

How Addiction as a Disease Affects Older Adults



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Opioid Overdose Death in Older Adults

Overdoses Age 20-59 years

- 19% with SUD
- 6% misuse
- 70% suicidal intent
- 55.7% females

Overdoses Age 60+

- 7% with SUD
- 7% misuse
- 86% suicidal intent
- 68.2% females

West et al, Trends in abuse and misuse of prescription opioids among older adults, 2015

Overdose Deaths are the Tip of the Iceberg

For every **1** prescription or illicit opioid overdose death in 2015 there were...



18 people who had a substance use disorder involving heroin

62 people who had a substance use disorder involving prescription opioids

377 people who misused prescription opioids in the past year

2,946 people who used prescription opioids in the past year

Results from the 2015 National Survey on Drug Use and Health: Detailed Tables <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab1-23a>

Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm65051e1>.

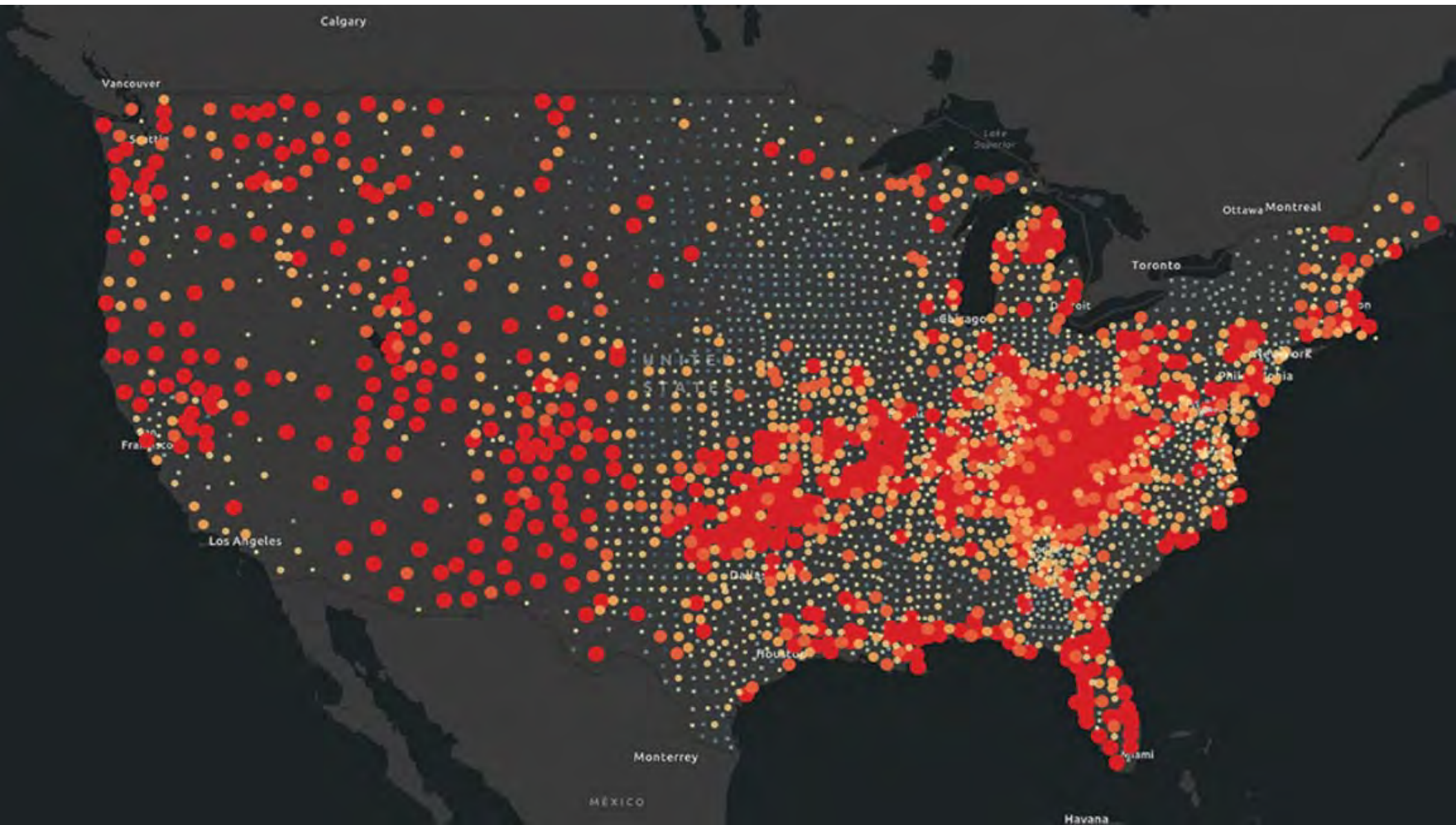
Adults Age 50+ with SUD

2002-2006: 2.8 million
adults age 50+ with SUD

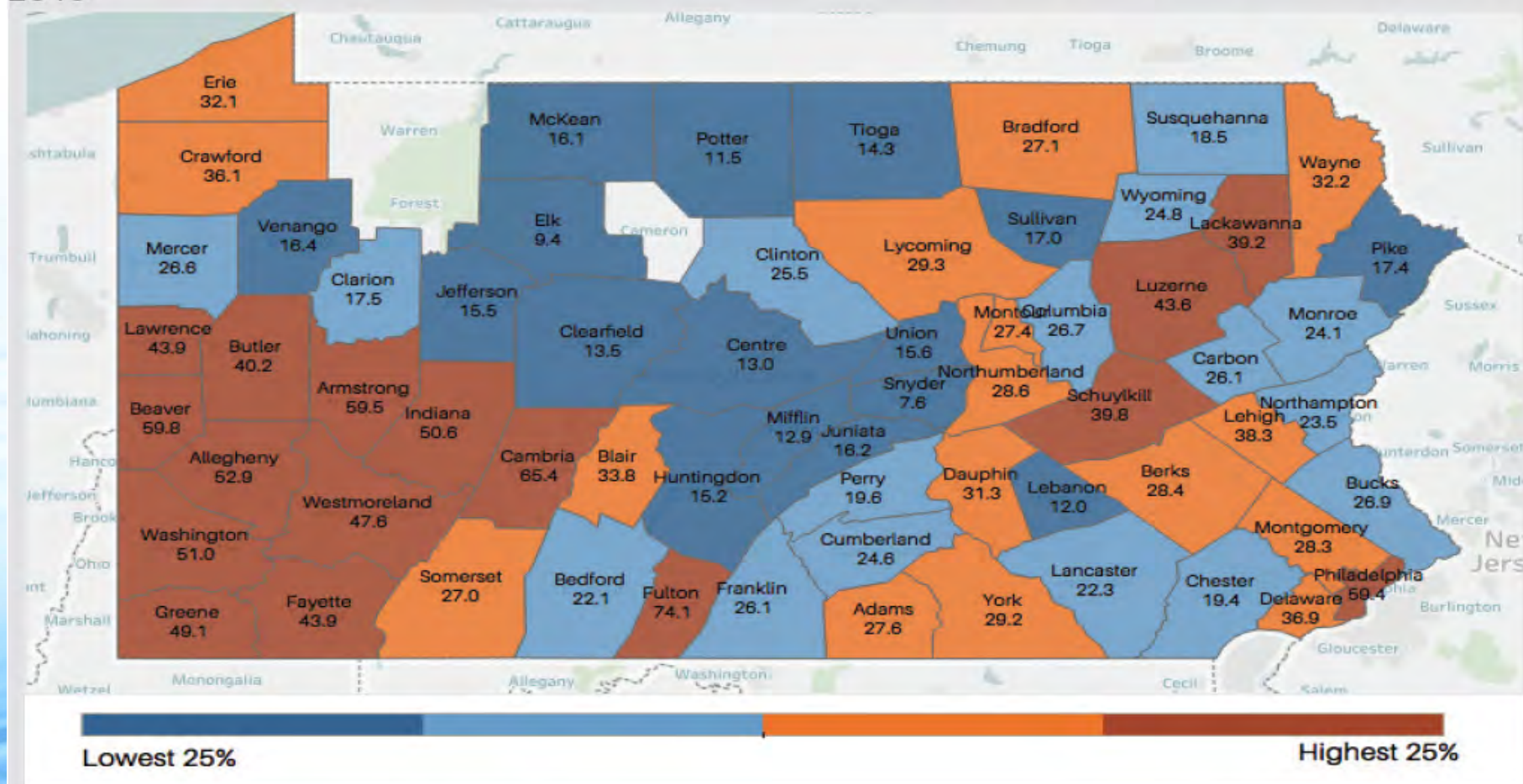


2020: projected to increase
to 5.7 million





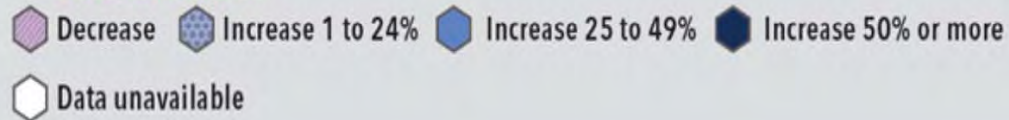
(U) Figure 2: Rate of Drug-Related Overdose Deaths per 100,000 people in Pennsylvania Counties, 2016



Source: Pennsylvania Coroner/Medical Examiner Data

Detecting recent trends in opioid overdose ED visits provides opportunities for action in this fast-moving epidemic.

PERCENT CHANGE



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

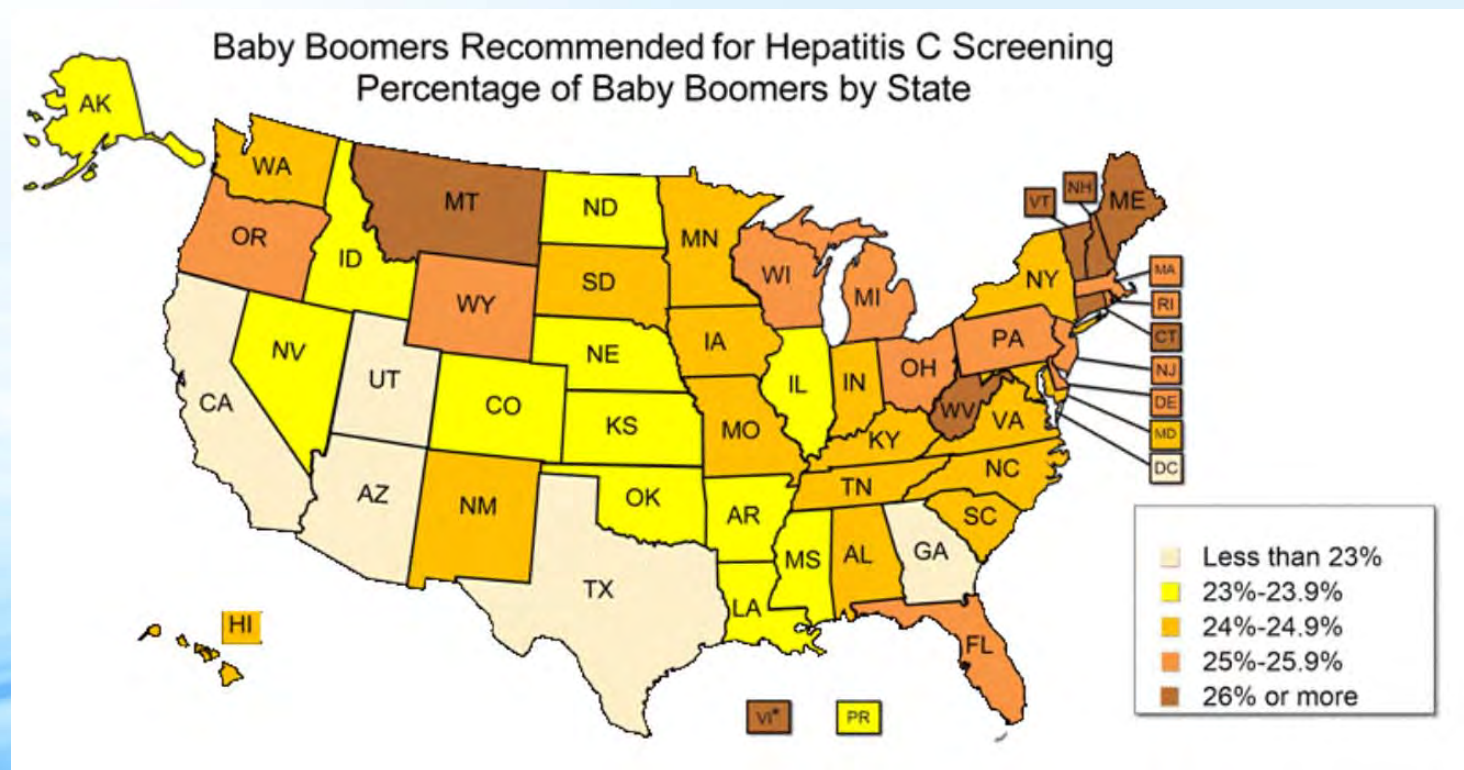
Baby Boomers and HCV

- Born 1945-1965
- Represent 75% of current HCV cases
- Are 5x more likely to be HCV+ than other adults
- Transmission
 - IDU
 - IN substance use
 - Medical exposure: equipment, contaminated blood products



CDC recommends that everyone born from 1945–1965 get tested for hepatitis C.

