META:PHI 2018
Share the Experience, Aspire for Improvement

Special populations considerations: The Older Adult

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UNIVERSITY OF TORONTO
FACULTY OF MEDICINE
Continuing Professional Development

Special populations considerations: The Older Adult

Marilyn White-Campbell

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Women's College hospital METAPHI Conference

Toronto

DISCLOSURE OF FINANCIAL SUPPORT

- This program has received financial support from *Public Health Agency Canada Addictions Branch* in the form of a Research Grant to Establish National Best Practice Guidelines for the development four clinical guidelines for the treatment of Substance Use Disorders in Older Adults including alcohol benzodiazepines, cannabis and opiates.
- educational / research grant.
- This program has received in-kind support from St Josephs Health Center Guelph CMHAWW and COPA Reconnect in the form of in kind Subject Matter Expertise
- Potential for conflict(s) of interest:
  - None

FACULTY/PRESENTER DISCLOSURE

- Faculty: Marilyn White-Campbell
- Relationships with financial sponsors:
  - None

MITIGATING POTENTIAL BIAS

- NONE

Geriatric Complexities in the care for Older Adults with SUD’s

- Need for specialized treatment
- Data
- Treatment
- Resources

Geriatric Considerations

They keep asking me to change but I can’t remember what from!

Geriatric considerations

- Frailty / geriatric syndromes
  - Three D's   Dementia Delirium Depression
  - Falls, incontinence, weight loss, sleep disorders
- Dementia
- Co Morbid Conditions
- PAIN
- Metabolism
- Pre and post operative care

Metabolism

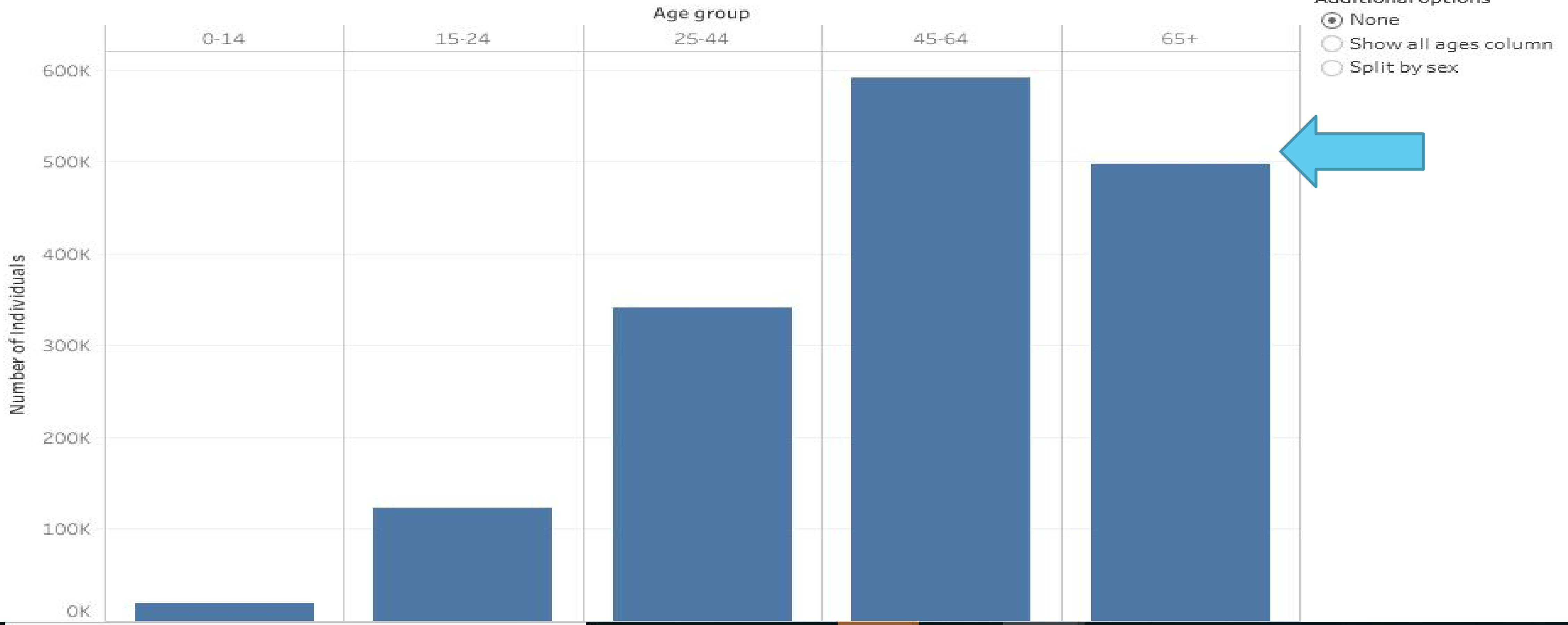
1. renal function slows with age, so drugs that are processed
2. some medications require dosing adjustments or dangerous amounts can accumulate ie lithium gabapentin
3. Alcohol is eliminated at a slower rate than younger cohorts With a smaller volume of distribution, an alcohol dose identical to that administered to a younger individual of the same size and gender will produce a higher blood alcohol concentration in the elderly by as much as 50%
4. start low, and go slow with attention to communication, interaction and setting. Initiation may be done in the home, hospital, withdrawal management or long-term care

