Background

- June 7th, 2017 drug overdose became the leading cause of death in Americans under 50.
- October 26th, 2017 President Trump declared the opioid epidemic a public health emergency.
- The U.S. represents 4.4% of the world population, yet consumes 80-90% of the opiate supply.
- Oxycontin was first marketed as a non-addictive medication to be used for chronic pain in 1995.

United States Drug Overdose Death Rates

<table>
<thead>
<tr>
<th>Drug overdose deaths per 100,000 population</th>
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<tbody>
<tr>
<td>8.3 - 11.7</td>
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<tr>
<td>11.3 - 14.4</td>
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<td>15.1 - 18.4</td>
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<td>19 - 35.5</td>
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The Opioid Epidemic & Persistent Pain Management

- Severe persistent pain impairs physical, mental, and social functioning.
- Effective pain management is challenging for older adults.
- “...opioids are the most powerful pain medication we have. For me, they were life restoring.” US Attorney for the Justice Department.
- Nurses and other healthcare providers are challenged to provide safe, accessible, and cost-effective pain care to older adults.
- Four articles provide current data and evidence and recommendations for clinical application.

Opioid Misuse/Abuse

Dr. Chang and Dr. Compton

- Costs associated with prescription opioid drug misuse and abuser represent a substantial and growing economic burden.
  - Estimated annual cost of $72.5 billion
- Large supply of opioid drugs being prescribed in communities attributing to the public health crisis.
- Opioid drug prescriptions are being written for higher doses, 347% above the therapeutic closing.
- Higher levels of pain intensity and depression and lower levels of physical disability associated with opioid drug misuse.
- Found that older adults with moderate depression and more pain interference in functionality had a greater risk of opioid misuse.
- 35% of older adult patients with persistent pain over age 50 reported missing their pain prescriptions.

Quality Pain Care in Older Adults

Dr. St. Marie and Dr. Arnstein

- Caution is warranted to prevent over-prescribing to older adults as they are vulnerable to adverse events.
- No specific chronological age when adults experience the physical and mental changes attributed to aging, those over 65 are at risk for poor pain control.
- Pain management for older adults requires change at multiple levels:
  - Understanding patient barriers
  - Professional Knowledge and Attitudes
  - System and social barriers
- Treatment interventions, including pharmacological and non-pharmacological, should be personalized based on risks and resources and provided throughout the continuum of care.

Pharmacological Approaches for Persistent Pain Management in Older Adults

Dr. Guerriero, Dr. Boiler, Dr. Van Cleave and Dr. Reid

- Enhancing pain care and associated outcomes across the lifespan requires that all healthcare professionals develop core competencies in understanding the multidimensional nature of pain.
- Article highlighted several implications for gerontological nursing practice by highlighting the importance of:
  - Conducting an in-depth pain assessment that includes a concise medical history
  - Educating patients about the impact of undertreated pain and its affect on quality of life
  - Addressing barriers to effective pain care
  - Creating a tailored person-centered care plan appropriate for older patients
  - Helping patients monitor outcomes to determine whether benefits accrue overtime
  - Educating patients about anticipated outcomes of treatment
  - Describing the ranges of possible side effects and what to do in the event of adverse effects
  - Informing patients of the need for secure medication storage.

Complementary and Integrative Therapies

Dr. Bruckenthal, Dr. Marino and Dr. Snelling

- Found evidence on the efficacy of various complementary and integrative medicine strategies for persistent pain management.
- Providers are encouraged to shift the emphasis on a sole pharmacological approach to an approach combined with mind, body and spiritual elements.

Use of Yoga Among US Adults

References