

# PAIN CONTROL AND OPIOID USE IN GERIATRIC POPULATIONS

## OVERVIEW



Chronic pain is present in **25-50% of older** adults and increases with age.

## SCREENING

Be suspicious of increases in pain above baseline as pathologic pain promoters are much more likely with advanced age.



Utilize similar screening tools for general **screening, addiction risk, opiate withdrawal, ongoing assessment and monitoring.**



**Co-occurring Mental Health Conditions and Sleep:**

Geriatric Depression Scale (GDS)	GAD-7 Anxiety
PC-PTSD	SLUMS
MoCA	STOP-Bang Questionnaire (OSA)

**Dementia Pain Scale**  
**PAINAD**

## GENERAL CONSIDERATIONS

If giving opioids draft a safety plan for safe storage and administration

Stay with the least complicated regimen

Think about respiratory risk (COPD) and sleep apnea before prescribing opioids

Always co-prescribe Naloxone with opioids

Follow universal precautions outlined in the life saver steps

## TREATMENTS

**Treatable not curable.**

**Set realistic goals with patients**

- Improvement versus zero pain
- Functionality versus zero pain



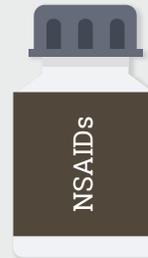
**Use modalities other than medication:**

PT, OT, CBT, biofeedback, meditation, sleep restoration, nutrition, stress reduction, massage, acupuncture, music, movement, etc.

## NON-OPIOIDS

Preferred over opioids

Acetaminophen 1st line treatment for mild chronic pain.



- Start low and go slow
- No greater than two weeks of use
- Tailor to cardiac and GI risks
- Prescribe gastro-protective agent

Antidepressants used for pain in elderly all have increased side effects



SSRIs & SNRIs best for neuropathic pain



TCAs-Use caution associated with cardiac risks

## Anticonvulsants

Little utility due to side effects and risks

Transdermal lidocaine-useful to treat neuropathic and localized nociceptive pain

## OPIOID

Geriatric patients are more sensitive to the effects of opioids.

Start low-Use 30-50% of recommended doses and titrate slowly (no more than 25% increases)

Opioids can cause mental clouding

Use for short durations, no greater than 7 days

To avoid opioid constipation, use prophylactic laxative therapy

Risk for Falls-Avoid prescribing opioids



**Medicated Assisted Therapy for Opioid Use Disorder** Avoid Methadone. Buprenorphine acceptable