PA: 25% Baby Boomers



HOST WHO, NA, DD, & Hepatitis C Profile

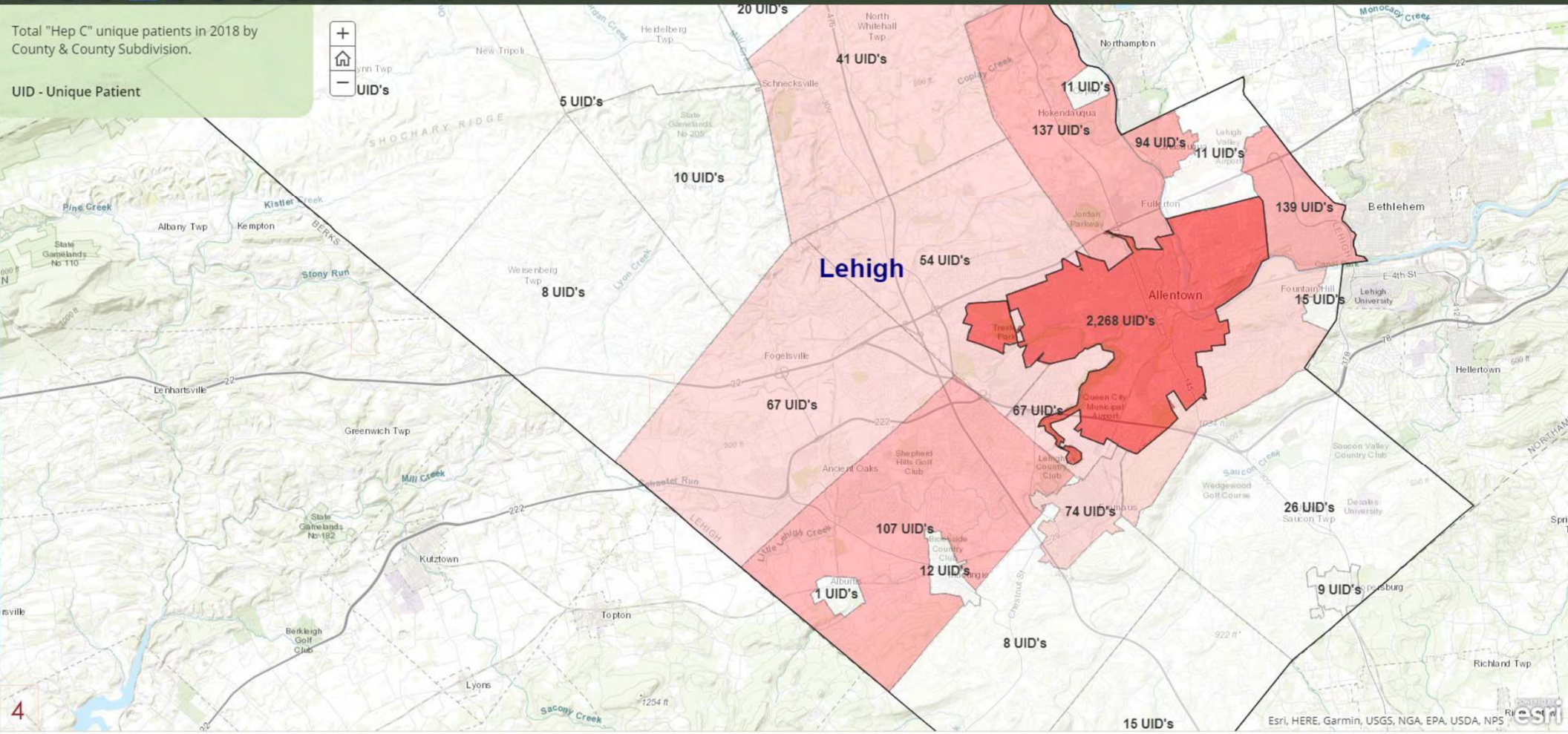
No issues detected × Edit × Lehigh Valley Hospital - Department of Community health

- 1
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- 12

Total "Hep C" unique patients in 2018 by County & County Subdivision.

UID - Unique Patient

+
 Home
 - UID's



HOST WHO, NA, DD, & Hepatitis C Profile

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Lehigh Valley Hospital - Department of Community health

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Baby Boomers (Age 54-74) with a Hep C diagnosis.

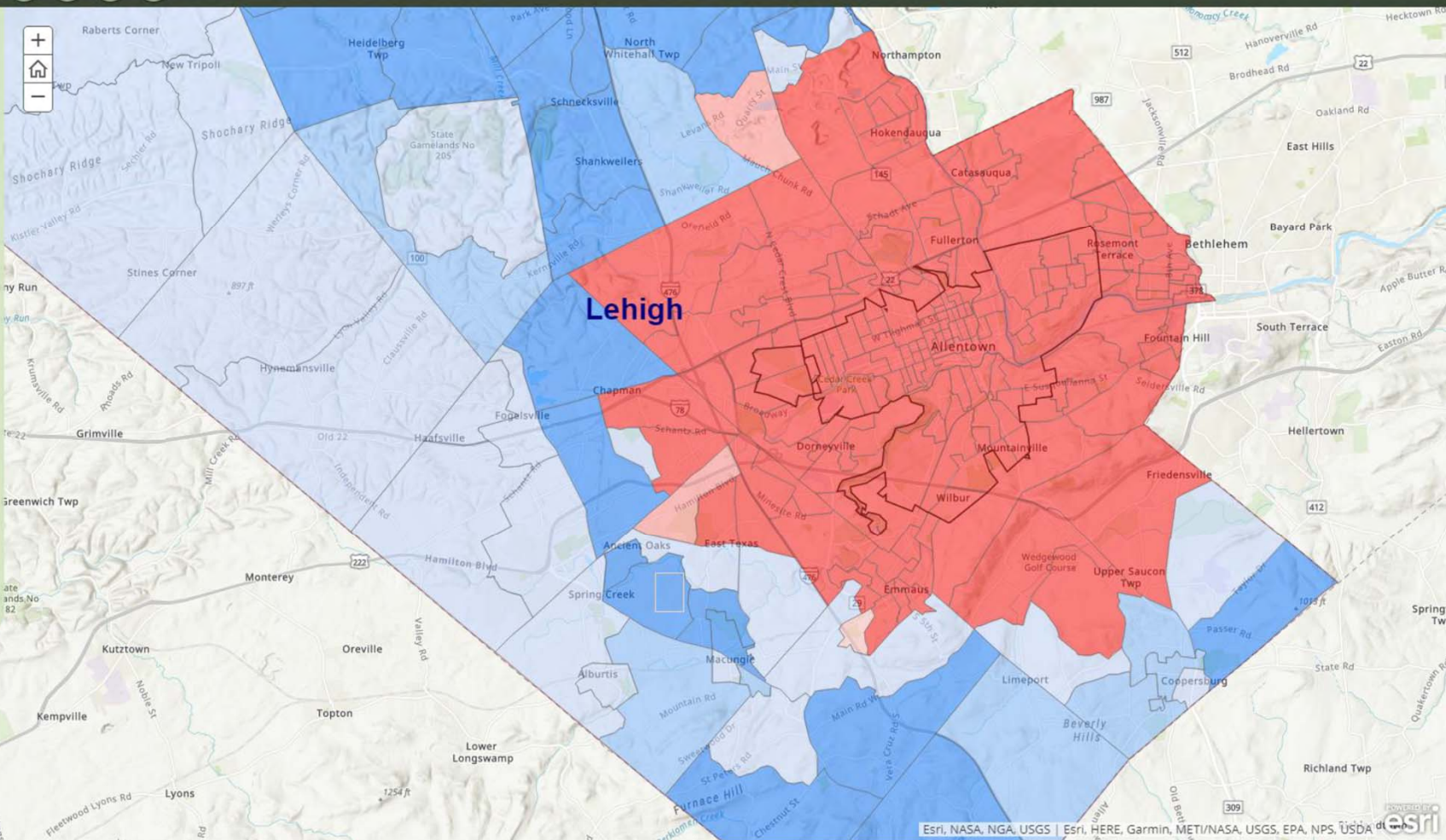
The data in this map is the result of an optimized hot spot analysis applied to the counts of Hep C unique individuals with LVHN encounters in 2018, by block group. This data is exclusive to the Baby Boomer subset.

Most encounters occur with individuals in and around Allentown city. The outlying areas, in blue, indicate areas where statistically representation is minimal in Lehigh County.

LVHN Unique HepC (Baby Boomers) by Block Group - OHS A

GI_Bin

- 3 - Hot Spot/Statistical Sig 99%
- 2 - Hot Spot/Statistical Sig 95%
- 1 - Hot Spot/Statistical Sig 90%
- 1 - Cold SPot/Statistical Sig 90%
- 2 - Cold SPot/Statistical Sig 95%
- 3 - Cold SPot/Statistical Sig 99%



HOST WHO, NA, DD, & Hepatitis C Profile

No issues detected ✕

Edit ✕

Lehigh Valley Hospital - Department of Community Health

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Post Baby Boomers (Age 0-54) with a Hep C diagnosis.

