

Susan's Cycle of Dependency / Addiction

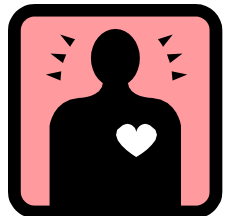
<https://www.youtube.com/watch?v=pe5loX720Rk>

Elderly Opioid Addiction

<https://www.youtube.com/watch?v=st7fyVdgF-8> – slide 11

Opioids for Chronic Pain: Understanding Physical Dependence

<https://youtu.be/pLIJ9VyWAU> - slide 6



Challenging the Rise in Opioid/Heroin Misuse in The Older Adult

“Recovery is not possible if someone dies.”

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Safe Communities Madison Dane County

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Preventive Health Strategies



The Stats

- ❖ 1 in 10 Americans know someone who died from Opioid Overdose.
- ❖ Estimated 11.5 million Americans (12y/o+) misuse Opioid pain relievers in 2016.
- ❖ **116** people die each day from Opioid related overdoses in **United States** .
- ❖ In 2017 **Wisconsin 883** deaths from Opioid drug overdose.
(2016- 145 opioid deaths over the 55+y/o)

Hydrocodone / Oxycodone Use in the United States



Oxycodone = 80%

US is less 5% of the world's
population



Opioids are a valuable tool in treating pain and improving the quality of life of older adults with pain.

- 500,000 Medicare Part D opioid prescriptions were filled during 2016.
 - Rx painkiller sales per person is 3x greater in Florida (highest) compared to Illinois (lowest)
- Misuse of prescription medications is predicted to double by 2020 in the older population.
 - The baby boom population reaching this age bracket has a greater acceptance and experience with using prescription and illegal drugs
 - Most common reason for medication misuse is pain control.



- Opioid Use Disorder affects people of all:
 - Ages.
 - Racial, ethnic, sexual, and gender minorities.
 - Income classes.
 - Geographic areas.
- Like anyone else, older adults using prescription opioids for a long time, risk developing an opioid use disorder.

Opioids for Chronic Pain: Understanding Physical Dependence

<https://youtu.be/pLIJ9VyWAU>

Opiates and Older Adult

- Tolerance and physical dependence develop more quickly in the older person

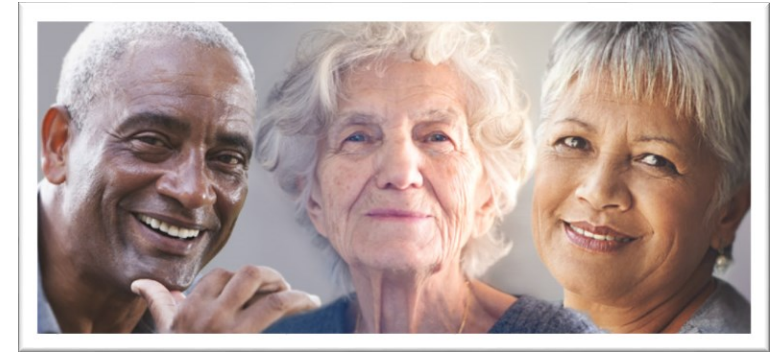
- **persons with chronic health conditions**

(liver/lung disease, dehydration, fever)

- **slower metabolism and elimination.**

- **increased sensitivity**

- **greater chance of poly medication use** Gregorian et al.(2010)



- Prescribing opioids to the older adult is a careful balancing act.
- Due to the new effort to curb opioid use many older adult face discrimination for opioids that may improve their quality of life....

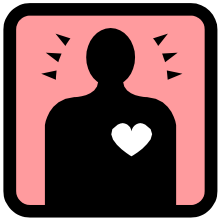
***** this may result in more illegal purchases of opioids *****



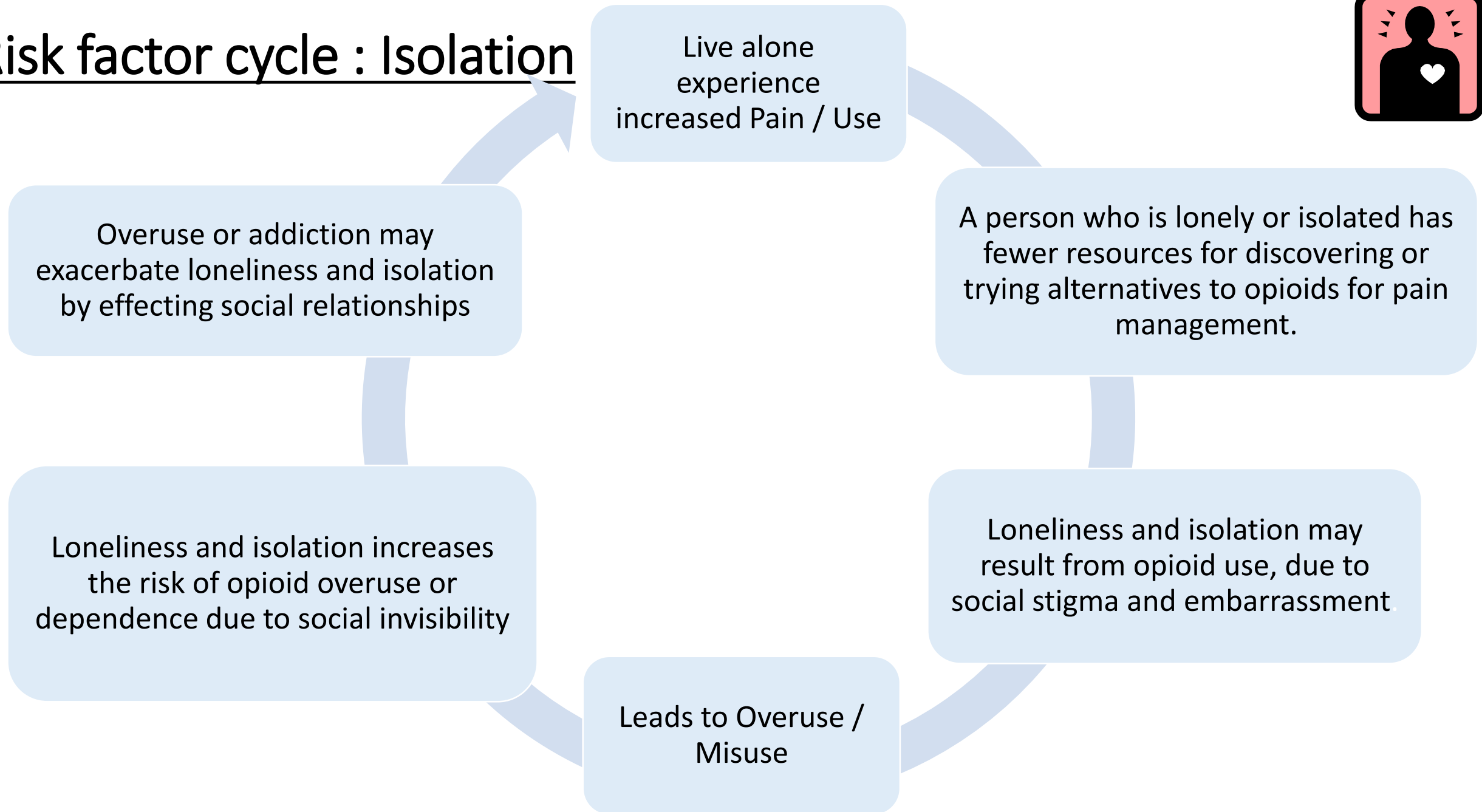
Risk factor: Misunderstanding the directions

- May lead to inconsistent timing, forgotten, or repeated doses because of poor instructions or communication about adverse drug effects or side effects such as constipation, drowsiness, and dizziness.
- Visual impairment, hearing loss, language barriers may also reduce an older adult's ability to read, hear, understand instructions.
- Cognitive impairment may reduce the ability to understand or remember instructions.
- May lead to overdoses or adverse drug reactions with damaging or even fatal consequences.





