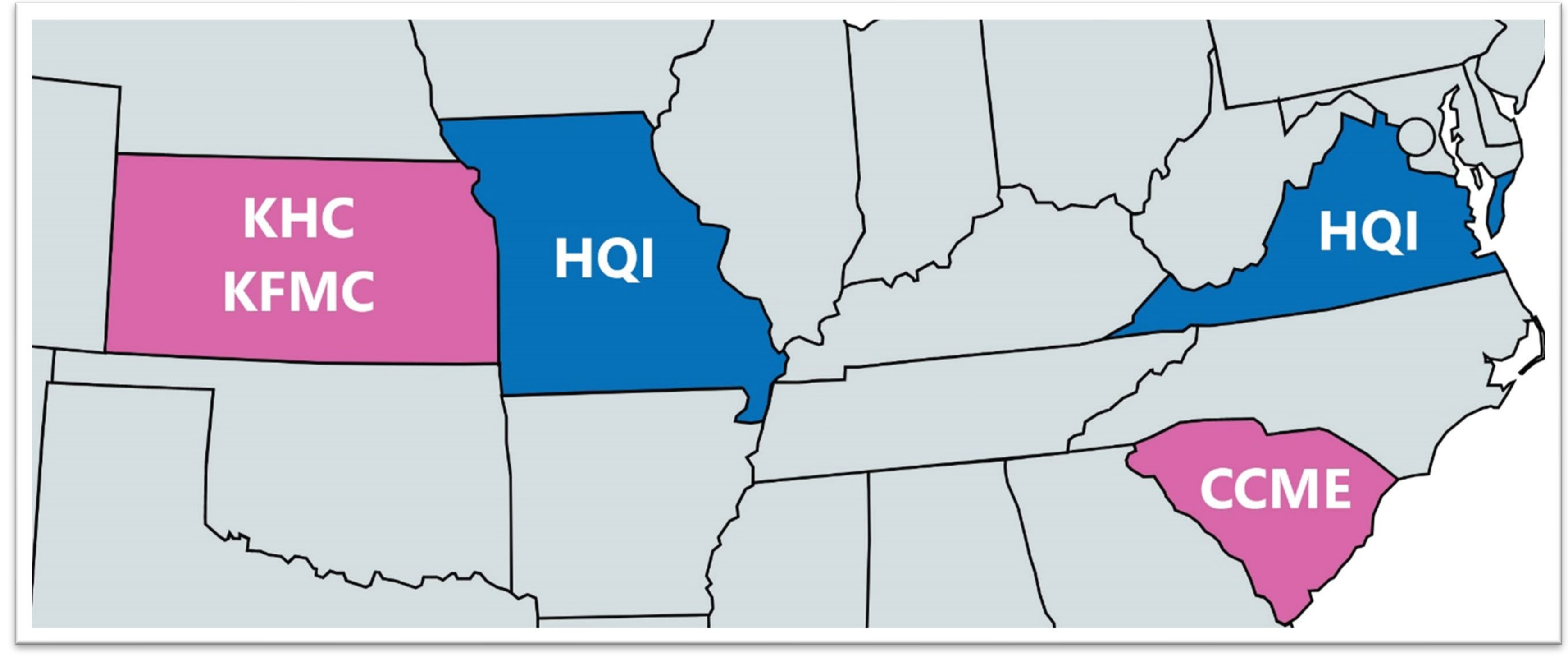
HQIN
Health Quality Innovation Network

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Opioid Risks and Overdose Prevention in Long-Term Care Facilities

February 21, 2023

Health Quality Innovation Network



Logistics – Zoom Webinar

To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

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You have been automatically muted with video turned off.

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WHO WE ARE

BEHAVIORAL HEALTH SERVICES

CHILD PLACING AGENCY

TRAFFIC SAFETY

PREVENTION SERVICES

FAMILY PRESERVATION

RESEARCH & ANALYSIS

OBJECTIVES

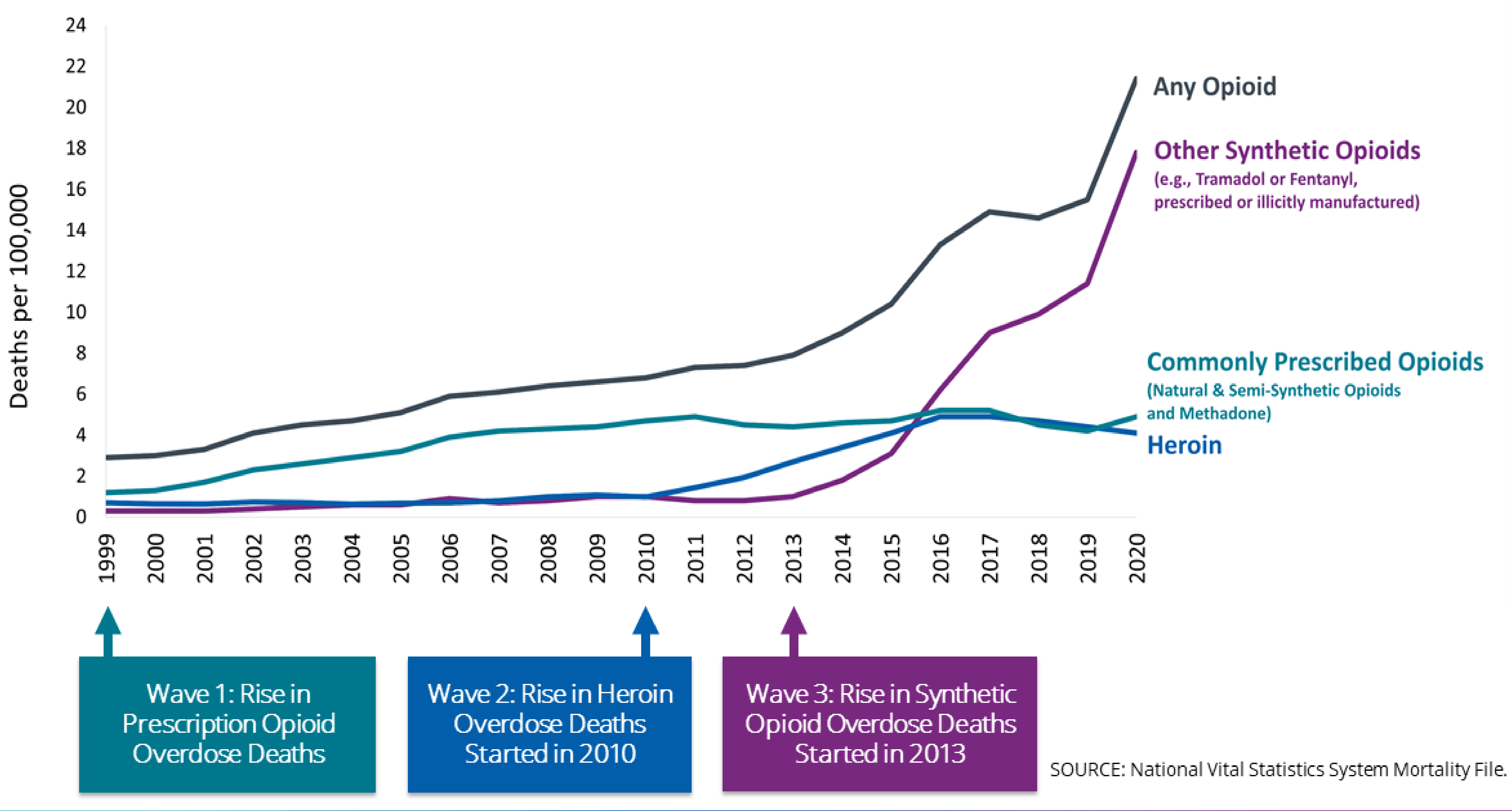
- Understand the opioid crisis-epidemic
- What an opioid is
- Impact of opioids on older adults
- Nursing home threats
- OUD, ADEs, and withdrawal symptoms
- Alternative options for pain management
- Stewardship recommendations