The data in this map is the result of an optimized hot spot analysis applied to the counts of Hep C unique individuals with LVHN encounters in 2018, by block group. This data is exclusive to the Baby Boomer subset.

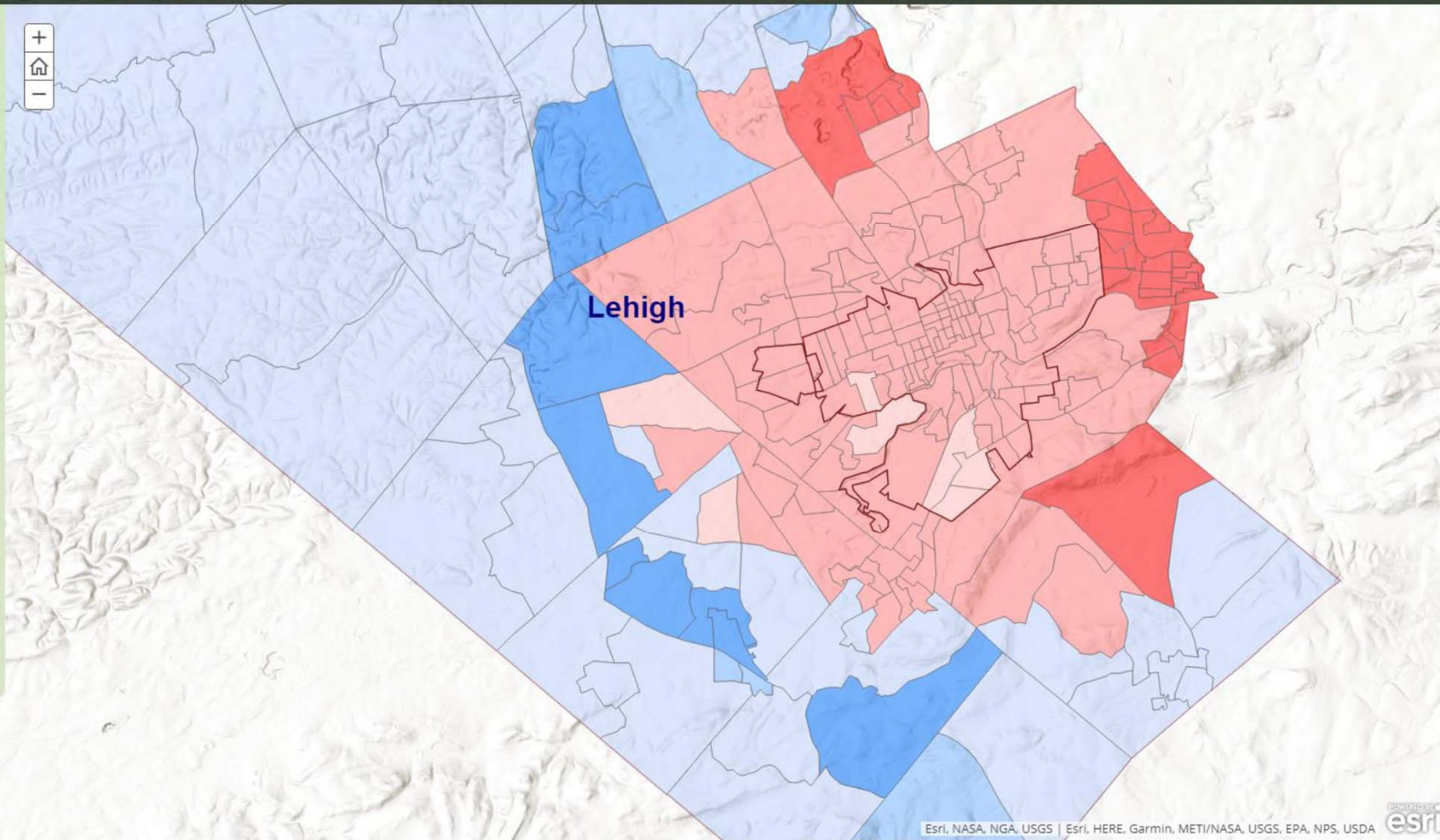
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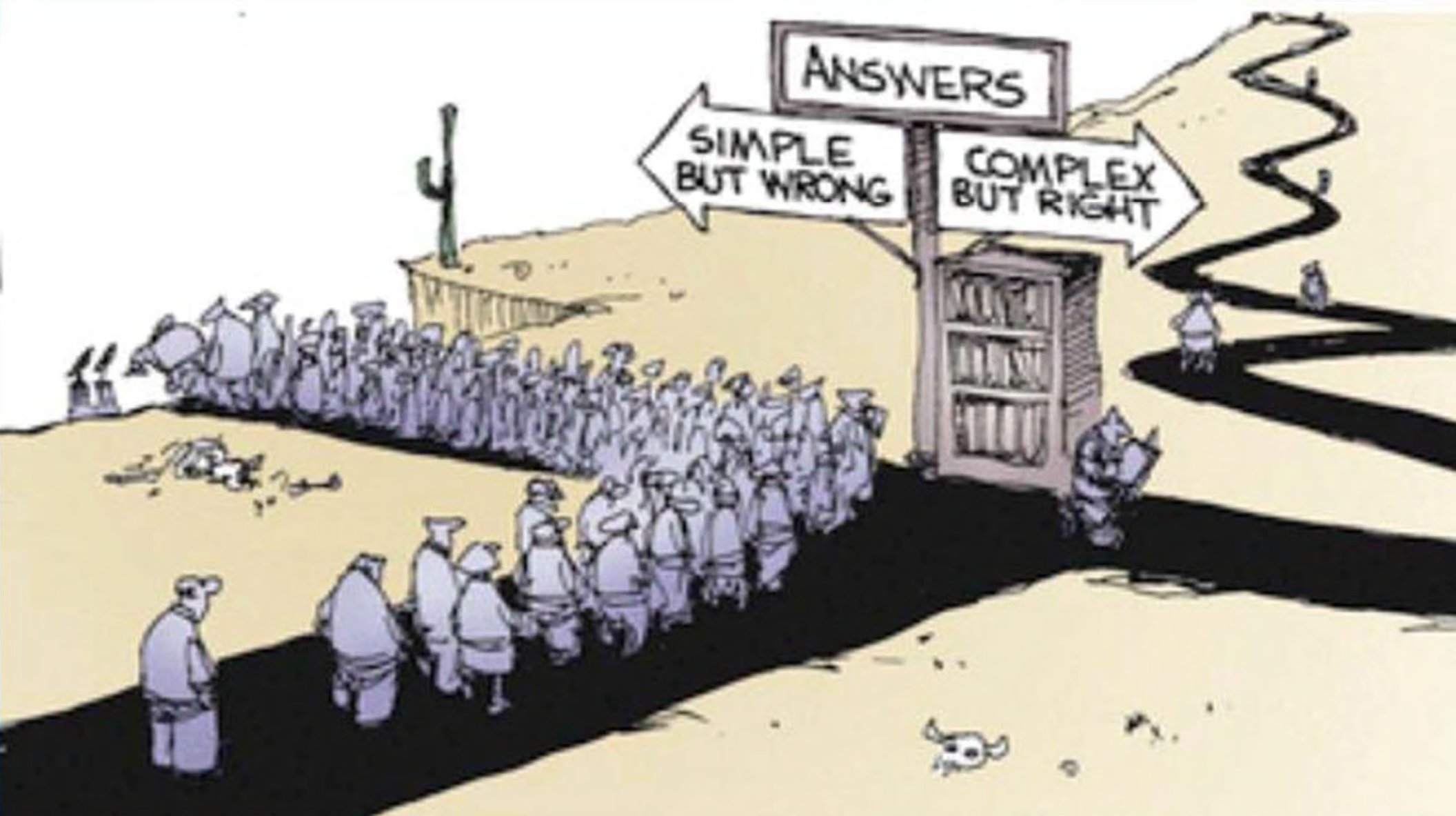
Overall Post Baby Boomers appears more somewhat more dispersed than Baby Boomers, within high concentration areas..