Consequences of alcohol and other drug use in older adults

- The use of alcohol and medication, both as prescribed and misused, causes greater harm in older adults than illicit substances.
- There is a strong association between substance use and falls, accidents, cognitive impairment, depression and suicide among older adults.
- Older adults may experience social consequences of substance use such as physical abuse, homelessness, family breakdown, crime and social isolation.

Substance use disorders (SUDs) in older adults

- SUDs are common in geriatric patients:
  - 21% - 44% in psychiatric population
  - 14% - 21% in geriatric medical population
- Having a SUD is a predictor of elevated suicide risk especially in Older Males
- Negative affects on comorbidities: dementia, cancer, liver disease, stroke, hypertension, anemia, gastritis, mood disorders, severe CVD, HIV, sleep apnea, delirium, fall risk
- 2 populations: Aging Early Onset , Late Onset



Notes:
* In accordance with ICES commitments in data sharing agreements, a number of approaches have been taken to ensure no reporting of small cells. These are summarized in the technical appendix available here: http://odprn.ca/wp-content/uploads/2018/06/Ontario-Prescription-Opioid-Tool-Technical-Appendix.pdf
For example:
a) Opioid Agonist Therapy (By Type) is only available for Ontario and not reported by age group 0-14 and 65+
b) Pain (High Daily Dose) is only available for Ontario and not reported by age group 0-14 and 15-24

Count of Opioids Dispensed to Treat Opioid Agonist Therapy (By Type) in Ontario, by Age group

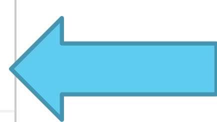
Choose year: 2017

Additional options
- (•) None
- ( ) Show all ages column
- ( ) Split by sex

Age group

Number of Individuals	Buprenorphine/Naloxone					Methadone				
	0-14	15-24	25-44	45-64	65+	0-14	15-24	25-44	45-64	65+

Y-axis: 0, 5,000, 10,000, 15,000, 20,000, 25,000, 30,000



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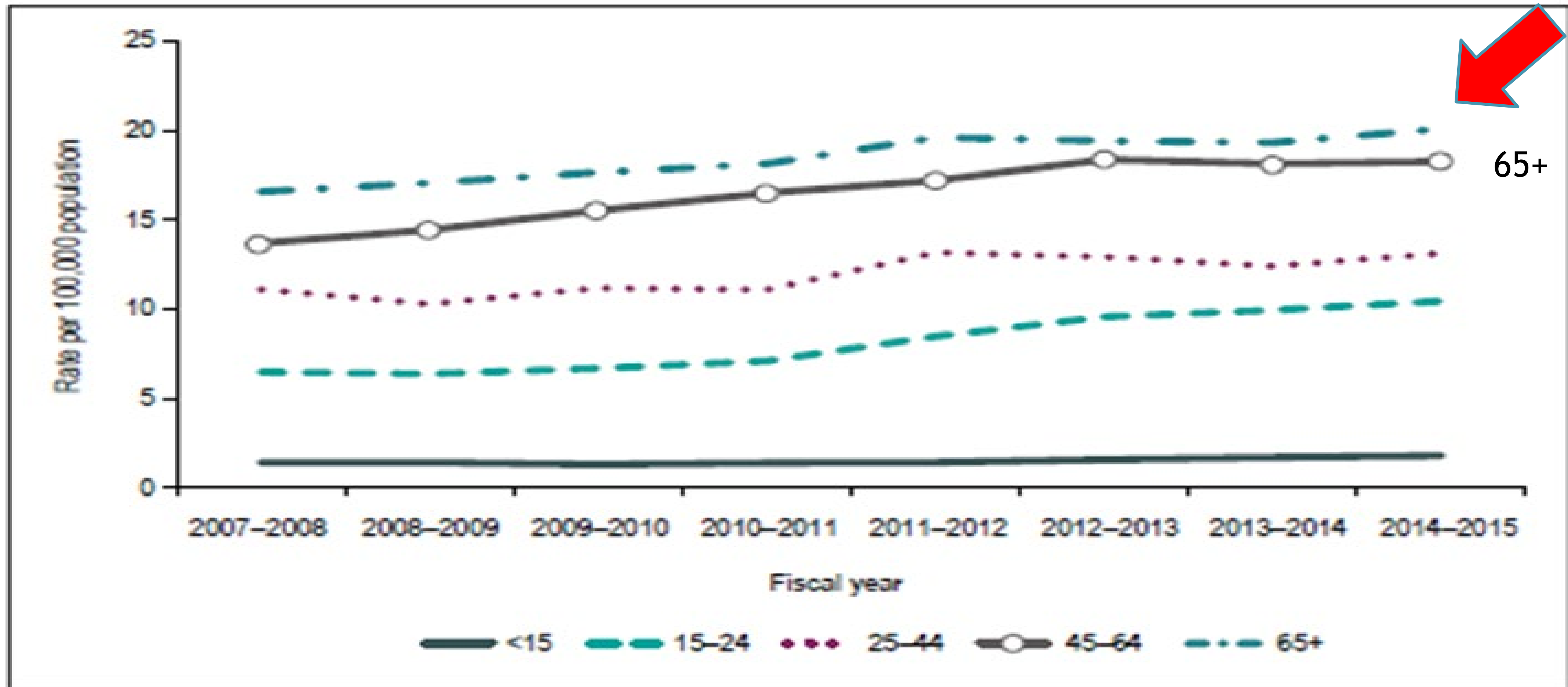
Opiate Crisis