Risk factor cycle : Isolation



Opioid Use Risk factors for Older Adult

- Older adults also tend to be using multiple medications or consuming alcohol, which can interact with opioids and cause serious side effects.
- Increases the risk of a fall, which can lead to multiple secondary problems or death.
- May introduce periods of cognitive impairment.
- Can impede relationships, and can lead to reduced contact with and support from significant others.
- Can reduce physical activity.
- May lead to behavioral changes.



Addiction/Dependence

Difficult to Identify in Older Adult

- Older adults with a substance use disorder, such as an opioid use disorder, may have symptoms similar to those of depression, delirium, or dementia.
- These considerations create a complex challenge making it difficult to detect opioid use and addiction among older adults.



Adverse Drug Effects of Chronic Opioid Therapy

96% of seniors on chronic opioid therapy reported having 1 Adverse Drug Reaction, while 79% reported having 2 or more. Gregorian et al.(2010)

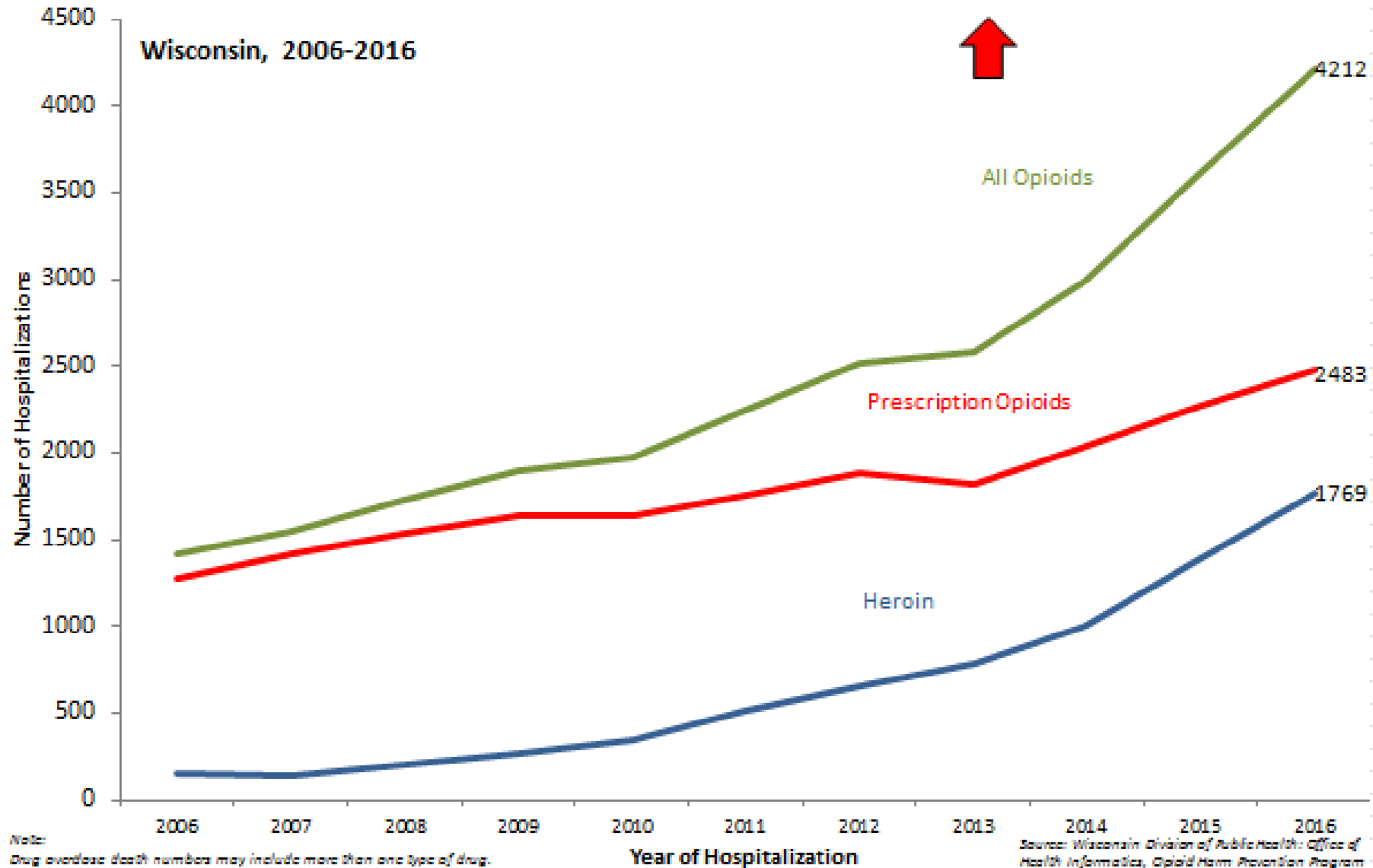
- a. Respiratory Depression >1% per year
- b. Breathing Problems in Sleep 25%
- c. Falls causing hip or pelvic fractures 1-2% per year
- d. Constipation 30-40%
- e. Serious Intestinal Blockage >1% per year
- f. Impotence, Osteoporosis 25-75%
- g. Sedation 15%
- h. Problems with sleep 25%
- i. Depression, Anxiety 30-40%
- j. Opioid Use Disorder 5-30%
- k. Dry mouth, tooth decay 25%



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3466038/>

Opioid-Related Hospitalization, 2006-2016

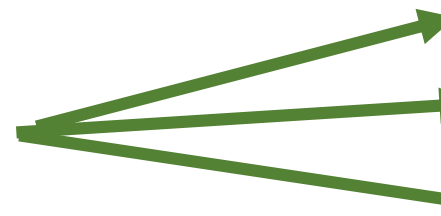
Opioid-Related Hospitalizations Are Driven by **Prescription Opioids**.



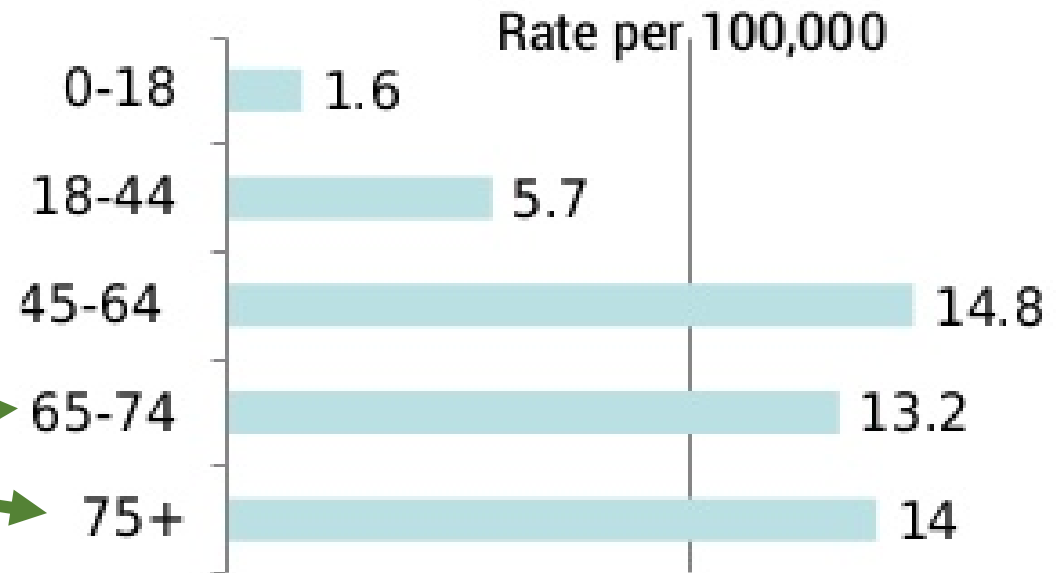
Hospitalization due to Prescription Opioid Overdose

increased in older adults

(45-75+ y/o)



Opioid Hospitalization Rate (per 100,000),
2010-2014



Source: Oregon Health Authority

Misuse Risk factors for the Older Adult



Once prescribed, older adults may:

- Fear giving up medication that makes them feel better.
- Lack information about alternatives and about methods of tapering medications to avoid withdrawal.

