



ECHO IDAHO: **Opioids, Pain & Substance Use Disorders**

Opioids and Long-Term Care

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Raise the Bottom

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Opioid Use in SNF Population

Skilled Nursing Facility Population

- Long term care ⁽¹⁾
 - Disabled individuals due to advanced physical health problems or major neurocognitive disorders requiring 24-hour assistance with activities of daily living
 - Majority of these individuals will call LTC home for the rest of their life
- Sub acute rehab ⁽¹⁾
 - Provides support (PT, OT, Nursing, CNA) for recovery of function after acute hospitalization.
 - Majority discharge home
 - Nearly 25 percent of older adults will spend time in a nursing facility
 - Minority (5-7%) will transition to LTC due to insufficient progress towards recovery of function

Common Pain Conditions in LTC

- Osteoarthritis: ~23% ⁽²⁾
- Low back pain: ~29-55% ⁽²⁾
- Neuropathy: ~15% ⁽²⁾
- Obesity as indirect contributor to pain
 - Diabetic neuropathy, joint pain

Opioid Use in SNF population

- Analysis of Medicare Part D beneficiaries ⁽³⁾
 - one-in-three received an opioid such as oxycodone or fentanyl in 2016
 - 500,000 average morphine equivalent (MME) dose of >120 mg per day
 - 69,563 average MME >240 ⁽⁴⁾
 - 73% of LTC residents prescribed at least 1 opioid over 1 year timeframe
 - Risk of being on opioids long term
 - 13.5% if initial opioid duration >7 days
 - 29.9% if initial opioid prescription > 30 days

Opioid Risk in SNF Population

- Age associated changes in pharmacokinetic and pharmacodynamic actions of medications ⁽⁵⁾
 - Changes in Kidney, liver, GI, body composition
- Overdose, falls, sedation, decline in ADLs, delirium, irritability, constipation, urinary retention, memory impairment, endocrine effects, addiction/abuse ⁽¹⁾
 - Tolerance and hyperalgesia, patient's pain may worsen as dosing is increased.
- Polypharmacy: 7+ medications incidence of adverse drug event 88%
 - On average LTC residents are on 7 daily medications ⁽⁶⁾
- In 2025 DHS expected to release report of Nursing facility drug overdoses
 - Difficult to find current data on SUD in LTC population ⁽¹⁰⁾

Opioid Alternative Therapy

- All patients with pain should receive treatment that provides the greatest benefits relative to risks ^(7, 8)
- Physical Therapy, physical exercise, weight loss, biofeedback, CBT for Pain
- Acetaminophen, NSAIDs, SNRI/TCA, Gabapentin/pregabalin, Capsaicin, lidocaine patches

Opioids for Pain (CDC 2022)

- Nonopioid therapies are at least as effective as opioids for many common acute pain conditions ^(7, 8)
- Insufficient evidence to determine long-term benefits of opioid therapy for chronic pain with increased risk for serious harms
- Maximize use of nonopioid pharmacologic therapy
- Opioid therapy for severe traumatic injuries, invasive surgeries
 - Lowest effective dose for expected duration and severity ^(7, 8)
- Consider buprenorphine due to safety advantages ⁽⁹⁾

Patient Examples

- 54 yo female, primary diagnosis paraplegia. Initial opioid hydromorphone 2mg Q3hr. Currently on Buprenorphine 1mg TID, Celebrex 100mg BID. Currently on 14 medications scheduled, 38 if supplements and PRN included
- 65 yo male, primary diagnosis chronic respiratory failure. Seeing pain management, overdosed in facility on Oxycodone 20mg 5x daily, Morphine ER 15mg Q12 hr
- 66 yo Female, primary diagnosis acute respiratory failure. Initial opioid Percocet 10-325 Q4hr. Currently on buprenorphine 1mg TID

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