- There are more patients being seen in emergency departments, more patients being hospitalized, and the lengths of stay for hospitalizations are quite long — it all adds to the burden.

  David O'Toole, president and CEO of CIHI.

- In 2017 More than ½ of portion of opiate poisonings among Canadians seniors age 65+ were accidental
- The report shows that 63% of opioid poisonings among Canadians age 65 and older in 2016–2017 were accidental, while 16% were intentional and 21% were of unknown reason.

Rate of Hospitalizations Due to Opioid Poisoning by Age Group



https://secure.cihi.ca/free_products/Opioid%20Poisoning%20Report%20%20EN.pdf

Opioids and the elderly: Overview

- Osteoarthritis is a major cause of disability
- POWER study: 31% of women aged 75+ and living at home have ADL limited by OA pain
- Limited treatment options (eg NSAIDs)
- Opioids should be considered in elderly patients who are disabled by chronic pain and haven't responded to alternatives
- But little evidence of long-term benefit from opioid therapy
- Benefits often modest, and negated by sedation, fatigue, hyperalgesia
- **Therefore opioid prescribing should be viewed as a therapeutic trial**

Pharmacotherapy for AUD & older Adults

To assist in transition to LTCH

Opiates

- First line treatment Buprenorphine
- Comprehensive Geriatric assessment
- Ensure pt is not under treated for pain

Alcohol

- preoperatively taper @ 10 % of overall intake every week until abstinent or aggressive taper every three days
- Initiate anti craving medications

GERIMEDRISK

- Consultation service that supports physicians, nurse practitioners, and pharmacists in optimizing medications for older adult patients
- Collaborative specialist team from Ger. Medicine, Clin Pharm, Geri Psych & Pharmacy provides clinical recommendation & educational resources within business days
- **Available on eConsult:** select "Geriatric Clinical Pharmacology" as the specialist group; **Toll Free Number:** 1 (855) 261-0508; M-F from 9:00- 5:00
- For more information please visit www.gerimedrisk.com

Minimizing adverse effects: Falls, sedation, overdose

Falls

- Do not prescribe opioids to cognitively impaired patients unless dispensed and overseen by a caregiver.
- Taper benzodiazepines (see section below)
- Avoid use of opiods at night if possible. If pain wakes the patient up, prescribe the smallest IR opioid dose and warn patients to take extra precautions when getting out of bed.

Sedation during initiation or dose increase

- Sedation, slowed speech, 'nodding off' are all early signs of an impending overdose. Patient may appear relatively alert in conversation, yet have respiratory arrest at night while asleep. Family members should contact the doctor or call emergency services at the first sign of an overdose.

Fatigue

- Opioids can cause fatigue, either through a direct sedating effect or by contributing to sleep apnea. Patients who report day-time fatigue and/or reduced function should be assessed for sleep apnea. Their opioid dose should be reduced or discontinued, or the opioid should be switched.