Elderly Opioid Addiction: <https://www.youtube.com/watch?v=st7fyVdgF-8>

What are Opiates & Opioids?

- Opiates are a natural substance created from the opium poppy. These include heroin, morphine and opium.
- Opioids are the synthetic versions. These include the following:



- **Generic Name**

Fentanyl
Hydrocodone
Hydromorphone
Morphine
Oxycodone

- **Brand Name**

Duragesic
Norco, Vicodin
Dilaudid, Exalgo
Astrapmorph, Avinze
OxyContin, Percocet
Tramadol



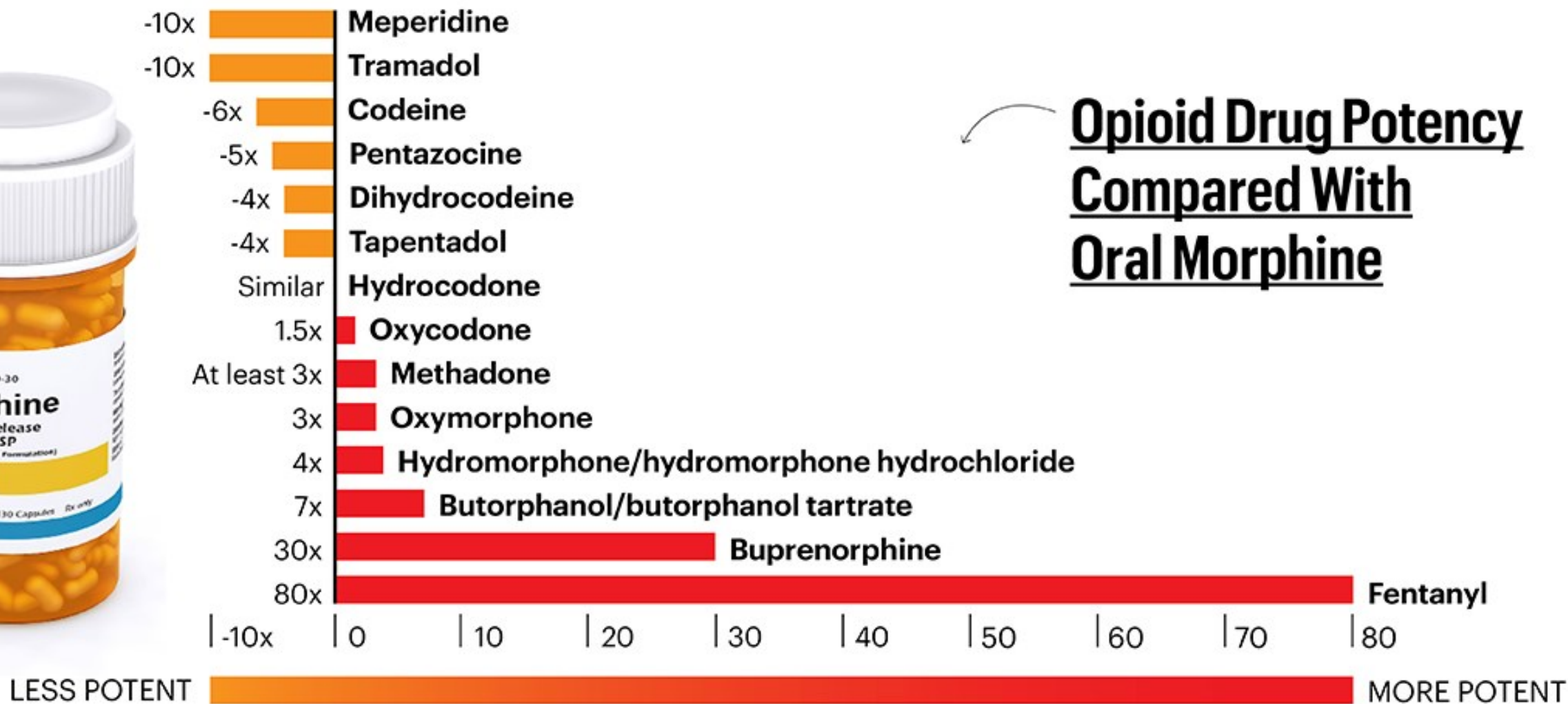
THE DRUGS

THE FDA HAS APPROVED 18 OPIOID DRUGS

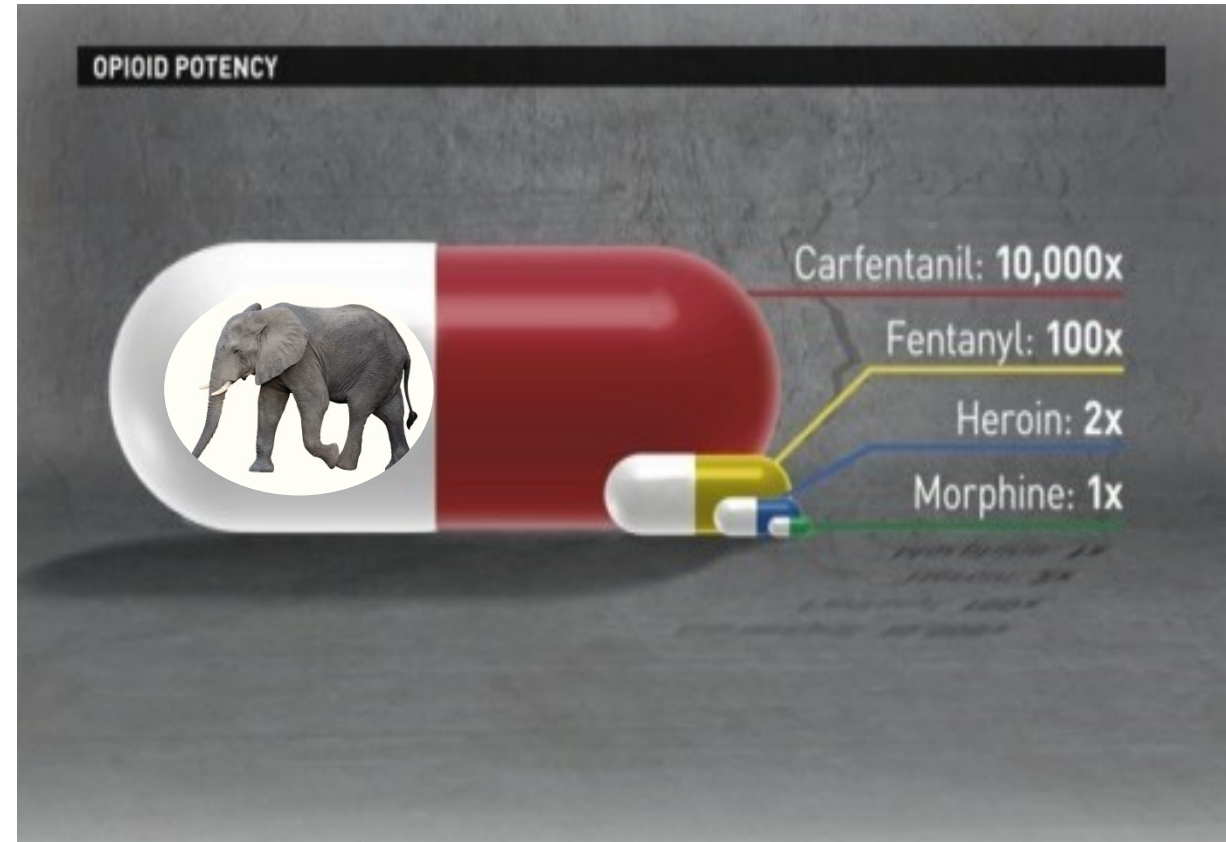
The generic names are listed here. Drugs primarily used in surgery (such as alfentanil and remifentanil) were not included.