2017_Blkgp_PA_Count_AgeGrp_PostBB_LehighClip_t

Gi_Bin

- 3 - Hot Spot/Statistical Sig 99%
- 2 - Hot Spot/Statistical Sig 95%
- 1 - Hot Spot/Statistical Sig 90%
- -1 - Cold Spot/Statistical Sig 90%
- -2 - Cold Spot/Statistical Sig 95%
- -3 - Cold Spot/Statistical Sig 99%





How did we get here?



Pharmaceutical Industry



Health Care Industry



Patient Factors

3

Prevent new SUD
Reduce stigma
Treat existing SUD

3

Prevent new SUD
Reduce stigma
Treat existing SUD

FOR _____

ADDRESS _____ DATE _____



REFILL _____ TIMES

DO NOT SUBSTITUTE M.D. SUBSTITUTION PERMISSIBLE M.D.

DEA NO. _____ ADDRESS _____

BioRx Labs 1-888-550-5452

FORM NO. PD5000

Opioid Use Among Older Adults

- 8% in past 30 days (versus 5% in younger adults)
- 25% of long-term users of opioids
- Medicare beneficiaries have one of the fastest-growing rate of OUD
- One third of Medicare beneficiaries were prescribed an opioid in 2016



Opioid Use Risks among Older Adults

- 40% of older adults reports pain (versus 30% in other adult age groups)
- Accumulated trauma and psychiatric disease
- SUD risk factors:
 - Loss of loved ones
 - Erosion of social roles
 - Disability
 - Higher risk of death related to SUD than younger adults (2X)
- Polypharmacy
- Side effects
 - Sedation
 - Respiratory depression
 - Falls

Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015

Anuj Shah¹; Corey J. Hayes, PharmD^{1,2}; Bradley C. Martin, PharmD, PhD¹

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015

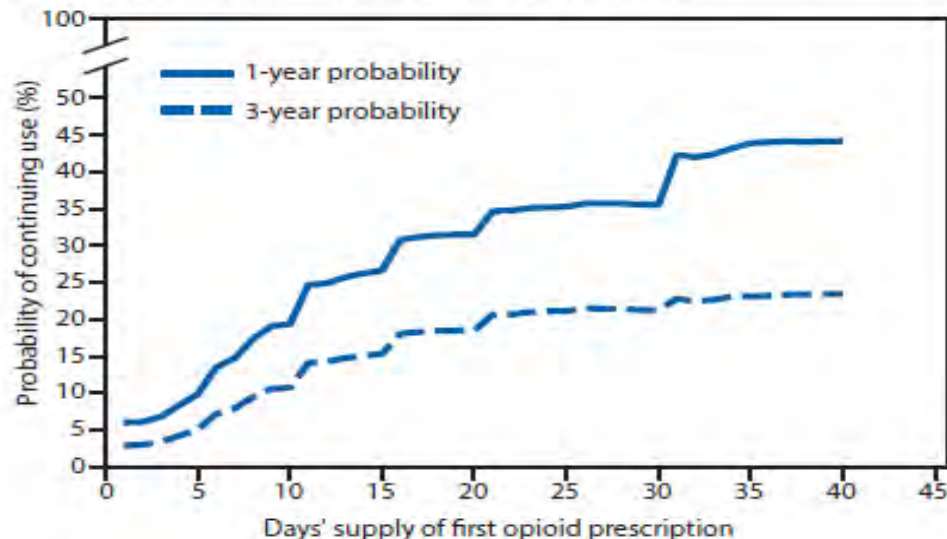
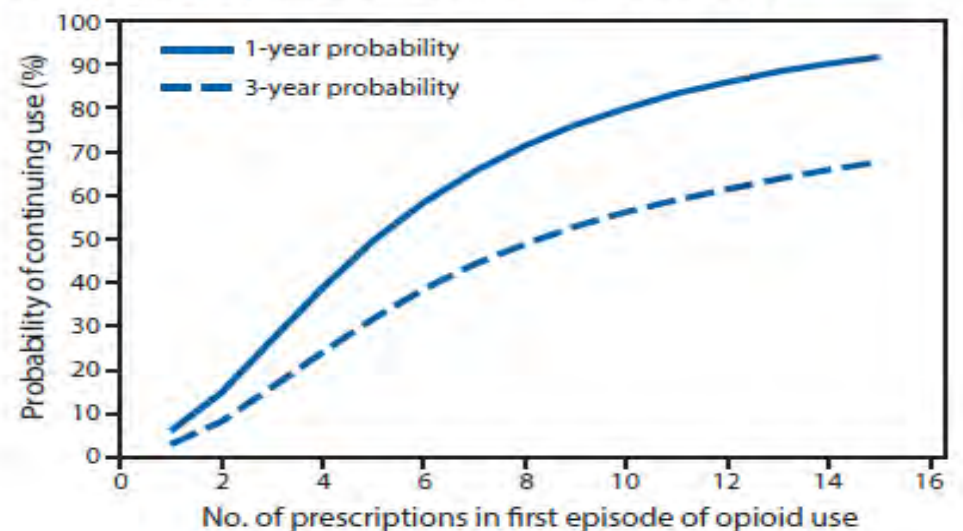


FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015



Why use opioid discharge weaning protocols?

For both minor and major surgeries:

5.9-7.7% were still taking opioids one year from surgery

Alam et al, Arch Intern Med 2012
Brummett et al, JAMA Surgery 2017

What happens to unused prescription opioids?

Data consistently shows that **the majority of post-operative patients do not use their full supply of opioids** prescribed at discharge from the inpatient or same-day surgery location.

**Among opioid prescriptions provided to surgical patients,
42-71% went unused
73-77% of patients storing these medications improperly**

Bicket et al, JAMA Surgery 2017


Medication Safety for Older Adults

- Weaning protocols
- Medication reconciliation
- Regimen adjustment with aging
- UDS
- Screening tools
 - Function
 - Depression
 - Substance use
- Disposal
- Storage



