Pain Management and Prevention of Medication Misuse and Abuse Among Middle Aged and Older Adults.

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Medication Misuse

- The use of a drug for purposes for which it was NOT intended or using a drug in excessive quantities
- Can lead to dependence and possible addiction
- This can be willful or unintentional
  - i.e. sharing a prescription drug with a friend
  - “snorting” ground up tablets which were intended for oral use
Medication Abuse

- Compulsive, excessive and self damaging use of habit forming drugs or substances leading to dependence, addiction.

- Medication Abuse is often associated with medications categorized by the DEA, examples of these would be drugs used to treat pain, anxiety or sleep.

- In this demographic, most medication abuse is accidental.
  - Poly-Pharmacy
  - Physiological changes due to age
  - The major two types of medicines abused in this group are Opioids and Benzodiazepines.
Most pain in the elderly is musculoskeletal and can be treated successfully with acetaminophen around the clock (3000mg/24hrs).

NOT ALL PAIN is the SAME!!

ACUTE and CHRONIC

ACUTE pain is not a “cute” pain, it normally lasts for less than 3 months. ACUTE pain, if not treated effectively, can lead to CHRONIC pain.

CHRONIC pain is persistent and usually extends beyond 3 months. This will be the main focus of this presentation.

Perceptions PAST and PRESENT
Goals of Pain Management

- Proper assessment in order to determine proper treatment modalities (Do not chase pain - ATC vs Prn)
- Early intervention
- Recovery from underlying disease or injury
- Eliminate or manage pain to acceptable levels
- Reduce potential drug/ drug interactions, ADEs
- Prevent addiction
- Follow established treatment modalities using the WHO pain ladder.
WHO pain ladder

- **Step 1: mild pain**
  - Non-opioid plus an optional adjuvant. If pain persists or increases, go to step 2.
  - Examples acetaminophen, ibuprofen, celebrex
- **Step 2: moderate pain**
  - Non-opioid plus an optional adjuvant plus a weak opioid, if pain persists or increases go to step 3.
  - Codeine, tramadol
- **Step 3: severe pain**
  - Non-opioid plus an optional adjuvant plus a strong opioid.
  - Morphine, oxycodone, fentanyl, oxymorphone, hydromorphone
According to the National Drug Threat Assessment of 2017, opioid use disorder and fatalities are at epidemic proportions.

What is an Opioid and how does it work?

- Deaths due to overdoses are the leading cause of injury deaths, greater than deaths from firearms, motor vehicle crashes and deaths from homicide.
- As of 2015 as many as 140 deaths were recorded daily. A large percentage of these deaths are the result of controlled prescription drugs. Most of which are opioid analgesics.
Impact

- Costs
- Family dynamic changes
- Loss of productivity
- Physiological affects without death
- Increase in medical costs

Who is the real face of Opioid Addiction?
Strategies for Improvement

Education
Statewide prescription drug monitoring programs
Changes in prescribing practices
The use of Naloxone (Narcan)
DEA’s National Prescription take back day
Drug treatment centers