IMPORTANCE OF OVERDOSE PREVENTION

- Drug overdose is now the leading cause of injury death in the United States.
- 100,306 deaths in U.S. during 12-month period in 2021 – an increase of 28.5% from previous year.
- 75% of the 92,000 drug overdose deaths in 2020 involved an **opioid**.
- Overdose deaths involving opioids have increased by 8x since 1999.

https://www.cdc.gov/

Three Waves of Opioid Overdose Deaths

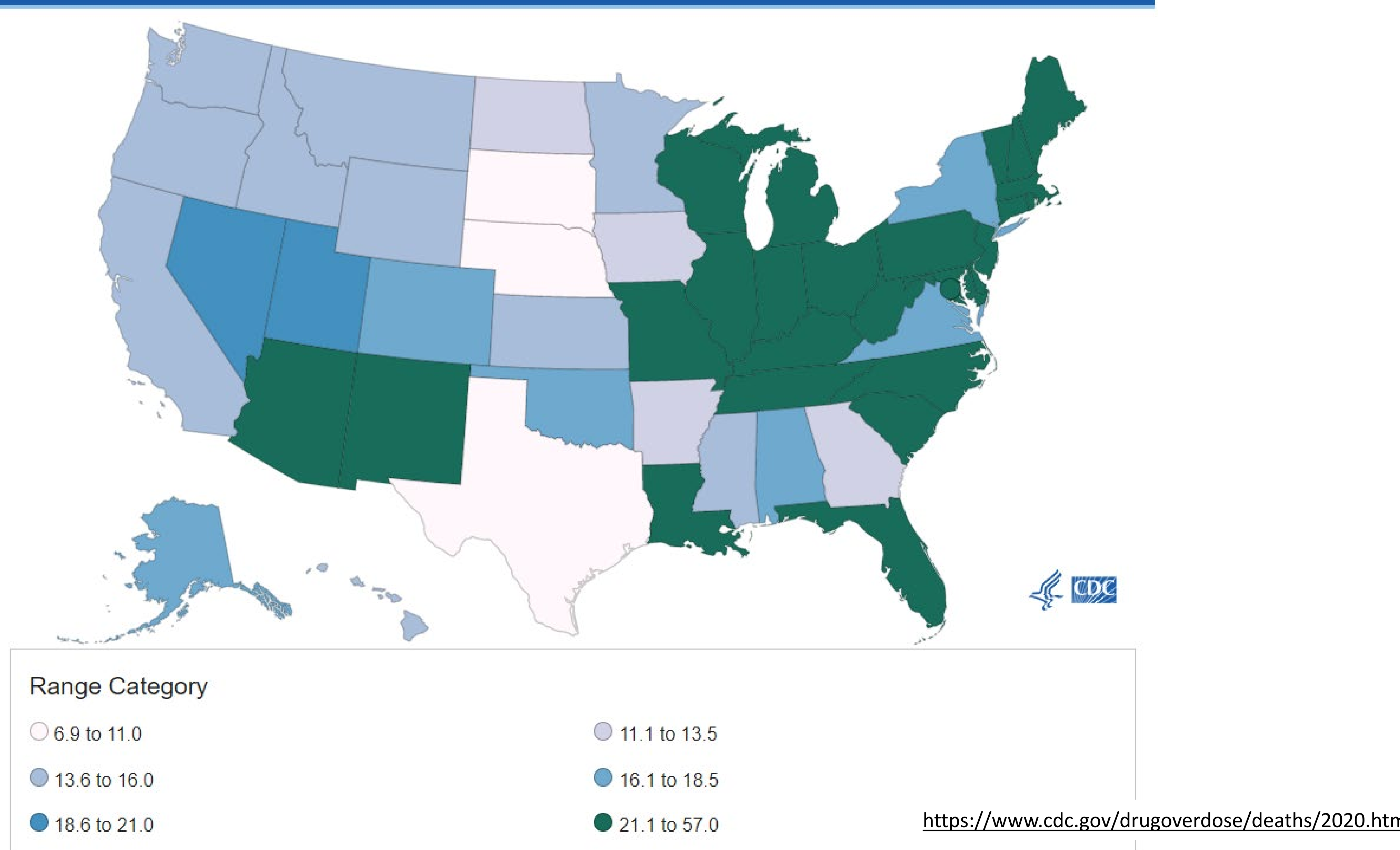


SOURCE: National Vital Statistics System Mortality File.

Opioids in America:
A Public Health Epidemic

As a result of the consequences of the opioid crisis affecting our Nation, . . . I, Eric D. Hargan, Acting Secretary of Health and Human Services, . . . do hereby determine that a public health emergency exists nationwide.

October 26, 2017



https://www.cdc.gov/drugoverdose/deaths/2020.html

Rates of drug overdose deaths for adults aged 65 and over increased from 2000 through 2020.

- Between 2000 and 2020, age-adjusted rates of drug overdose deaths for adults aged 65 and over increased from 2.4 deaths per 100,000 standard population to 8.8 (Figure 1).

Figure 1. Age-adjusted drug overdose death rate for adults aged 65 and over, by sex: United States, 2000–2020