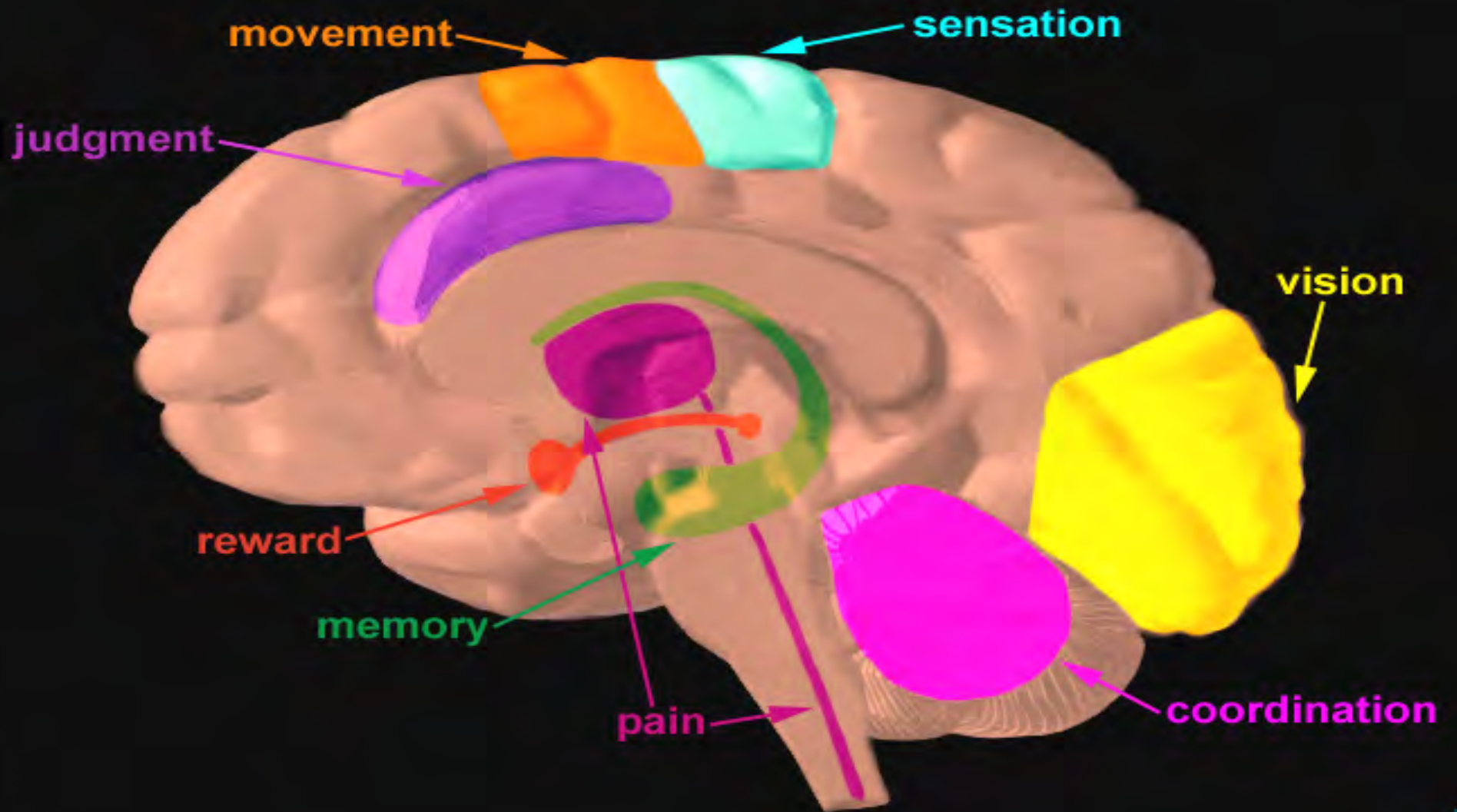
3

Prevent new SUD
Reduce stigma
Treat existing SUD



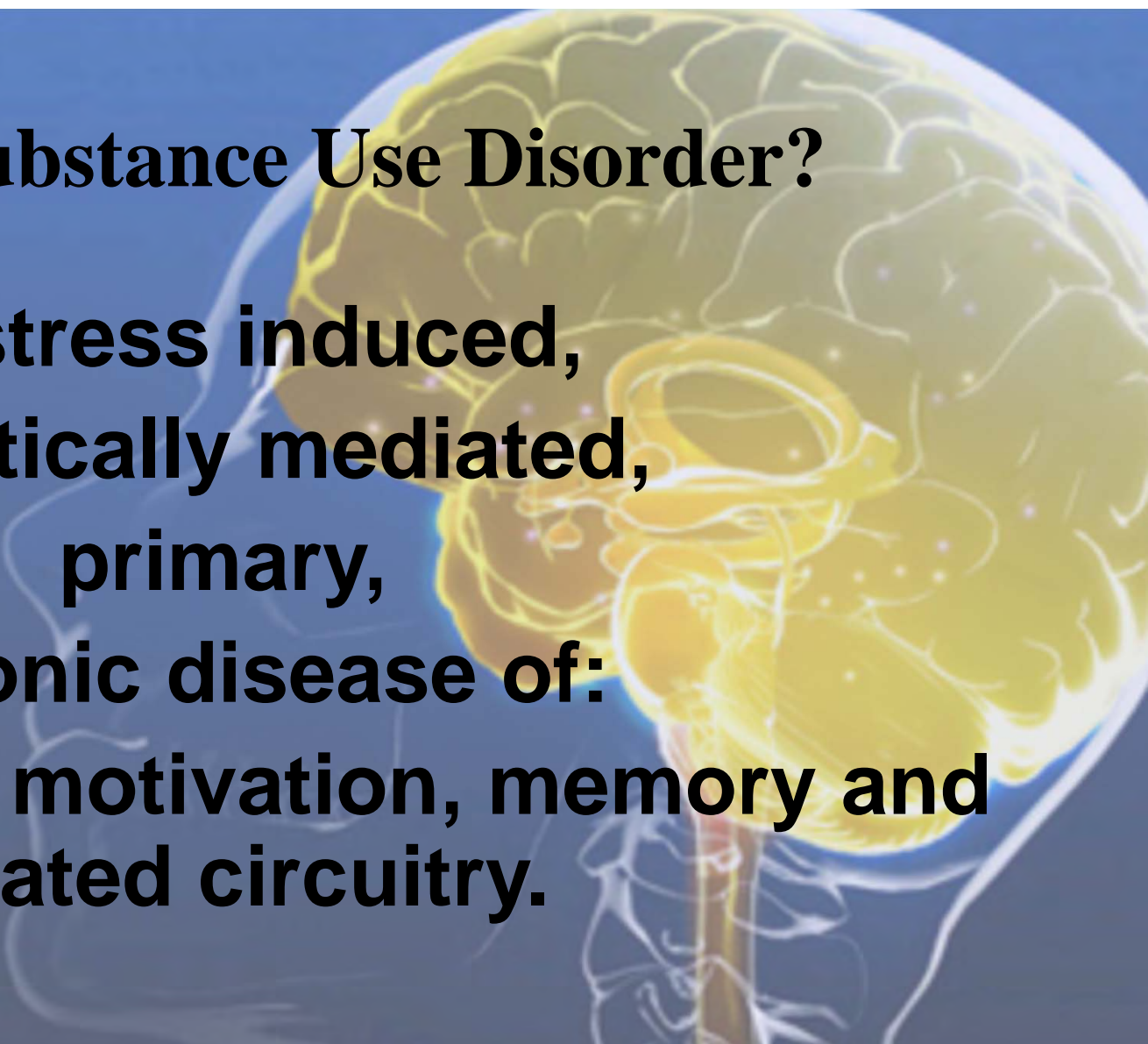
Seek first to understand,
then to be understood.

Stephen R. Covey



What is Substance Use Disorder?