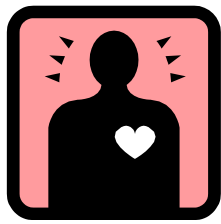


Opioid Drug Potency Compared With Oral Morphine

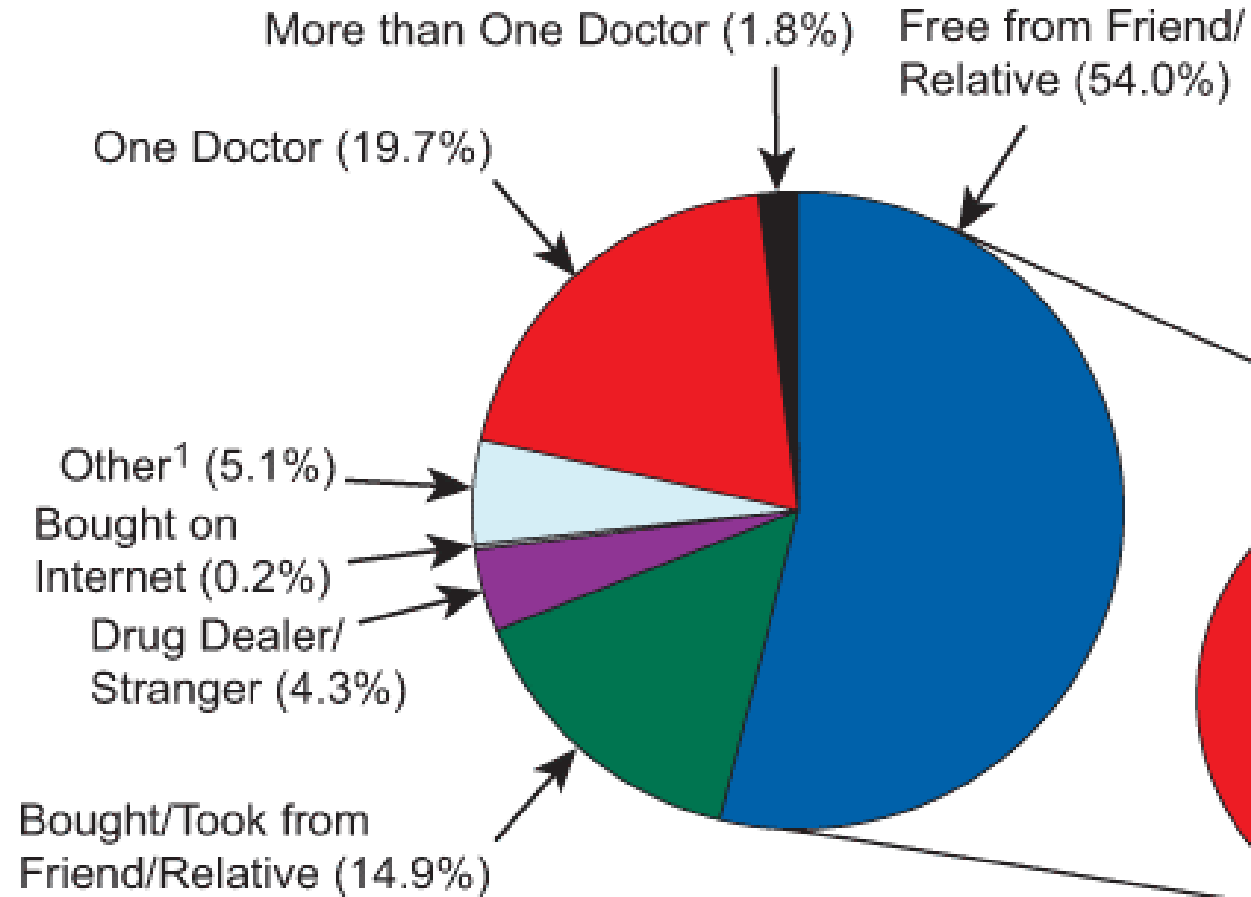


Heroin, Fentanyl, and Carfentanil

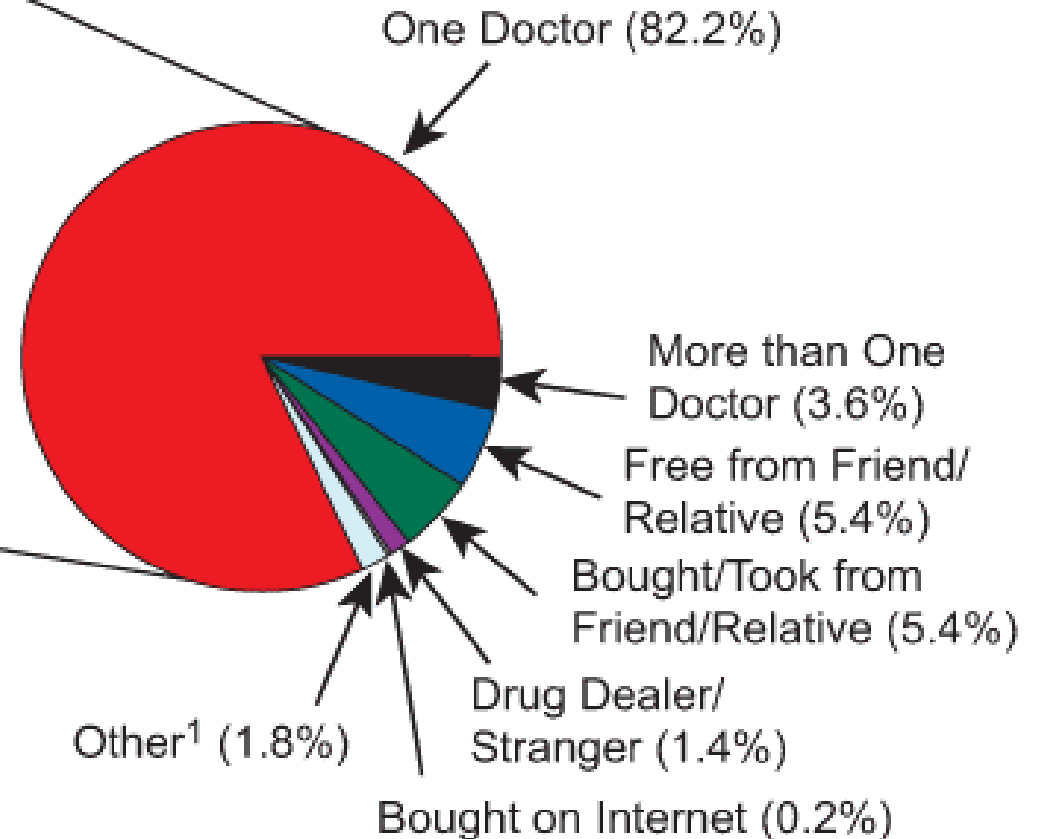




Source Where User Obtained



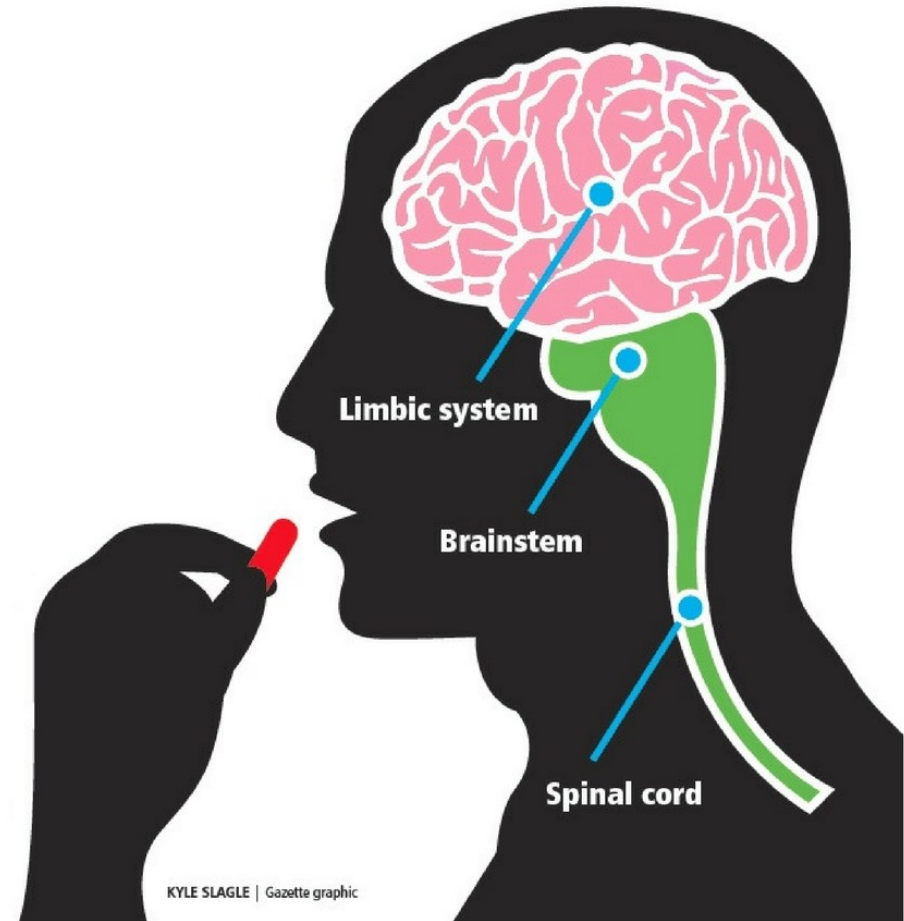
Source Where Friend/Relative Obtained



What is an Opiate / Opioid?

- All opioids act the same way:
attach to specific receptors
in
 - the brain,
 - spinal cord,
 - and gut,**and act in the same way.**

Create a physical and psychological dependence.



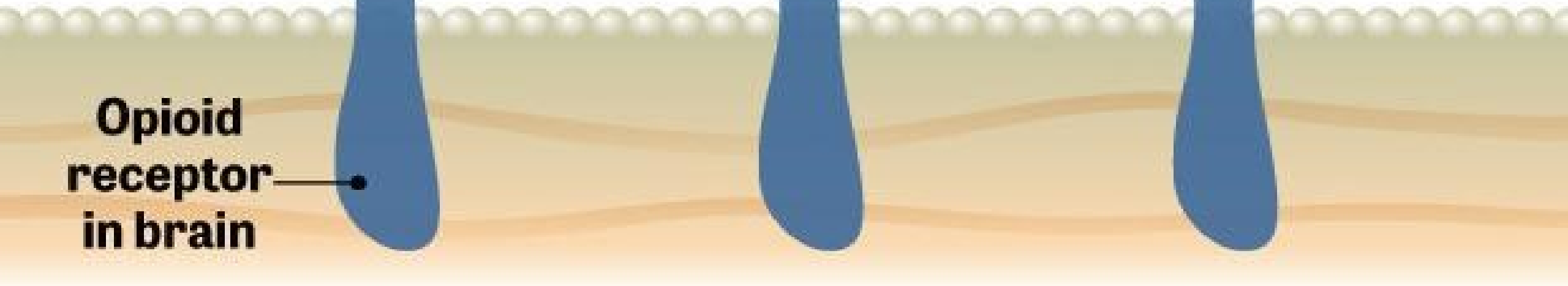
Opioid



Opioids
attached to
receptors



**Opioid
receptor
in brain**



Once Attached:

Analgesic (pain relief)

Anti-anxiety

Stimulates the brain's Pleasure Center
by releasing dopamine & endorphins

Produces a general calming sensation

Treats diarrhea & vomiting

Suppresses cough

They are depressants:

Slows down Sympathetic
Nervous System

- Cause sleepiness
- Slow Heart Rate
- Slow Breathing
- Slow thinking /reasoning
- Slow the gut-motility

Opioids can be taken in **MANY** ways

- **Swallowed** (pills, suckers, dissolvable tablets)
- **Injected** (intravenously)
- **Smoked** (vaping, juuling)
- **Snorted** (sniffed, nasal sprays)
- **Absorbed** through the skin/mucosa (patches)