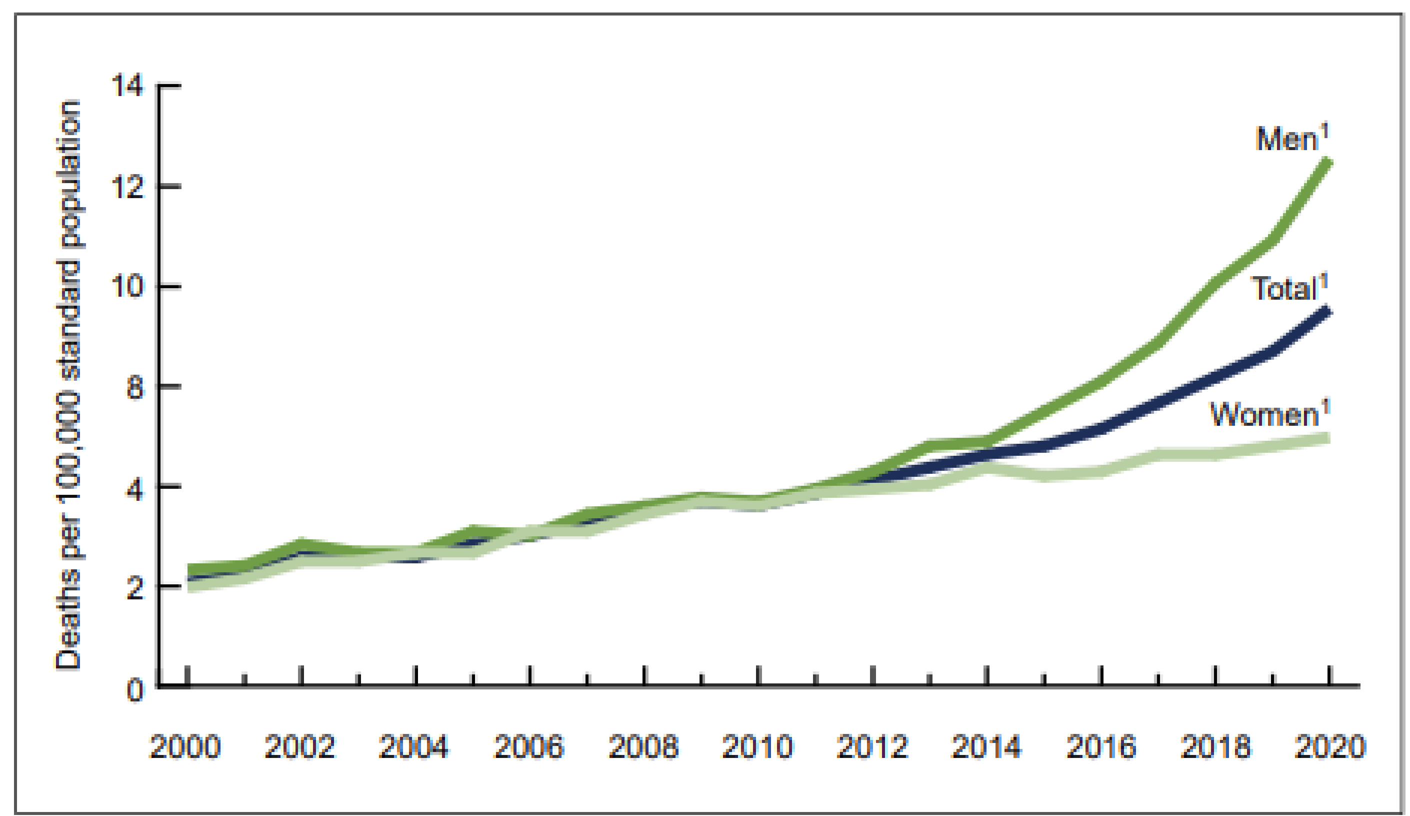


Figure 4. Age-adjusted rate of drug overdose deaths involving opioids for adults aged 65 and over, by type of opioid: United States, 2000–2020

Deaths per 100,000 standard population

3
2.5
2
1.5
1
0.5
0

2000 2002 2004 2006 2008 2010 2012 2014 2016 2018 2020

Synthetic opioids other than methadone[1]

Natural and semisynthetic opioids[2]

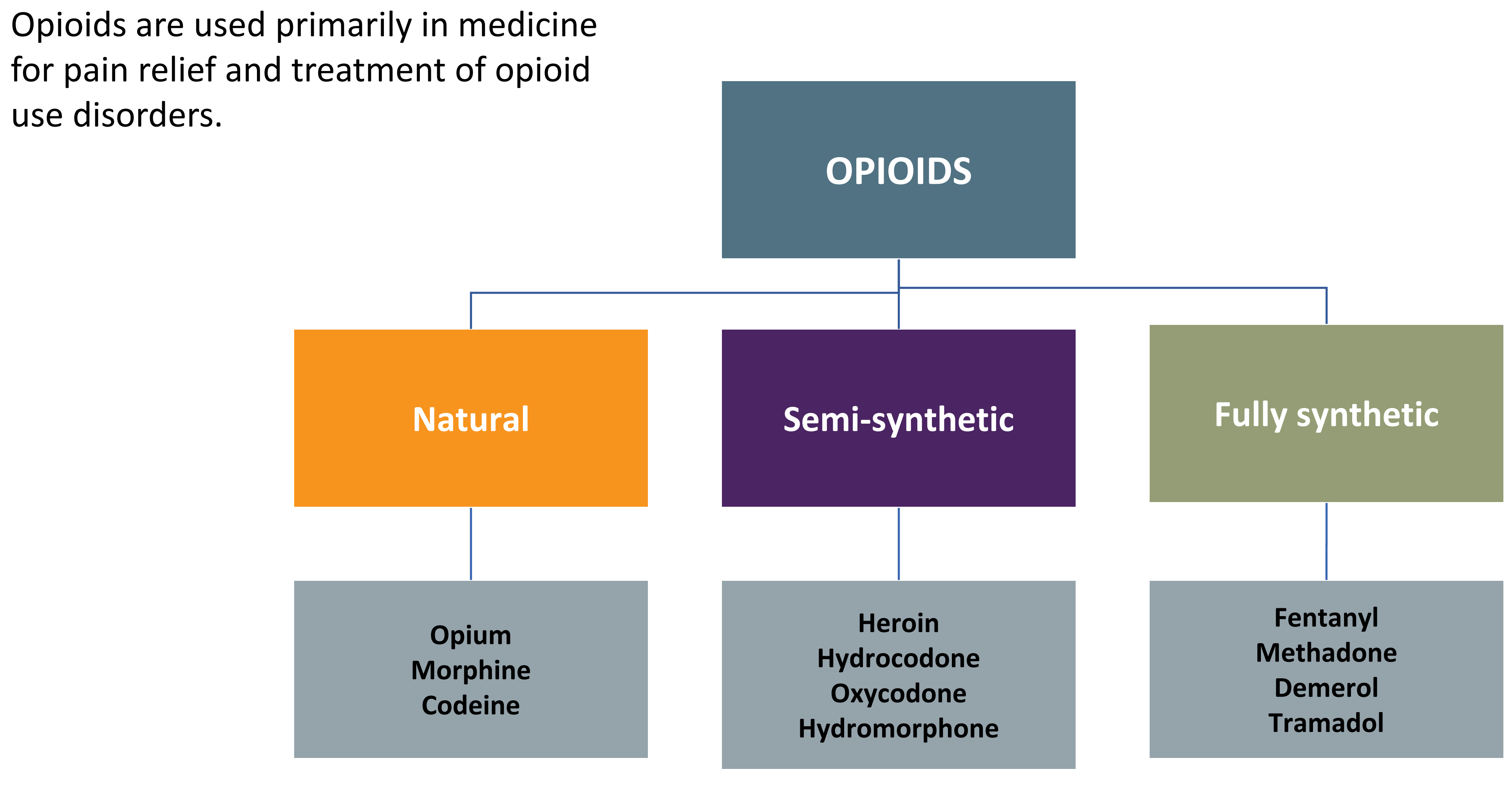
Heroin[3]

Methadone[4]