**A stress induced,
genetically mediated,
primary,
chronic disease of:
brain reward, motivation, memory and
related circuitry.**



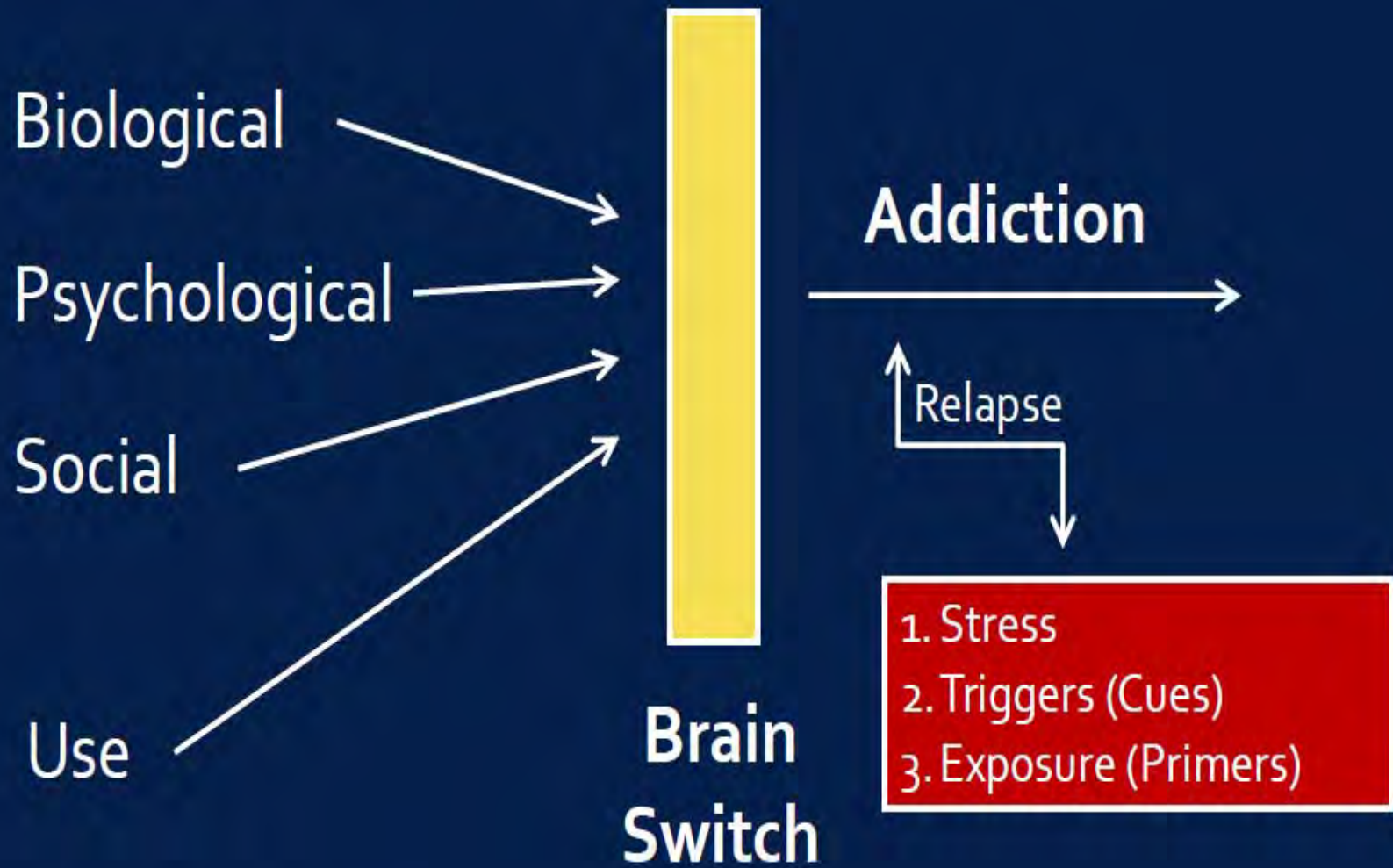
Genetic predisposition accounts for about 50% of the likelihood that an individual will develop addiction



Genetic
predisposition

Epigenetics

Life events



It's a complicated disease....

- **Denial**
- **Variable presentation and prognosis**
- **Culturally & politically complicated**
 - **Challenges societal values and norms**
 - **Legal aspects**

Comprehensive Treatment

- **Abstinence**
- **Treatment of co-occurring medical and psychiatric diseases**
- **Avoidance of triggers: people, places, and things**
- **Spirituality**
- **Time**
- **Medication to support recovery**

Positive, Person-First Language	Stigmatizing Language
<ul style="list-style-type: none"> ● Person with a substance use disorder (SUD) ● Person who uses drugs (PWUD) ● Substance use / substance misuse ● Person in recovery 	<ul style="list-style-type: none"> ● Substance Abuse / Substance Abuser ● Addict, Alcoholic, Junkie ● Recovering “addict, alcoholic, substance abuser, junkie, etc.”
<ul style="list-style-type: none"> ● Person with justice-involvement; person that is justice-involved 	<ul style="list-style-type: none"> ● Criminal, Felon, Convict
<ul style="list-style-type: none"> ● Person experiencing homelessness 	<ul style="list-style-type: none"> ● Homeless
<ul style="list-style-type: none"> ● Positive / Negative 	<ul style="list-style-type: none"> ● Clean / Dirty
<ul style="list-style-type: none"> ● SUD / OUD pharmacotherapy ● Medications for addiction treatment 	<ul style="list-style-type: none"> ● Medication Assisted Treatment
<ul style="list-style-type: none"> ● Neonatal abstinence syndrome / Neonatal opioid withdrawal syndrome 	<ul style="list-style-type: none"> ● Addicted baby
<ul style="list-style-type: none"> ● Recurrence of use / recurrence of symptoms 	<ul style="list-style-type: none"> ● Relapse

3

Prevent new SUD
Reduce stigma
Treat existing SUD

SBIIRT

Universal Screening NIDA Single Question Screen

- *If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs.*
- *How many times in the past year have you used an illegal drug or a prescription medication for non-medical reasons, for example, because of the experience or feeling it caused?*

SBIRT: The 5-minute bedside intervention

- **‘What are the aspects of your drinking or drug use that you don’t like?’**
 - **....(Repeat back)...’So what I’m hearing is....’**
 - **‘On a scale of 1-10, with 1 being not ready, and 10 being very ready, how ready are you to change any aspect of your alcohol/drug use?’**

- **If patient indicates readiness for change (answer > 1): ‘Why did you choose that number and not a lower number? What are some reasons you are motivated to change?’**

- **If patient indicates no readiness for change (answer is 1): ‘Have you ever done anything you wish you hadn’t while drinking/using drugs? Is there anything that could happen that would make you concerned?’**

