

Navigating Opioid Use Disorder in Long-Term Care Facilities

Treatment, Screening, & Education (Part 1)



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Objectives

- Define opioid use disorder and explain the prevalence of the disorder in the older adult population
- Explain the risk factors for opioid use disorder and describe ways to reduce these risks
- Describe the various screening tools for opioid use disorder

Case 1

A 68-year-old female was admitted to the facility after a hospital stay for cholecystitis. She has a history of chronic pain and has been taking oxycodone 10mg po every 8 hours as needed at home for several years.

She arrives to the facility with orders for oxycodone 5mg po every 8 hours as needed and immediately asks for an increase in her dose. The physician denies the request for dose escalation.



Case 1 (Continued)

One week later, the resident is found unresponsive, apneic, and hypoxic. 911 is called, naloxone is administered, and the resident's condition improves.

After the resident is taken to the emergency department, a nurse finds a foil packet in the resident's bed containing several pill fragments and a powder which appears to be crushed pills.

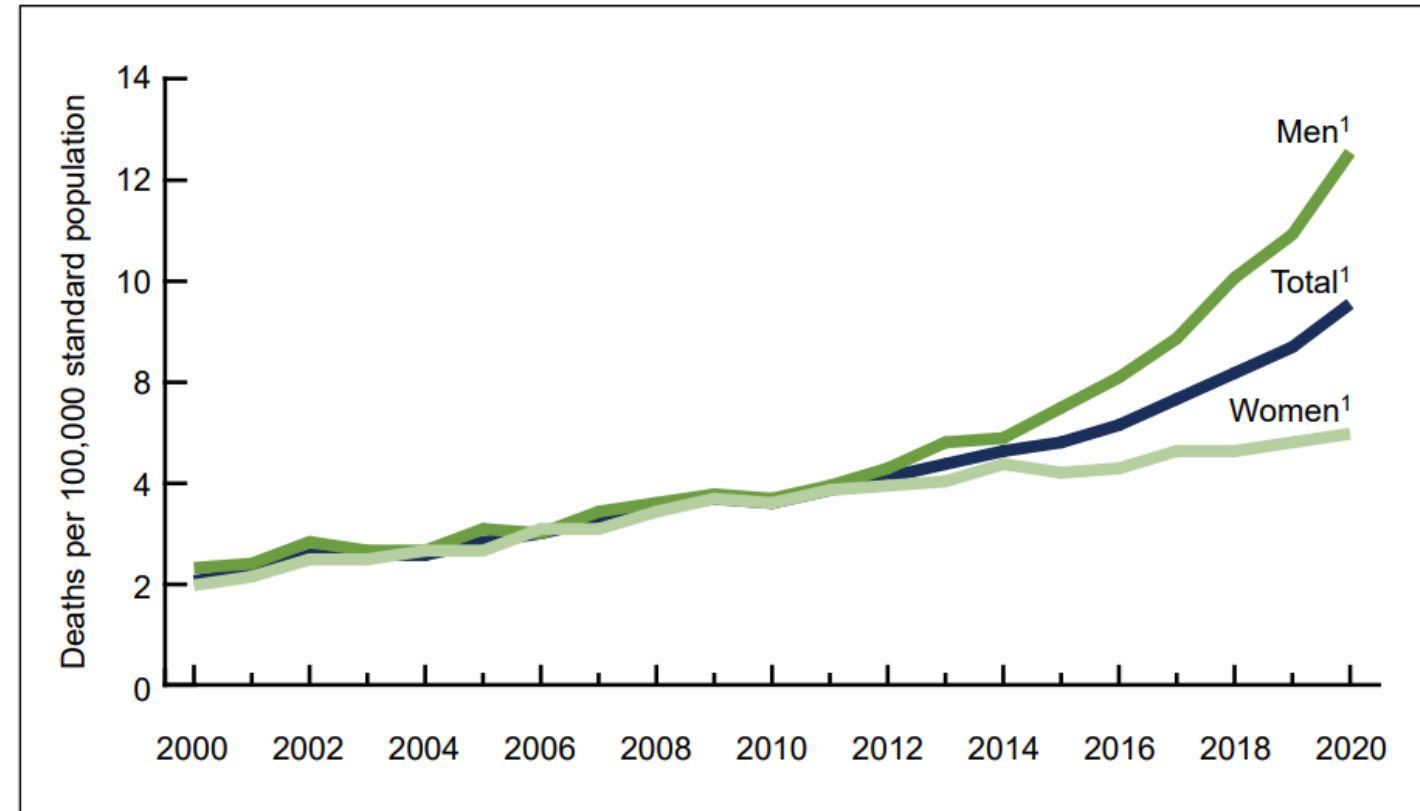


Risk of Overdose

- Between 2000 and 2020, age-adjusted rates of drug overdose deaths for adults aged 65 and over increased from 2.4 to 8.8 deaths per 100,000 standard population.
- The age-adjusted rate of drug overdose deaths involving synthetic opioids other than methadone (such as fentanyl) for adults aged 65 and over increased by 53% between 2019 (1.9) and 2020 (2.9).