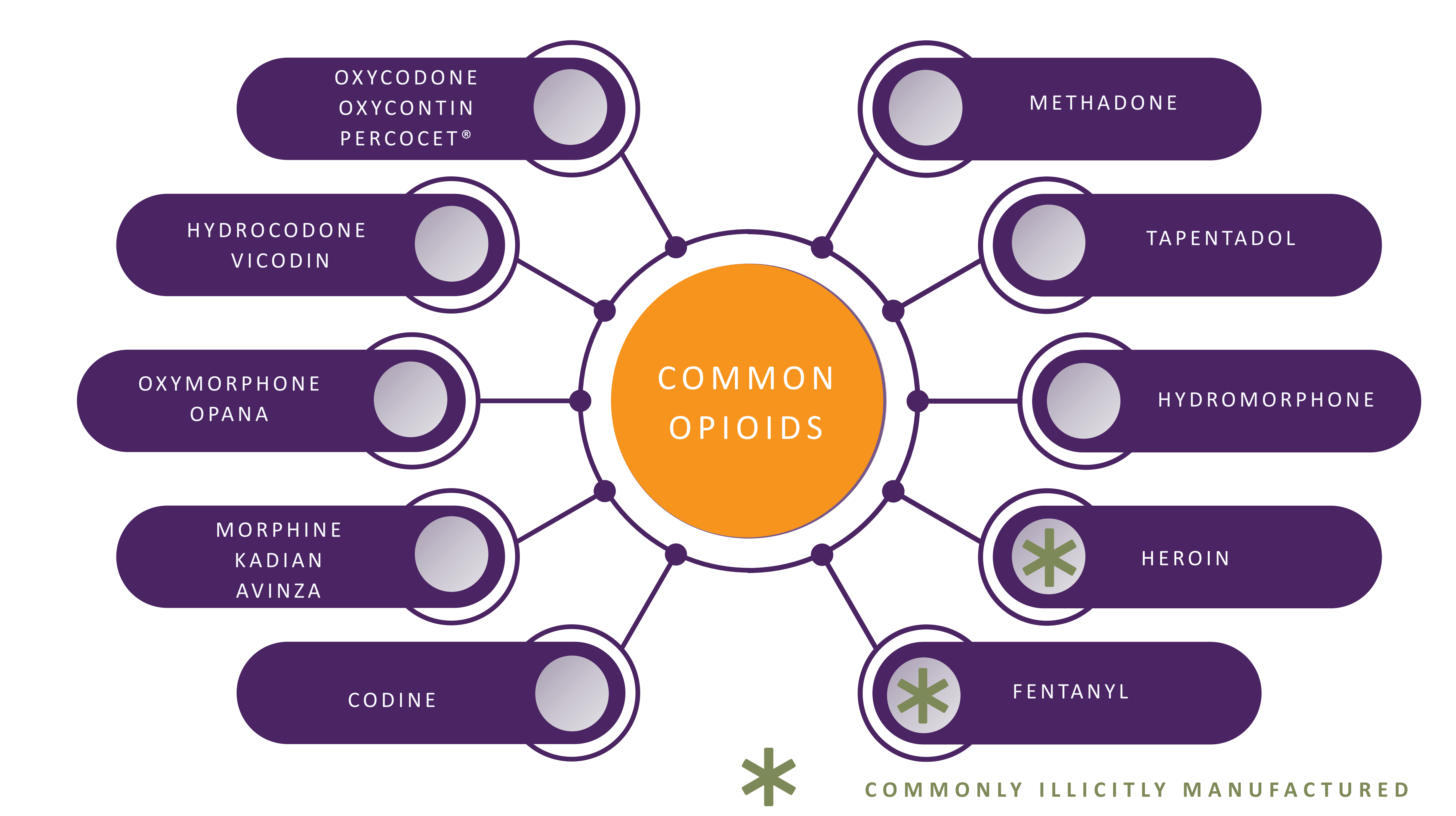
https://www.cdc.gov/nchs/data/databriefs/db455.pdf

WHAT ARE OPIOIDS?

Opioids are used primarily in medicine for pain relief and treatment of opioid use disorders.



All categories have overdose risk


OXYCODONE
OXYCONTIN
PERCOCET®
HYDROCODONE
VICODIN
OXYMORPHONE
OPANA
MORPHINE
KADIAN
AVINZA
CODINE
COMMON
OPIOIDS
METHADONE
TAPENTADOL
HYDROMORPHONE
HEROIN
FENTANYL
COMMONLY ILLICITLY MANUFACTURED

Opioid Risks

Given the high prevalence of pain among nursing home residents and the inclusion of associated measures on the Nursing Home Compare public reporting website, **pain management** is a priority concern for nursing home providers, clinicians, and oversight agencies.

Despite opioids' useful role in pain management, they are not without risk in this frail and vulnerable population.

In the nursing home setting, opioids were among the top five drugs associated with overall adverse drug events and preventable adverse drug events.

Long-acting opioids, in particular, may be associated with greater unintentional overdose injury than short-acting opioids.

As the U.S. older adult population grows with aging baby boomers, **opioid misuse** among this group is becoming more urgent

- 25% of long-term opioid users are aged 65+
- 6 out of 1,000 Medicare beneficiaries (aged and disabled) are diagnosed with opioid use disorder – one of the highest and fastest growing rates
- Women over 60 are more likely to use opioids than men

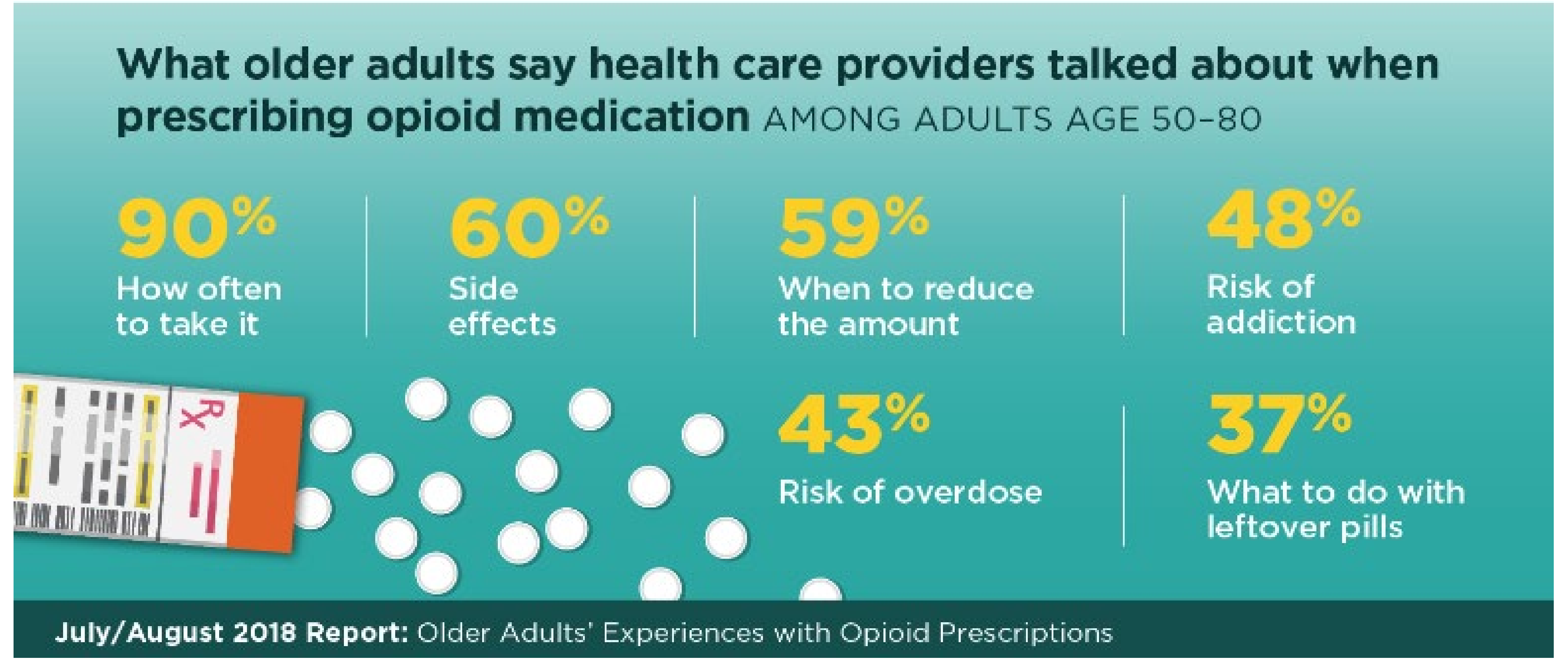
Tilly, J, Skowronski, S., Ruiz, S. (2017). The Opioid Public Health Emergency and Older Adults.