- **Negotiate a plan: ‘What steps can you take to start making a change?’**

Evocation

Ideas come from the patient

Collaborative

Avoid the "Expert" role

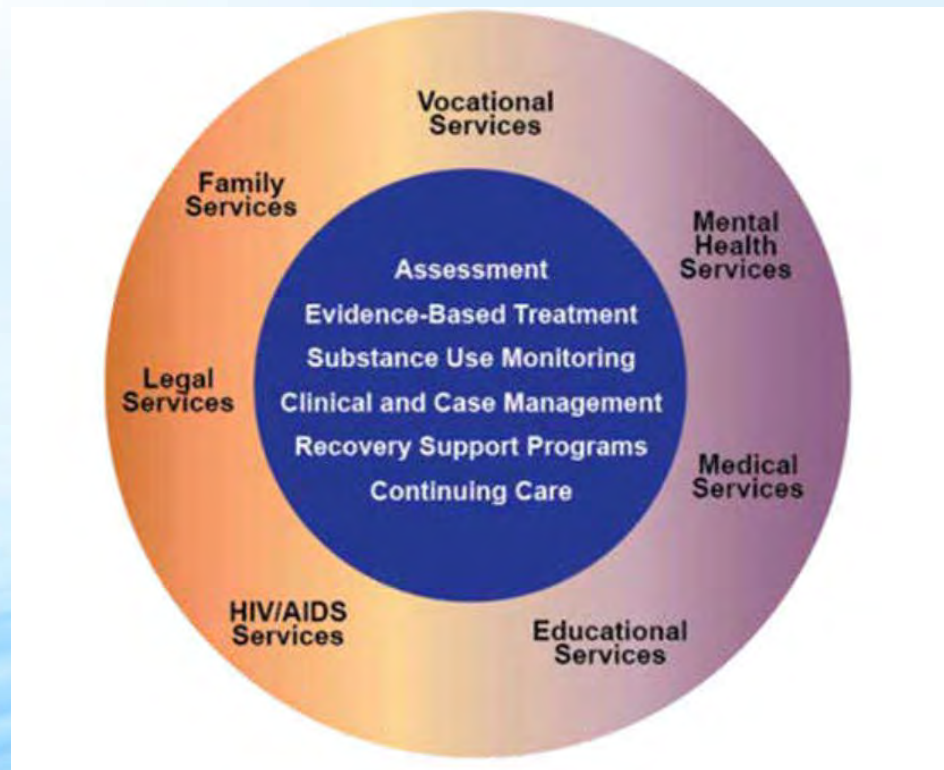
Autonomy

Respect the patients right to change
or not to change

Compassion

With the patients best interest in
mind

Comprehensive Approach



23.5 Million





Medication for Addiction Treatment

Use of medications + counseling & behavioral therapies

“Whole patient approach”

Goal: to help sustain recovery

<https://www.samhsa.gov/medication-assisted-treatment>

Recognize Opioid Withdrawal

Clinical Opioid Withdrawal Scale (COWS)

Symptoms: similar to 'flu'

Diaphoresis

Myalgias

Restlessness

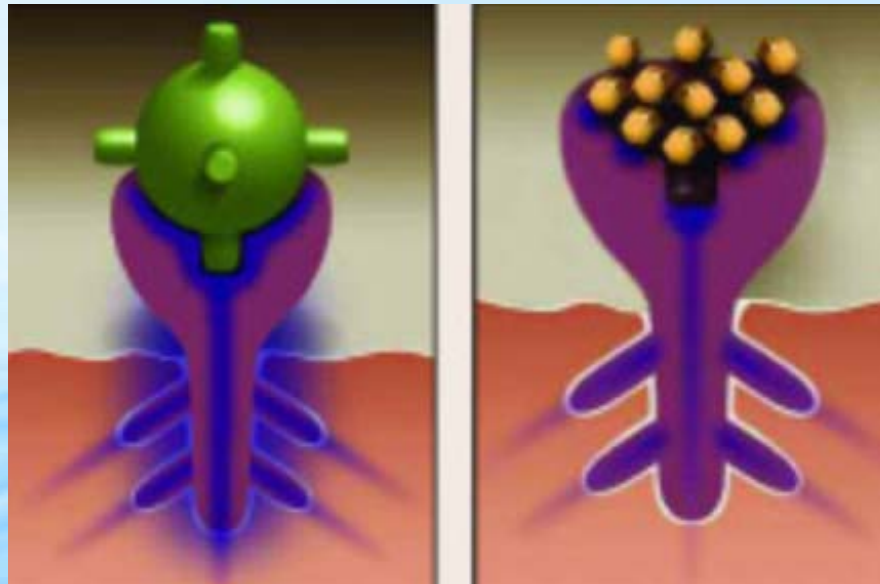
Nausea, vomiting, diarrhea

Tremor

Rhinorrhea

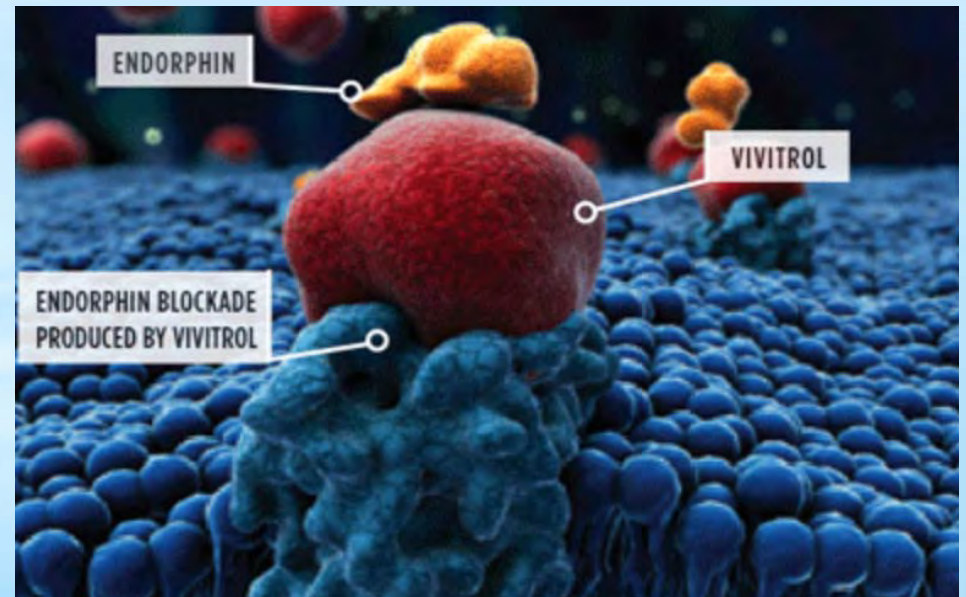
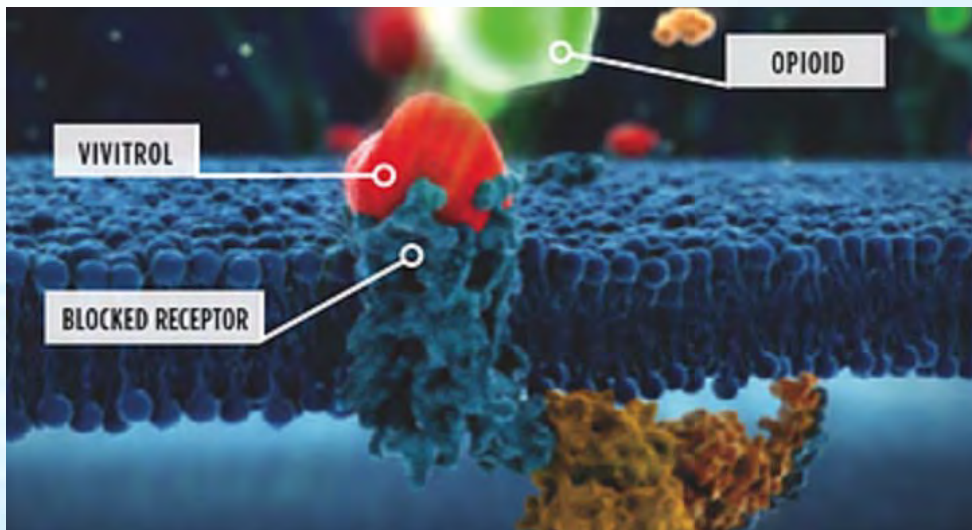
Why Use Buprenorphine?

Mu agonist/antagonist





IM naltrexone





Key Points

Opioid crisis: complicated trajectory →
complex solutions

3

Prevent new SUD
Reduce stigma
Treat existing SUD

Prevention: Naloxone

For high dose chronic
opioids

For new opioid prescription

For others in the household



Key Points

- SUD is a disease that primarily affects the brain – it is **not a lack of willpower or moral failing**
- Complex disease that requires a **comprehensive solution**
- Recovery is a **lifelong** process:
 - Biological
 - Psychological
 - Social
 - Spiritual
 - Abstinence
 - MAT



Let's Not Forget the Needs of Older Adults



Thank you

Questions?