Constipation

- Increase fiber, fluid, activity
- If laxatives needed, consider polyethylene glycol (Restorolax), sodium picosulphate (Dulcolax) or lactulose. Polyethylene glycol may be more effective than the others for opioid induced constipation.
- If still troublesome, decrease dose or switch to different opioid
- **Constipation can be the cause of disturbed behaviour**

Easing transitions to LTCH for Older Adults with Alcohol Use Disorder

- Establish level of dependency
- Ask open ended questions ie what do you like to drink?
- Establish alcohol intake
- Ask person/ collaterals what happens if you stop drinking?
- Establish risks for withdrawal (vomiting, delirium, hallucinations seizures)
- If there is risk then medically supported withdrawal is indicated

http://www.nicenet.ca/files/Alcohol_Tool2.pdf

Naltrexone (Revia)

- Well tolerated
- NOW AVAILABLE AS on ODB formulary
- Safety:
  - No major liver side effects if the patient “sampled” alcohol Only half as likely to relapse
- Compliance/Adherence:
  - Older patients more likely than younger to take Naltrexone
    regularly(Oslin, 2002);less likely to relapse than younger;
  - better attendance at therapy sessions than younger patients taking naltrexone

NB Older adults appear to respond well to a medically oriented program that is supportive and individualised

TAPER

Non Cognitively impaired

- aggressive taper is to reduce by one standard drink every three days or 10% of total alcohol intake ie 10 beers per day cut down by I standard drink per day
- One standard drink per every two weeks until down to the last standard drinks
- Adhere to LRDG for older adults

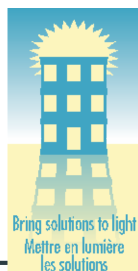
Low risk means

- no more than 7 standard drinks per week one standard drink per day for men
- no more than 5 standard drinks for women with two non drinking days)
- No alcohol if there are multiple medications, comorbid health, falls risk etc.
- Recognize the need for some people to transition to zero at an earlier age

Screening/ Assessment & Resources

- SAMI tool
- https://www.porticonetwork.ca/tools/clinical-tools/sami-screening-tool
- National initiative for the Care of the Elderly NICE Pocket Guides alcohol
- http://www.nicenet.ca/cart-nice/gallery.aspx?pg=135&gp=57&ret=gallery&pic=468
- NICE Opiate and Benzodiazepine Older Adults Pocket guide
- http://www.nicenet.ca/cart-nice/gallery.aspx?pg=135&gp=57&ret=gallery&pic=469
- CANADIAN COALITION FOR SENIORS MENTAL HEALTH UPCOMING NATIONAL BEST PRACTICE GUIDELINES Alcohol/ Benzodiazepines/ Opiate/ Cannabis
- https://ccsmh.ca/
- https://ccsmh.ca/1206-2/ member login

Resources



Canadian Coalition for Seniors' Mental Health
To promote seniors' mental health by connecting people, ideas and resources.
Coalition Canadienne pour la Santé Mentale des Personnes Âgées
Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources

Coming Soon! -

Clinical guidelines on the Prevention, Screening, Assessment and Treatment of Substance Use Disorder among older adults.

The CCSMH is currently working with teams of experts in the fields of addictions, mental health and geriatrics towards the development of 4 Clinical Guideline documents on ***Alcohol, Benzodiazepine, Cannabis and Opioid*** Use Disorder in Older Adults.

Expected Publication Date: Winter 2018

Learn more about this ground-breaking work at the 2018 CAGP-CCSMH Annual Scientific Meeting in Halifax, Nova Scotia October 12-13, 2018. Early-bird registration opens in June 2018 – visit CAGP.ca or CCSMH.ca for more details!

More about the Canadian Coalition for Seniors' Mental Health (CCSMH)

Since 2002, The CCSMH has been hard at work ensuring that seniors' mental health is recognized as a key Canadian health and wellness issue. The CCSMH is led by 2 co-chairs from the Canadian Academy of Geriatric Psychiatry, and a steering committee of 12 organizations from across Canada, representing healthcare providers, consumers, family and caregivers, and policy makers.

For more information on the CCSMH or to access valuable resources to share with patients and colleagues, visit our website at CCSMH.ca. While you're there, **consider joining as an Affiliate** (it's free!) and will help you stay up-to-date on our latest news and initiatives!

Case Scenario: Opiate Use Disorder

- 62 year old female long term use of fentanyl patch 10 years for tx of back pain
- Recently has multiple falls
- subsequent admissions to hospital
- 4 admissions 3 months
- Now on wait list for LTCH
- what are the treatment options?

Case Scenario AUD

- 73 year old male caregiver
- Long term alcohol use
- increasing use with burden of caregiving
- Multiple admissions to ED for alcohol related falls
- Protracted withdrawal with delirium present on day two
- During admission is agitated and aggressive
- Week three recovers and return home AMA
- Relapse repeat admissions
- How can RAAC help?

Thank you for listening!
Don’t forget to look for our National Best Practice Guidelines at
join CCSMH @ https://ccsmh.ca/1206-2/
to download report in December 2018

“If you follow these guidelines, you should be out of your depth in no time.”

Contact information

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