Opioid Use in Older Adults

- Persistent pain – arthritis, fractures – or post surgery
- Concerns about:
  - Sedating side effects of opioids
  - Adverse drug events- i.e., falls
  - Drug interactions

- Commonly used opioids:
  - Hydrocodone
  - Tramadol
  - Fentanyl
  - Oxycodone
  - Morphine

- Centers for Disease Control developed guidelines for managing chronic pain

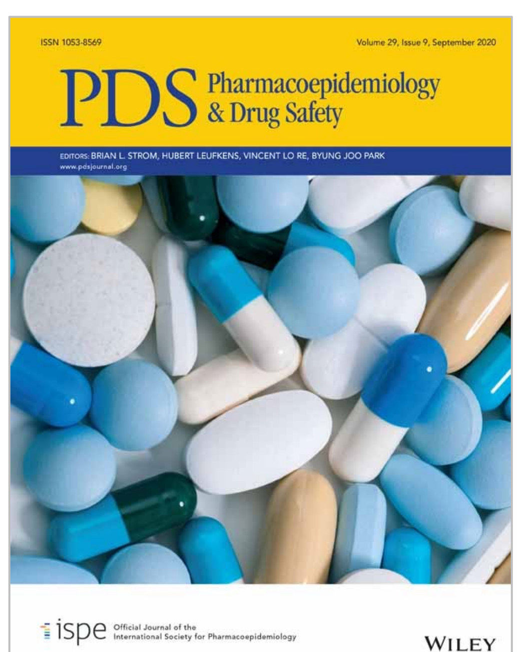


- 86% of those prescribed opioids reported keeping leftover pills

National Poll on Aging, University of Michigan, 2018.

Study points out opioid risks for hospital patients transitioning to skilled nursing facilities

"For patients or residents in those facilities, opioid risks are often compounded by the fact many of them are taking multiple drugs for multiple conditions." Also, some of those patients are frail and suffer from cognitive impairment that can make safe opioid prescribing more challenging.



Conclusion

Opioids were frequently prescribed at high doses to patients discharged to a SNF. Efforts to improve opioid prescribing safety during this transition may be warranted.

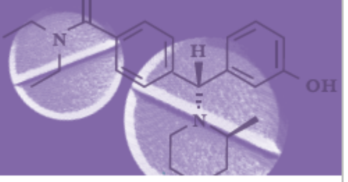
"Prescribers and pharmacists need to work together to ensure patients' pain is managed safely, and knowing which patients are most at risk can inform the best use of resources like medication counseling and other interventions."

https://onlinelibrary.wiley.com/doi/abs/10.1002/pds.5075

Opioid Use in Long-Term Care (LTC) Facility Threats

- Twice as prevalent as in community settings
- Often started on opioids in hospitals
- Concerns about drug diversion
- Pain often under-treated
- Alternatives not widely available, used
- Over-prescription
- Addiction
- Drug interactions
- Overdosing

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as 1 in 4 PEOPLE* receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Hospital Association®

CS264107C May 9, 2016

Drug Diversions

Drug Diversion Concerns (diversion by staff)

- Switching pain medications for other pills
- Forging paperwork
- Stealing drugs
- Signing out PRN pain medications purportedly at the request of residents

Drug Diversions

Older adults are sometimes being drug exploited in facility settings.

An LPN at a nursing home had an opioid addiction and took multiple medications off the medication cart one night and was found passed out at a nearby gas station after her shift. She had taken more than that day's medicine, so may have been caught later as well. She had taken a lot of those medications, near the point of overdose. The residents whose medications were taken didn't receive medications and were in pain as a consequence.

Hospice patients are getting exploited because of the number of narcotics that they are on during this type of care.

CAN YOU TELL THE DIFFERENCE?

Counterfeit Oxycodone Front

Counterfeit Oxycodone Back

Counterfeit Oxycodone Side by Side

Authentic Oxycodone Front

Authentic Oxycodone Back

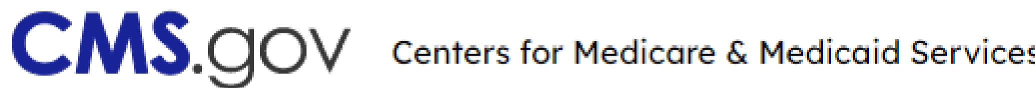
Authentic Oxycodone Side by Side

(DEA)

NON-PRESCRIBED PILLS DO NOT
COME WITH AN INGREDIENT LIST
*THIS IS A DEADLY DOSE OF FENTANYL
DEA

What other diversion issues are you seeing or are concerned about?

Adverse Effects



- Preventable harm threat in nursing homes due to the high amounts of drugs that a resident is taking.
  - Average 8 or more drugs per day.
  - About half of nursing home patients report having pain and more than 15% take a long-term opioid.
- 2 million ADE per year in nursing homes
  - 10 per month in an average nursing home
  - 1 in 7 go back to the hospital because of the ADE
  - About 1/3 are preventable
  - Prescribing, administration or drug-drug interaction issues.
    - They occur everywhere, prescribing, dispensing, nurses missing doses, giving the wrong dose, not monitoring patients after they increase the dose of an opioid.
  - Nursing home patients on opioids have a 60% increased risk of fractures and there are a lot of falls.

Risk Factors – increase the potential for Adverse Drug Event

- Routine use of opioid medications
- High dosage of opioid
- Opioid naive (someone who has not been taking opioids)
- Opioids used in combination with sedatives or other medications
- History of opioid misuse or opioid use disorder
- Opioid tolerance
- Severe pain
- Dehydration – low fluid intake
- History of head injury, traumatic brain injury or seizures

Some Signs and Symptoms

(Any of these may indicate an ADE related to opioid use, may have occurred)

- Falls
- Hallucinations
- Delusions
- Disorientation or confusion
- Light-headedness, dizziness, or vertigo
- Lethargy or somnolence
- Agitation
- Anxiety
- Unresponsiveness
- Decreased
  - BP
  - Pulse
  - Pulse oximetry
  - Respirations

ADE Interventions:

- Administration of Narcan (Naloxone)
- Transfer to hospital – ED
- Call to physician regarding new onset of relevant signs or symptoms
- Abrupt stop order for medication

Existing Substance Use Disorder

Hospitals and elder care facilities now report seeing more elderly patients arrive with opioid addiction or other substance use disorder.