What can happen with opioid use

- **Intolerance**

- Allergic reaction, nausea, vomiting

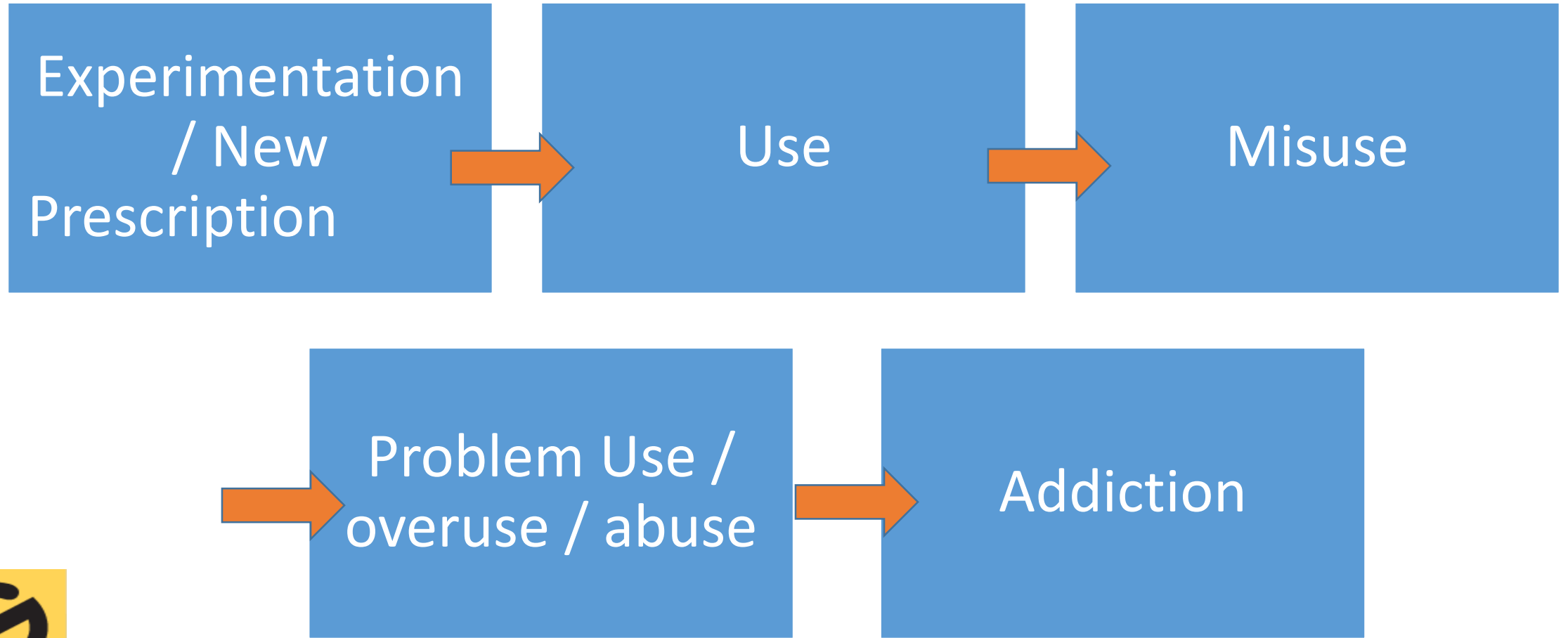
- **Tolerance**

- You need to take more or higher doses of the same medication in order to get the same relief.
- Tolerance begins with the first dose. (but may not become evident until 1-3 weeks)

- **Physical / Psychological Dependence**

- You have symptoms of withdrawal when the medication is stopped.

Progression of the Disease



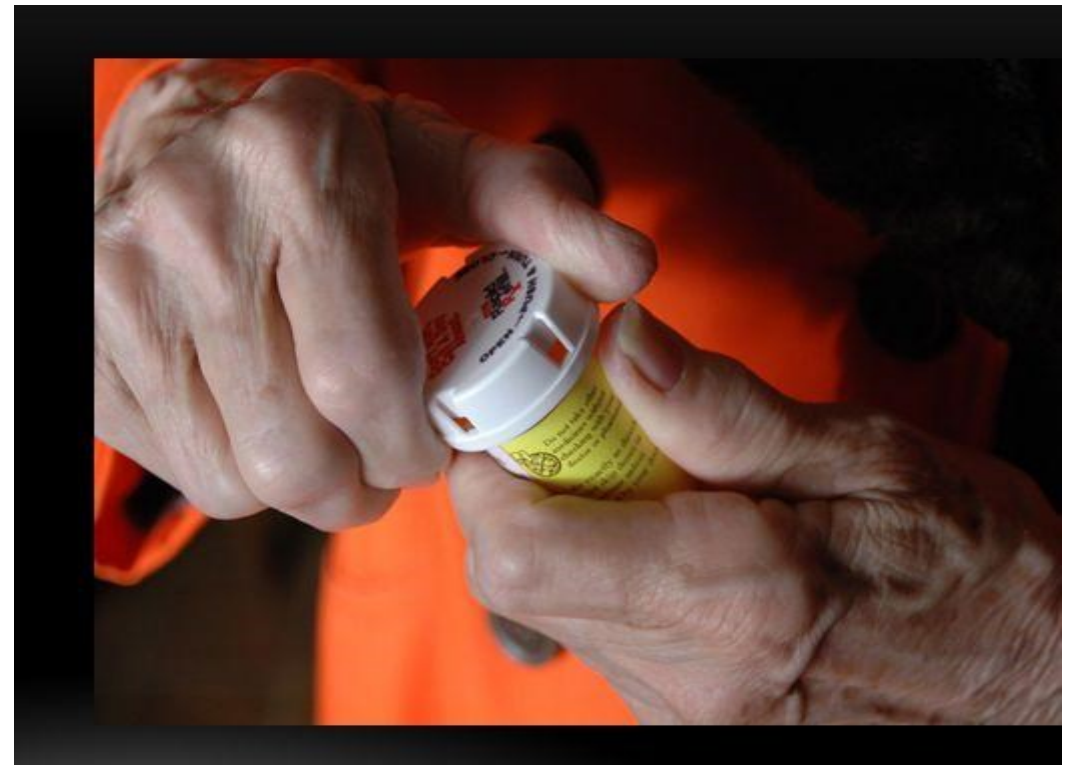
What is Addiction?

- ▶ Addiction is a disease of the brain
- ▶ Structural and functional changes to the reward system, motivation, and memory centers of the brain
- ▶ Hereditary
- ▶ Progressive
- ▶ Chronic
- ▶ Co-occurring Mental Health
- ▶ Co-occurring Trauma

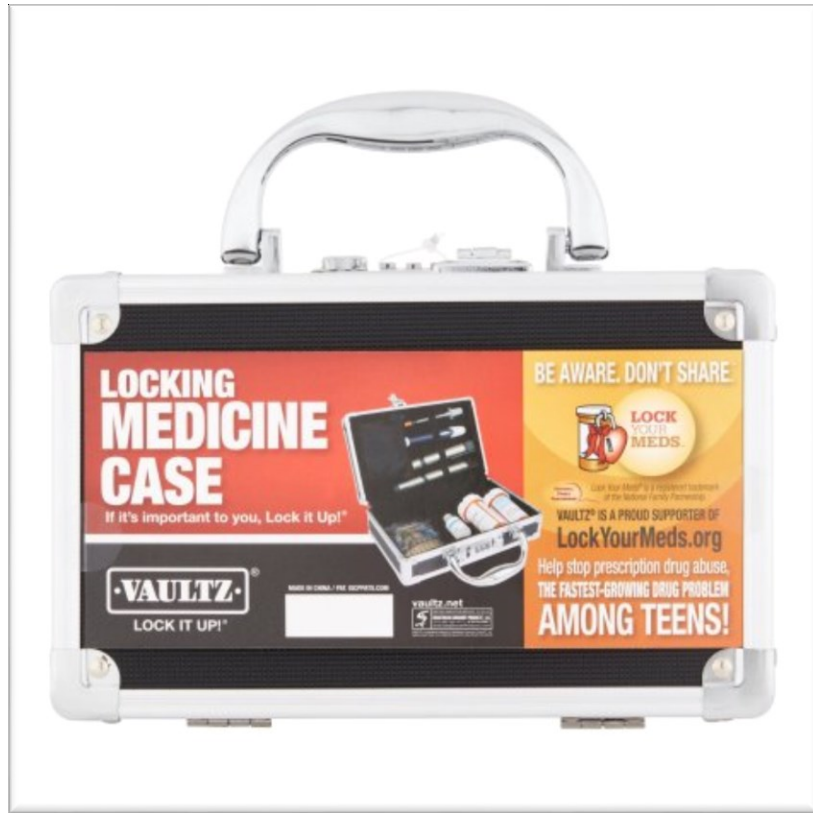


Signs there might be misuse

- Drowsiness
- Lethargy
- Needle marks on arms or other parts of the body
- Nodding out
- Constricted pupils
- Red / raw nostrils (from sniffing)
- Withdrawal symptoms



Safe Storage and Disposal



- 1. If you are currently taking prescription opioids, use a lock box to avoid diversion.
- 2. If you have prescription opioids that you are not using, take them to a MedDrop Box or to a Drug Take Back.
Event <https://safercommunity.net/meddrop/>
- 3. Do not give your prescription medications to others, even if they say they are in pain.



