PAIN CONTROL AND OPIOID USE IN GERIATRIC POPULATIONS

OVERVIEW

Chronic pan 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