Patients tend to be living with another condition and during treatment, their addiction or dependency emerges.

In turn, facilities have had to identify nonpharmacologic strategies for pain management.

Patients may enter SNF with a recovery care plan.

Opioid Use Disorder (OUD)

is a problematic pattern of opioid use that causes significant impairment or distress.

Key Facts

- Millions of people in the U.S. are living with opioid use disorder (OUD).
- OUD occurs when opioid use causes significant impairment and distress.
- A diagnosis of OUD is based on specific criteria such as unsuccessful efforts to cut down or control use or use resulting in a failure to fulfill obligations at work, school, or home, among other criteria.
- About 2.7 million people in the United States report suffering from OUD.
- Overdoses are a leading injury-related cause of death in the United States and appear to have accelerated during the COVID-19 pandemic.
- OUD is a medical condition that can affect anyone – regardless of race, gender, income level, or social class.
- Common treatment options for OUD include medications for opioid use disorder (including methadone, buprenorphine, naltrexone).

Symptoms of Opioid Use Disorder

- Physical dependence
- Increasingly heavy, frequent, unhealthy or risky use
- Cravings
- Drowsiness
- Change in sleep habits
- Weight loss
- Frequent flu-like symptoms
- Lack of hygiene
- Isolation
- Stealing from family, friends or business
- New financial difficulties

Opioid Withdrawal Symptoms

- Sweating
- Chills
- Anxiety
- Agitation
- Muscle aches
- Insomnia
- Abdominal cramping
- Nausea
- Vomiting

Withdrawal symptoms may increase in severity over 72 hours before beginning to ease. Unlike withdrawal from other drugs such as alcohol or benzodiazepines, withdrawal from opioids is uncomfortable but rarely life-threatening. Treatment can include supportive measures to ease symptoms and help ensure the person is safe, including administering methadone or buprenorphine.

Complications

Along with the risk of addiction, elderly patients experience specific complications from long-term opioid use, even when directed and monitored by a medical professional:

- Incontinence
- Fall risks
- Higher rates of hospital stays and readmission
- Fractures
- Cognitive decline

Also, **not prescribing an opioid** can negatively affect this population. Older adults recovering from surgery or living with pain:

- Have a higher likelihood of depression and falls
- May take longer to recover from a procedure
- May end up utilizing more healthcare resources

For these adults, an opioid not only helps with pain relief but provides a greater degree of independence and enables them to continue with therapy and other treatments.

Other Concerning Side Effects

In addition to the serious risks of opioid use disorder and overdose, prescription opioids can have a number of side effects, even when taken as directed:

- **Tolerance—meaning you might need to take more of a medication for the same pain relief**
- **Physical dependence—meaning you have symptoms of withdrawal when the medication is stopped**
- **Increased sensitivity to pain**
- **Constipation**
- **Nausea, vomiting, and dry mouth**
- **Sleepiness and dizziness**
- **Confusion**
- **Depression**
- **Itching and sweating**

Reducing Opioid Adverse Drug Events

- https://www.hsag.com/globalassets/12sow/opioid-stewardship/quick-tips-for-prescribers_opioids_508.pdf

Reducing Opioid Adverse Drug Events

Prescriber Tips:

- Nonpharmacologic therapy (physical therapy, exercise, cognitive behavioral therapy) and nonopioid pharmacologic therapy (non-steroidal anti-inflammatory drugs [NSAIDs], tricyclic antidepressants [TCAs], serotonin and norepinephrine reuptake inhibitors [SNRIs], anticonvulsants) are preferred for chronic pain.[1]
- Before initiating opioid therapy, it is essential to perform a comprehensive assessment:[2]
  - Pain condition, general medical history, psychosocial history, functional history, psychological evaluation, substance use history, addiction risk screening, assessment of previous therapy
    - Screening tools to assess patient's risk for opioid misuse or addiction: Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP®-R); Current Opioid Misuse Measure® (COMM); Opioid Risk Tool (ORT); and Diagnosis, Intractability, Risk, Efficacy (DIRE)[3]
- Review prescription drug monitoring program (PDMP) database and consider use of urine drug testing (UDT) and risk assessment tools to assess opioid misuse.[1, 2]
  - PDMP assists in making informed clinical decisions regarding the appropriateness of a controlled substance prescription by assessing data of previously filled controlled substance prescriptions.
  - UDT assesses for prescribed medications and for other controlled prescriptions and illicit drugs.
- Establish realistic and measurable treatment goals with all patients with regard to pain relief and improvement in function.[1, 2]
  - Discuss risks, benefits, and limitations of treatments.
- When initiating opioid therapy, immediate-release instead of extended-release/long-acting opioids should be prescribed using lowest effective dose for the shortest duration.[1]
- Routine monitoring and vigilance are critical to ensure effective and safe use of opioids.[1, 2]
  - At each visit, assess and document patient pain and function using validated tools and assess appropriateness of opioid regimen.
  - Advise patients about common effects of opioids such as constipation.

Alternative Pain Management Options

Patients with pain should receive treatment that provides the greatest benefit. Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that nonopioid treatments, including nonopioid medications and nonpharmacological therapies **can** provide relief to those suffering from chronic pain, and are safer.

Nonopioid therapies include:

- Nonopioid medications such as acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs), and selected antidepressants and anticonvulsants
- Physical treatments (e.g., heat therapy, acupressure, spinal manipulation, remote electrical neuromodulation, massage, exercise therapy, weight loss)
- Behavioral treatment (e.g., cognitive behavior therapy, mindfulness-based stress reduction)

https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022
Recommendations and Reports / November 4, 2022 / 71(3);1–95

This clinical practice guideline addresses the following areas:

1. Determining whether or not to initiate opioids for pain
2. Selecting opioids and determining opioid dosages
3. Deciding duration of initial opioid prescription and conducting follow-up
4. Assessing risk and addressing potential harms of opioid use

Opioid Prescribing Guidelines

https://www.cdc.gov/opioids/healthcare-professionals/prescribing

The 2022 Clinical Practice Guideline is intended to help clinicians:

- Improve communication with patients about the benefits and risks of pain treatments, including opioid therapy for pain
- Improve the safety and effectiveness of pain treatment
- Mitigate pain
- Improve function and quality of life for patients with pain
- Reduce the risks associated with opioid pain therapy (including opioid use disorder, overdose, and death)

Stewardship Strategy Recommendations for Nursing Homes

- First, nursing home practitioners who prescribe opioids should do so based on thoughtful interprofessional assessment indicating:
    - A clear indication for opioid use
    - Inadequate response to non-pharmacologic treatments
    - Inadequate response to appropriate non-opioid pharmacologic treatments
    - Appropriate response that justifies risks and benefits of continued opioid use