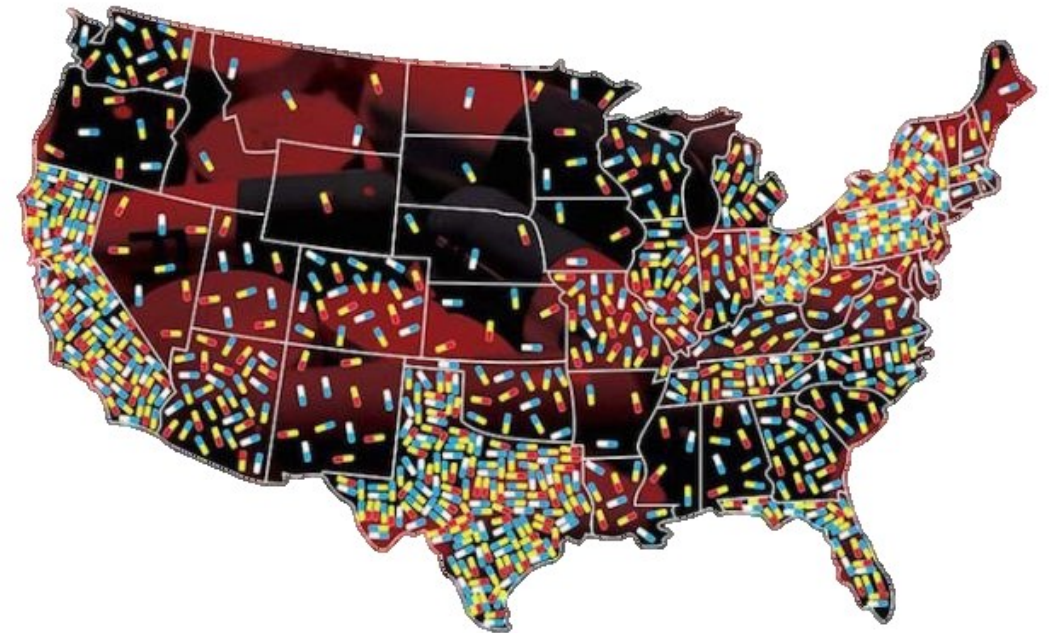
Overdose



An overdose can occur when someone **misunderstands** the directions for a prescription narcotic medication (accidentally takes an extra dose)

or **deliberately misuses** either a prescription opioid

or **illegal use** such as heroin/pill





An **overdose** can happen instantaneously, within minutes or even hours after opiate is taken into the body



How Overdose Occurs

- ▶ Opioids repress the urge to breathe
- ▶ Carbon dioxide levels increase
- ▶ Oxygen levels decrease
- ▶ Process takes time
- ▶ There is time to respond, but no time to waste

1

- Slow breathing

2

- Breathing stops

3

- Lack of oxygen may cause brain damage

4

- Heart stops

5

- **Death**

How to identify an “**overdose**” situation

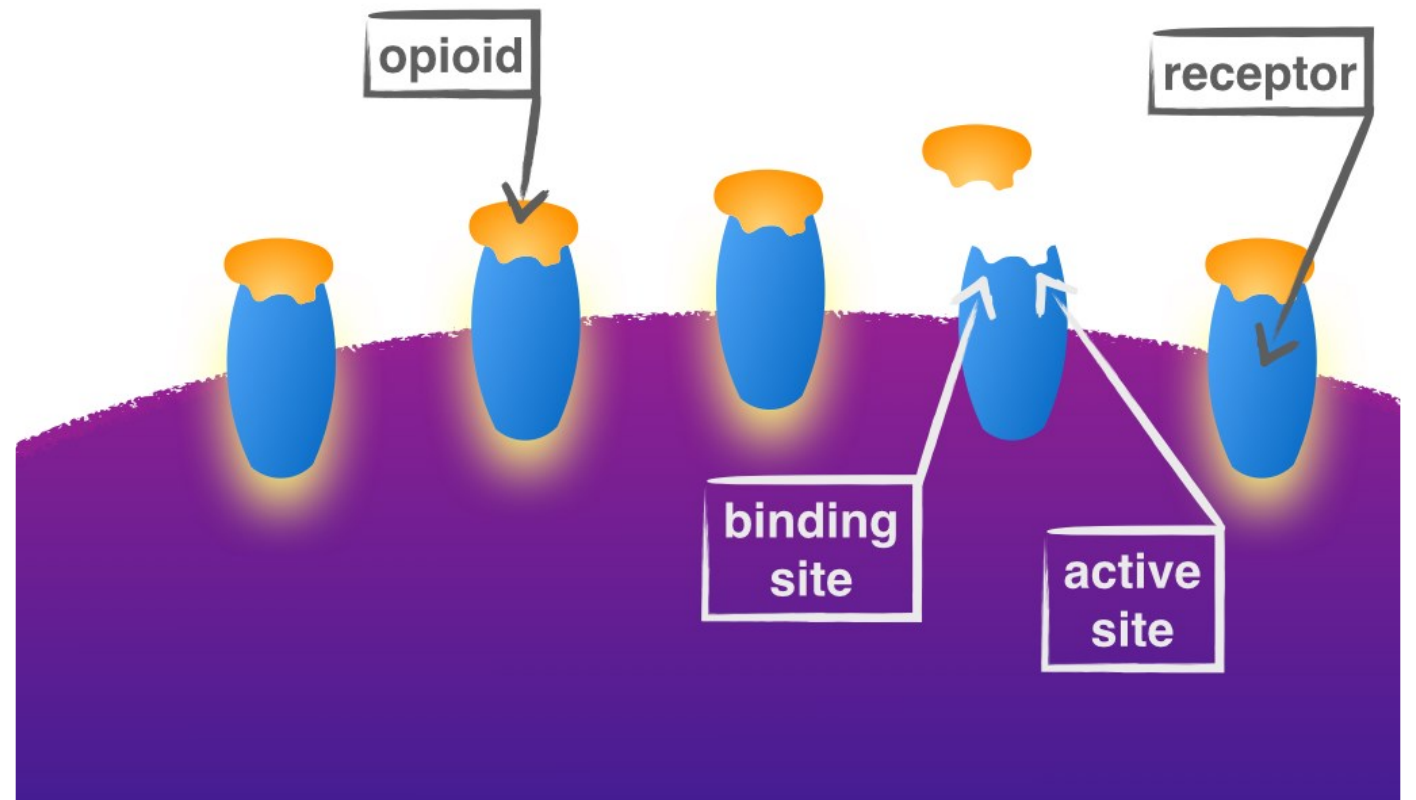
- **Slow shallow breathing**
“agonal” breathing often known as the death rattle
- **Snoring or gurgling**
- **Unresponsive** even to sternal rub or pain
- **Loss of Consciousness / Extreme lethargy** [can’t wake the person]
- Needles present or needle marks on arms or other parts of the body
- **Extremely small bilateral constricted pupils**
- **Blue / purple [grey] colored lips, fingers, nailbeds**
- **Slow or no heartbeat**

How can an overdose occur?

Too much opioid attaching to too many brain receptors will slow or stop the urge to breathe.

The person's breathing can be so slow or stop to the point that they do **NOT** have enough oxygen to survive.

