Chronic Pain Treatment in Older Adults

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Disclosures

- No disclosures
Learning Objectives

- Understand why Opioid Disorder is of particular concern for older adults
- Become familiar with the risks associated with Opioid Use among older adults
- Compare Oregon’s experience with Opioid–related hospital and ED utilization to the Nation as a whole
- Understand how Self–Management Programs fit into the Treatment of Chronic Pain in a community setting
Introduction

Opioid Use Disorder:

- Affects people of all ages, ethnicities, genders, income classes and geographic areas
- Symptoms include: strong desire for opioids; inability to control use; failure to meet obligations; continued use despite social problems; development of tolerance; much time spent seeking opioids; and withdrawal symptoms (APA, 2013)
- Long term opioid use is defined as use on most days for more than 3 months (Dowell et al., 2016)
Multiple painful chronic conditions resulting in long term opioid use
- 40% of older adults report pain (Le Roux et al., 2016)
- Emotional Pain: Accumulated traumatic experiences, increase loss & disability
- Erosion of social roles over time
- Physically, medications affect more strongly & slower to leave system
- Regimen of multiple medications and increase risk for interaction
Opioid Use Among Older Adults

- CDC found opioid use in the past 30 days – 7.9% (60+)
  - Women more than Men
- 25.4% of long term users of opioids are 65+
- 2002–2014 opioid use doubled among those 65+
- 2016 – 1/3 of Medicare Part D benes had Opioid Rx
  - 500,000 beneficiaries use very high amounts
  - Differs by state; e.g. Alabama – 46% of Part D beneficiaries
Risks Associated with Opioid Use

- Excessive Sedation & Respiratory Depression
- Increased impairment in vision, attention and coordination
- Increase in Falls
- Higher risk of death, e.g. veterans (Larney et al., 2015)
- Increase hospital and ED use; 85% & 112.1% respectively (Weis et al., 2017)
- Vary from State to State: e.g. Wyoming: 133.9 per 100,000
  Oregon: 599.9 per 100,000
Rate of opioid-related hospital stays by age group in Oregon 2012 to 2015

The rates (per 100,000) of people 65 and older and of people age 45-64 increased by 70% between 2012 and 2015. However, people 65 and older were hospitalized at the highest rate of any age group for all years analyzed.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year</th>
<th>Rate</th>
<th>Percent Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;45</td>
<td>2012</td>
<td>293</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>315</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>360</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>406</td>
<td>29%</td>
</tr>
<tr>
<td>45-64</td>
<td>2012</td>
<td>299</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>359</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>436</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>508</td>
<td>70%</td>
</tr>
<tr>
<td>65+</td>
<td>2012</td>
<td>415</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>475</td>
<td>15%</td>
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<tr>
<td></td>
<td>2014</td>
<td>600</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>704</td>
<td>70%</td>
</tr>
</tbody>
</table>

Red figures represent the percent increase in rate since 2012.

Source: Agency for Healthcare Research and Quality
Graphic by Melissa Lewis, Oregonian/OregonLive

2015 state rates of opioid-related hospital stays* per 100,000 people age 65 and older

*This rate does not include emergency room visits.

- Oregon: 704
- Washington: 609
- Minnesota: 427
- Montana: 426
- Colorado: 395
- Tennessee: 376
- California: 353
- Wisconsin: 342
- North Dakota: 336
- Illinois: 292
- Missouri: 286
- Florida: 281
- South Dakota: 255
- Virginia: 248
- Ohio: 248
- Kentucky: 239
- Kansas: 214
- New Jersey: 210
- Iowa: 204
- Hawaii: 202
- Nebraska: 295
- Vermont: 287
- West Virginia: 175

The median national rate for 2015 is based on data from 23 states. The remaining states and Washington, D.C., did not provide data.

Source: Agency for Healthcare Research and Quality
Graphic by Melissa Lewis, Oregonian/OregonLive
Chronic Pain Treatment Options

“Opioids are moderately effective for pain relief of 3 months or less but generally not be long term use” (CDC, Dowell et al., 2016)

Treatment Alternatives:

- **Stepped Therapy**: patient centered approach + multiple techniques
  - Including: cognitive behavioral therapy, physical therapy, pharmacologic therapies, acupuncture, exercise, massage, and mindfulness meditation
- **Self-Management**: helps individual learn to cope with lifestyle changes that comes with living with Chronic Conditions & Chronic Pain.
Chronic Pain Self-Management Program

- Originally, developed by Sandra LeFort in 1996 at McGill University in conjunction with Stanford Patient Education Research Center (Dr. Lorig)
- Updated in 2015; all participants receive the Living a Healthy Life with Chronic Pain
  - Exercise component
  - 2.5 hours per session; 1 session per week x 6 weeks
  - Increases a person’s self-confidence to manage their pain
  - Uses principles of cognitive behavioral therapy, cognitive restructuring, and self-efficacy
Subjects Covered

- Techniques to deal with frustration, fatigue, isolation and poor sleep
- Exercises to improve & maintain strength, flexibility and endurance
- Appropriate use of medications
- Healthy Eating
- Pacing rest and activity
- How to communicate with doctor, family and friends
- How to evaluate new treatments
“I highly recommend this succinct, readable and extremely useful and informative book for clinicians and people with chronic pain.”

— STEVEN D. FEINBERG, MD, Feinberg Medical Group, past president of the American Academy of Pain Medicine

Living a Healthy Life with Chronic Pain

Sandra M. LeFort, MN, PhD • Lisa Webster, RN
Kate Lorig, DrPH • Halsted Holman, MD
David Sobel, MD, MPH • Diana Laurent, MPH
Virginia González, MPH • Marian Minor, PT, PhD

Includes the Moving Easy Program CD, offering a set of easy-to-follow exercises you can do at home

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For Chronic Pain Self-Management Classes in your area, contact:

ADRC @ 1–855–ORE–ADRC or 1–855–673–2372

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Improving pain management and opioid safety for older adults (55+)

• **Target:** primary care providers, clinic staff, pain specialists, and behavioral health specialists
• **Program:** web-based / printable resources and online training
• **Primary Outcomes:** reduced opioid prescriptions, opioid–benzodiazepine overlaps, and opioid–related hospitalizations
1. Communication strategies for opioid safety for older adults and caregivers
2. Recommendations for non-pharmacological pain management tailored to older adults
3. Guidelines for opioid medication safety monitoring and prescribing for older adults
4. Screening for and treating opioid use disorder among older adults

Video content

- Interviews with 11 local and national subject matter experts, along with two patients
- Eight videos (two videos per topic area)
- 20–30 minutes in length
- All content reviewed by a member of the Oregon Geriatrics Society

Core Topics
RELIEF’s Successes

- Website and course fully launched April 2018
- 40 clinics recruited across four Oregon regions
- Data Use Agreements obtained for evaluation measures
- Statewide launch on track for Fall 2018!

For information about RELIEF contact Lindsey Alley at 503–382–3929 or lalley@healthinsight.org
QUESTIONS?

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