- Second, nursing home practitioners who manage patients prescribed opioids have a responsibility to minimize the risk of adverse events, dependency and diversion by:
    - Never prescribing long-acting opioids for opioid naïve patients
    - Tapering opioids to the lowest dose necessary to maximize functional ability
    - Tapering and stopping opioids when risks outweigh benefits
    - Prescribing opioids at the time of discharge in a quantity that represents the minimal amount necessary to transition the resident to a follow-up appointment

Stewardship Strategy Recommendations continued

- Third, nursing home and hospice medical directors, as part of the inter-professional team, have a responsibility to:
  - o Oversee policies and processes that guide appropriate prescribing and use of opioids
  - o Participate in efforts to prevent opioid diversion
  - o Provide ongoing education related to opioid prescribing, safety and monitoring

- Fourth, legislation, regulations and other policies:
  - o That prevent needed access to opioids for relief of symptoms are unacceptable
  - o Should be consistent across states with respect to the nursing home resident and patient population
  - o Must promote access to substance use disorder specialists
  - o Must reduce barriers to obtaining medications used to treat opioid dependence

https://paltc.org/?q=opioids%20in%20nursing%20homes

Pain Assessment & Management Program (PAMP) Implementation

Skilled Nursing Facility (SNF) PAMP Assessment

Facility Name: ______________________ **CCN:** __________ **Assessment Date:** ________ **Completed by:** ____________________

Work with your interdisciplinary leadership team to complete the following assessment. Each item relates to PAMP elements that should be in place for a successful PAMP in your facility. The PAMP assessment is supported by published evidence and best practices including but not limited to the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), the Joint Commission, National Quality Forum (NQF), the Institute for Healthcare Improvement (IHI) and state government recommendations. Select one of the implementation status options on the right for each assessment item.

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
Commitment					
1. A facility-wide leadership team is in place with representatives from various departments and disciplines—including administrators, nursing, activities, social services, and medical director—who are responsible for pain management and safe opioid practices.[i]	☐	☐	☐	☐	☐
2. The medical director/nurse practitioner/physician assistant of your facility are required to review the Prescription Drug Monitoring Program (PDMP) database prior to prescribing or renewing opioids.[ii]	☐	☐	☐	☐	☐
3. Your facility uses screening tools to identify residents who are or may have been at risk for opioid use disorder (OUD).[iii]	☐	☐	☐	☐	☐
Action					
4. Your facility has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand.[iv]	☐	☐	☐	☐	☐
4.1 Your facility reassesses/responds to the resident's pain through the following:					
a. Evaluation and documentation of response(s) to pain intervention(s).	☐	☐	☐	☐	☐
b. Progress toward pain management goals including functional ability.	☐	☐	☐	☐	☐
c. Side effects of treatment.	☐	☐	☐	☐	☐
d. Risk factors for adverse events caused by the treatment.	☐	☐	☐	☐	☐

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
...npharmacological ways to manage their pain.[v]	☐	☐	☐	☐	☐
...cility combines them with nonpharmacologic and ...age, acupuncture, mindfulness, hypnosis, music therapy, ...).[vi]	☐	☐	☐	☐	☐
...residents to clinics that offer medication-assisted ...n with behavioral therapies for OUD.[vii]	☐	☐	☐	☐	☐
... in some way (e.g., performance improvement project ...erformance Improvement [QAPI] agenda, written or ...y reports, prescriber reports reflecting morphine ...scribed, electronic health record [EHR] alerts, and ...zodiazepines and opioids).[viii]	☐	☐	☐	☐	☐
...providers with ongoing education and training to improve:					
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
...sed upon clinical need.	☐	☐	☐	☐	☐
...[x]	☐	☐	☐	☐	☐
... regarding pain management, pain treatment plans, and ...ns to residents, families, and caregivers.[x]	☐	☐	☐	☐	☐

Open Response:

1. **What do you believe is going well in your organization related to opioid stewardship (please provide any tools you are using)?**

2. **What are some of the barriers you are facing with your opioid stewardship?**

3. **What are your organizational goals surrounding opioid stewardship?**

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- Opioids are one of the leading causes of preventable adverse drug events in long-term care facilities. Analysis of data related to adverse events and development of prevention strategies are necessary to increase quality and safety of patient/resident care.

- Solutions to these problems require coordination among nursing home administrators, nurse leaders, and physician leadership to promote quality initiatives, evidence-based approach to pain assessment and allocate resources for safe pain management.

- Prescription Drug Monitoring Programs (PDMPs) aggregate prescribing and dispensing data submitted by pharmacies and dispensing practitioners. When used together with other assessment strategies and tools, PDMPs can assist providers in preventing misuse and diversion of prescription medications.

- Patient-provider communication and education is an opportunity to engage the patient or resident and his or her family in a discussion on the pain management plan and opioid safety.

Resources https://healtheknowledge.org/course/

SBIRT (Screening, Brief Intervention and Referral to Treatment)

(OASAS) SBIRT for Health and Behavioral Health Professionals

View Description and Enroll

Substance Use Disorders in Special Populations

Older Adults and Substance Use Disorders

View Description and Enroll

Substance Use Disorder Basics

Tour of Motivational Interviewing

View Description and Enroll

Opioid Use Disorder Treatment

Opioid Prescribing Guidelines, Alternatives for Pain Management, and Addiction Warning Signs

View Description and Enroll

Education and Communication

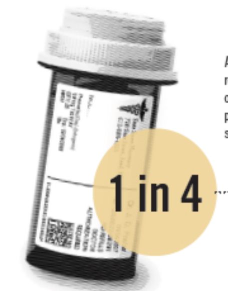
PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT

UNDERSTANDING PRESCRIPTION OPIOIDS

Opioids are natural or synthetic chemicals that relieve pain by binding to receptors in your brain or body to reduce the intensity of pain signals reaching the brain. Opioid pain medications are sometimes prescribed by doctors to treat pain. Common types include:

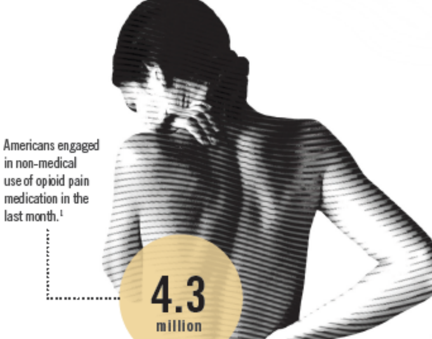
- Hydrocodone (e.g., Vicodin)
- Oxycodone (e.g., OxyContin)
- Oxymorphone (e.g., Opana), and
- Morphine

Opioids can have serious risks including addiction and death from overdose.



1 in 4

As many as 1 in 4 people receiving prescription opioids long term in a primary care setting struggles with addiction.



Americans engaged in non-medical use of opioid pain medication in the last month.[1]

4.3 million

[1] National Survey on Drug Use and Health (NSDUH), 2014

OPIOIDS AND CHRONIC PAIN

Many Americans suffer from chronic pain, a major public health concern in the United States. Patients with chronic pain deserve safe and effective pain management. At the same time, our country is in the midst of a prescription opioid overdose epidemic.