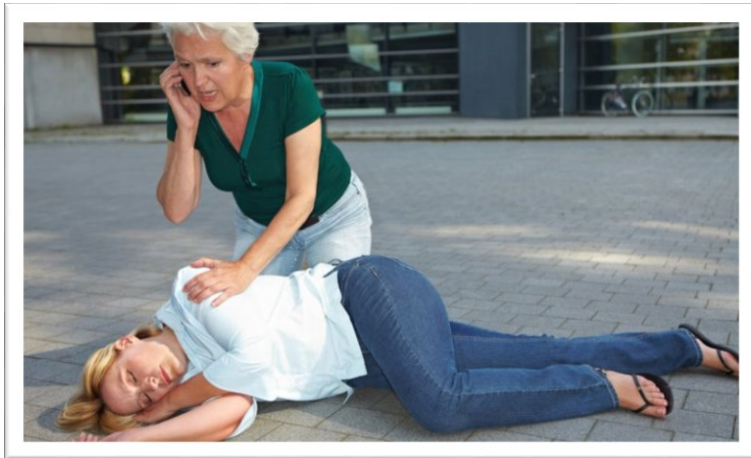
This leads to death.



Responding to an overdose

Call 9-1-1 immediately!

- If NOT breathing, perform CPR.
- If breathing but unconscious, use the “recovery position.”



<https://www.youtube.com/watch?v=oT8EsHuikwY>

Naloxone

- used to safely reverse the effects of an opioid overdose
- <https://www.dhs.wisconsin.gov/opioids/naloxone-pharmacies.htm>



Naloxone: the antidote for overdose



Accidental Ingested Poisonings
may need – Syrup of Ipecac

Allergic Reactions need –
Epinephrine (Epi-pen)



Low blood sugar events need –
sugar or Glucagon



Heart Attack needs – (AED)
Automated External
Defibrillator

Opiate overdose needs -
Naloxone

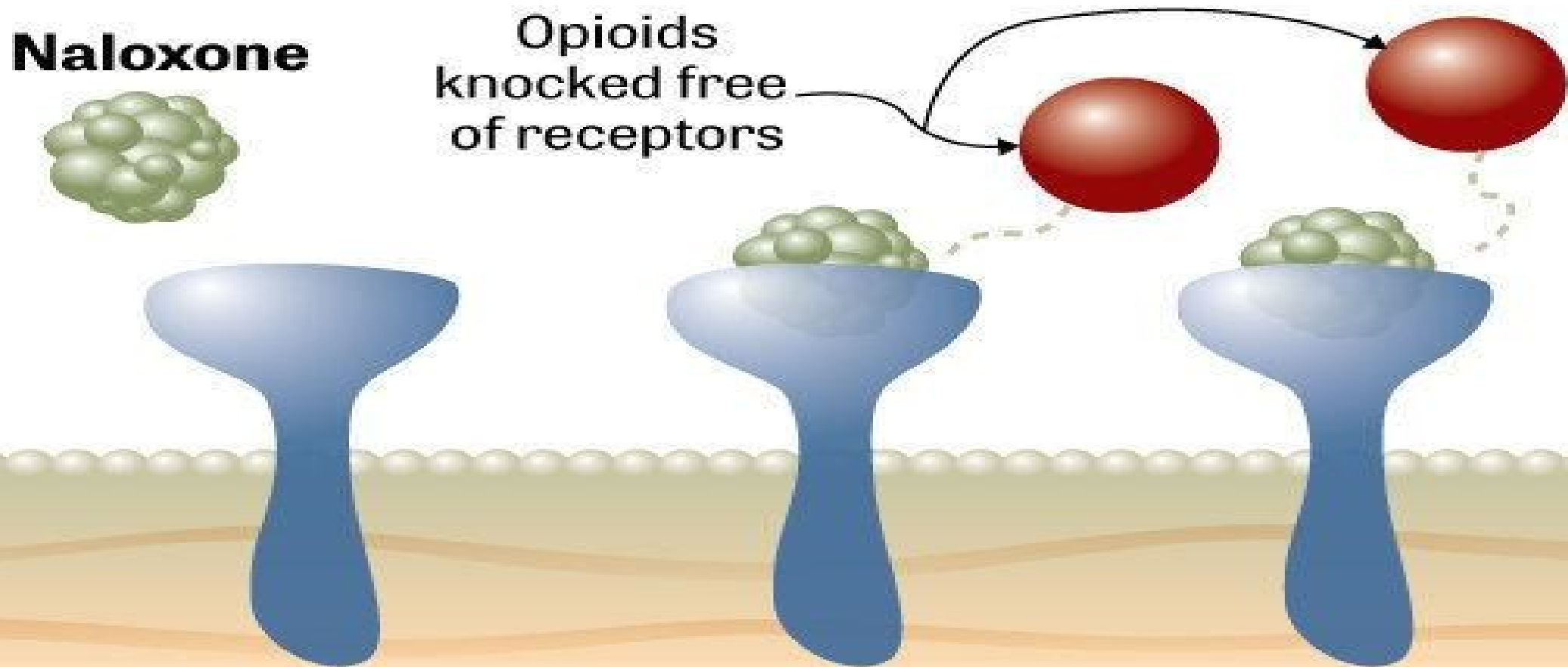


Naloxone acts a “place holder” –

- Naloxone does ***NOT*** neutralize the opiate drug in the blood stream.
- Has no potential for abuse
- Has no effects on its own and does not interact with other medications including other drugs or alcohol
- It “hits the pause button”



Naloxone has a stronger affinity to the opioid receptors than opioid drugs, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



FAQ's

- **Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent.**
- **Naloxone has no potential for abuse is NOT a scheduled or controlled substance.**
- Naloxone can be administered by minimally trained laypeople,.
 - Makes it ideal for treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other opioids.
- Allergies? Pregnant women?



Individuals can

Use prescription painkillers only as directed by a health care provider. Use of medication minders (aka: pill boxes),

Make sure they are the only one to use their prescription painkillers. Not selling or sharing them with others helps prevent misuse and abuse.

Store prescription painkillers in a secure place and dispose of them properly.*

Get help for substance abuse problems if needed (1-800-662-HELP).

You can . . .

- Integrate Depression Screenings and BRIEF intervention.
- Build relationships with substance use / abuse treatment and prevention providers and professionals
 - Refer person to help
- Encourage use of Co-prescribing (the provider includes a prescription for Naloxone with every Opiate Rx.
- Encourage social interaction
- Learn Mental Health First Aide for Older Adults
- Learn to administer Naloxone aka: Narcan
- Implement and encourage participation in programs such as:
 - Chronic Pain Self-Management, Living Life Well with Chronic Conditions
 - Living Well with Chronic Conditions
 - PEARLS / IDEAS

Specific Treatment Needs for the Older Adult

1. Ability to connect with peers
 - a. Some seniors report feeling uncomfortable around younger peers
 - b. Senior specific programming is the gold standard but resources are limited
2. ADA accessible compliant facilities
3. Morning / Daytime programs
4. Treatment providers must be able to accept that other health concerns may make treatment sporadic
5. Collaboration with clinical pharmacist and Medical providers to establish medication reviews
6. Transportation ease



A photograph of a doctor with blonde hair in a ponytail, wearing a white lab coat, talking to an elderly man with a grey beard wearing a maroon shirt. They are in a medical office with a human spine model in the background. The text is overlaid on the left side of the image.

**Be your own advocate.
Ask your doctor about
non-opioid pain medication
alternatives.**

#HopeActLiveWI

ADRC or Aging Units are available in all 72 WI counties. (CPSM / CDSM / Diabetes / Falls Prevention

Thank YOU



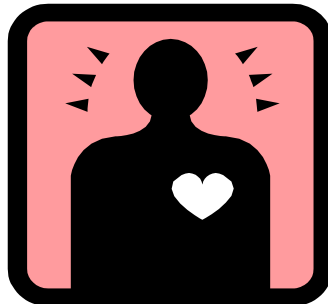
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