- The amount of opioids prescribed and sold in the US quadrupled since 1999, but the overall amount of pain reported hasn't changed.
- There is insufficient evidence that prescription opioids control chronic pain effectively over the long term, and there is evidence that other treatments can be effective with less harm.

PRESCRIPTION OPIOID OVERDOSE IS AN EPIDEMIC IN THE US

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE I www.cdc.gov/drugoverdose/prescribing/guideline.html

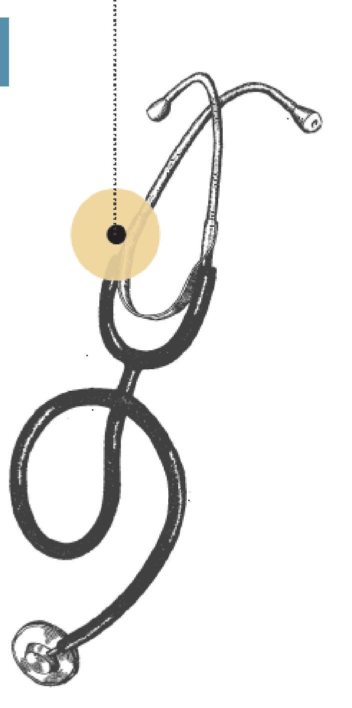
IMPROVE DOCTOR AND PATIENT COMMUNICATION

The Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* provides recommendations to primary care doctors about the appropriate prescribing of opioid pain medications to improve pain management and patient safety:

- It helps primary care doctors determine when to start or continue opioids for chronic pain
- It gives guidance about medication dose and duration, and on following up with patients and discontinuing medication if needed
- It helps doctors assess the risks and benefits of using opioids

Doctors and patients should talk about:

- How opioids can reduce pain during short-term use, yet there is not enough evidence that opioids control chronic pain effectively long term
- Nonopioid treatments (such as exercise, nonopioid medications, and cognitive behavioral therapy) that can be effective with less harm
- Importance of regular follow-up
- Precautions that can be taken to decrease risks including checking drug monitoring databases, conducting urine drug testing, and prescribing naloxone if needed to prevent fatal overdose
- Protecting your family and friends by storing opioids in a secure, locked location and safely disposing unused opioids



GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

CDC developed the *Guideline for Prescribing Opioids for Chronic Pain* to:

- Help reduce misuse, abuse, and overdose from opioids
- Improve communication between primary care doctors and patients about the risks and benefits of opioid therapy for chronic pain

LEARN MORE I www.cdc.gov/drugoverdose/prescribing/guideline.html

FAST FACTS: Safety Precautions for Opioid Use

Older adults are at higher risk of medication-induced side effects from opioid use due to normal changes related to aging. Having two or more diseases or medical conditions make older adults more at risk for adverse effects. Side effects of common pain treatments can be a deterrent to good pain control, especially with older adults who are physically vulnerable. It is extremely important to communicate with your loved one's healthcare provider to monitor opioid use and follow all safety precautions.

✓ **Key Principles**

- Because older adults are more sensitive to medication side effects, monitoring for and preventing issues is important.
- When prescribing opioids, your loved one's healthcare providers should start at a lower dose and adjust the dose based on patient's response and reported side effects.
- Due to adverse effects, the following medications should be used with caution and should be discussed with the provider: codeine, meperidine, NSAIDs (e.g. ibuprofen, naproxen).
- Be cautious with use of combination medications that include acetaminophen (i.e. Tylenol) as the amount of acetaminophen can add up and be dangerous if over the recommended total daily limit of 4 grams.
- Report all medications that include acetaminophen to the provider.
- Because constipation is a common opioid-induced side effect in older adults, when an opioid treatment is started for your loved one a routine laxative should also be prescribed. The dose of laxative should be increased as the dose of opioid is increased.
- Tolerance is the body's normal response to continued exposure to a medication and can result in a reduction of the side effect over time. Such tolerance can develop to most opioid side effects *except* constipation.

✓ **Overview of Common Opioid Side Effects**

- Constipation, nausea, dizziness, and urinary retention.
- Higher risk of falls and fractures when taking opioids.
- Increased of delirium
- Prolonged side effects should be reported to your loved one's health care provider for further medication management

geriatric pain.org

Information for Older Adults

✓ **What Else You Should Do**

- Write down and share information about your loved one's pain with their healthcare provider
- Use a Pain Diary to note important information useful to the healthcare provider
- Encourage your loved one to try a non-drug treatment and document the impact on their pain in their Pain Diary

References:

1. William D. Dhey, M.L. (2014). Naloxegol for Opioid-Induced constipation in Patients with Noncancer Pain. N Engl J Med.
2. Rogers E, Mehta S, Shengelia R, Reid MC. Four strategies for managing opioid-induced side effects in older adults. Clin Geriatr. 2013:21.
3. Argoff C, Brenna J, Camilleri M, Davies A, Fudin J. Consensus Recommendations on Initiating Prescription Therapies for Opioid-Induced Constipation. Pain Medicine, Volume 16, Issue 12, December 2015, Pages 2324-2337.
4. Safety Considerations when using opioids for older adults. Jennifer Pruskowski PharmD, Rollin Wright MD, Neal Sprissler PharmD, Mamta Bhatnagar MD. Palliative Care Network of Wisconsin, accessed 12/17/2020.

Used with permission of K. Herr, PI, Cancer Pain in Elders: Promoting EBP's in Hospices; NCI Grant R01CA115363; Adapted from AHRQ Grant RO1 HS 10482; M. Titler; PI; Revised 5/1/21.

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Next Step for Workshop Training

February 28th @ 12:00 pm ET

Overdose Prevention
RECOGNITION, RESPONSE, AND ADMINISTRATION OF NALOXONE

RESOURCES

- https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20221130.htm
- https://www.cdc.gov/nchs/products/databriefs/db455.htm
- https://aspe.hhs.gov/sites/default/files/documents/68687c9e1d32acf7e6b63d1255c307b0/ltc-settings-opioid-use.pdf
- https://today.oregonstate.edu/news/study-points-out-opioid-risks-hospital-patients-transitioning-skilled-nursing-facilities
- https://www.trantololaw.com/law-firm-blog/nursing-home-negligence/opioids-nursing-home-patients/
- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Adverse-Events-NHs
- https://ltcombudsman.org/issues/pain-management
- https://www.cdc.gov/opioids/healthcare-professionals/prescribing
- https://geriatricpain.org/non-drug-pain-management-interventions
- https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf
- https://dpt2.samhsa.gov/treatment/

Thank You!

Deanne Armstrong

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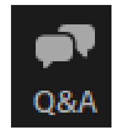
VISIT WWW.DCCCA.ORG FOR MORE RESOURCES

Questions? Comments? Share With Colleagues What is Working or What is Difficult for Your Team!

Raise your hand to ask a question



Type a question by clicking the **Q&A** icon

Don't hesitate to ask a question at any time during the presentation of the remaining slides

Next Session:
Overdose Prevention

Tuesday, February 28, 2023
12:00 p.m. EST | 11:00 a.m. CST

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To all essential care giving teams supporting residents and families,

Thank you for attending

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