Numbers

Figure 1. Age-adjusted drug overdose death rate for adults aged 65 and over, by sex: United States, 2000–2020



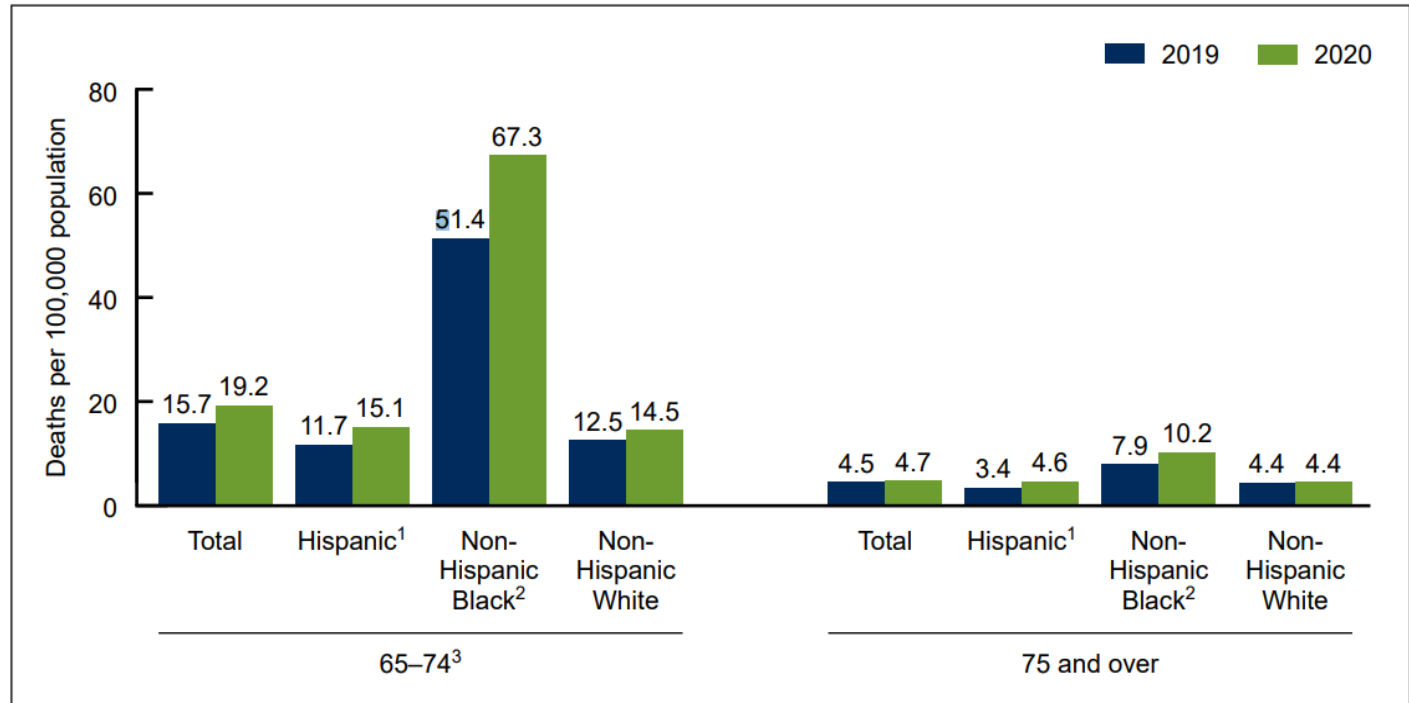
¹Significant increasing trend from 2000 through 2020 with different rates of change over time; $p < 0.05$.

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db455-tables.pdf#1>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Drug Overdose Death Rates

Figure 2. Drug overdose death rate for men aged 65 and over, by age group, race and Hispanic origin, and year: United States, 2019–2020



¹Rates were significantly lower than rates for non-Hispanic Black men in 2019 and 2020; $p < 0.05$.

²Rates were significantly higher than rates for non-Hispanic White men in 2019 and 2020; $p < 0.05$.

³Rates for 2020 were significantly higher than 2019 for all groups; $p < 0.05$.

NOTES: Total includes races and origins not shown separately. Data for categories other than non-Hispanic White and non-Hispanic Black should be interpreted with caution because of inconsistencies in reporting race and ethnicity on death certificates, censuses, and surveys. Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 2 at: <https://www.cdc.gov/nchs/data/databriefs/db455-tables.pdf#2>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Opioid Use Disorder (OUD) Definition

“An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli. These persistent drug effects may benefit from long-term approaches to treatment.”

American Psychiatric Association

Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)

Arlington, VA, American Psychiatric Association, 2013

Diagnostic Criteria

- OUD is manifested by at least 2 out of 11 defined criteria occurring within a year.
- Severity:
 - **Mild:** 2-3 criteria
 - **Moderate:** 4-5 criteria
 - **Severe:** Greater than or equal 6 criteria

Opioid Use Disorder: Diagnostic Criteria

- Taking opioids in larger amounts or over a longer period of time than intended
- Having a persistent desire or unsuccessful attempts to reduce or control opioid use
- Spending excess time obtaining, using, or recovering from opioids
- Craving opioids
- Continued opioid use causing inability to fulfill work, home, or school responsibilities
- Continuing opioid use despite having persistent social or interpersonal problems
- Lack of involvement in social, occupational, or recreational activities
- Using opioids in physically hazardous situations
- Continuing opioid use in spite of awareness of persistent physical or psychological problems
- Exhibiting tolerance symptoms, as defined by either of the following:*
- a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect, or
 - b. Markedly diminished effect with continued use of the same amount of an opioid.
- Exhibiting withdrawal symptoms, as manifested by either of the following:*
- a. The characteristic opioid withdrawal syndrome, or
 - b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

**Tolerance and withdrawal are not considered to be met for those taking opioids solely under appropriate medical supervision*

Opioid Use Disorder in Older Adults

- A small number of older adults are diagnosed with OUD, but the diagnosis tripled in this population from 2015 to 2018.
- A study identified that among individuals over age 50 prescribed opioids for chronic pain, up to 35% admitted misusing their prescription.
- Among adults over the age of 55 years, opioids have been found to be the primary substance of use in approximately 20% of addiction treatment admissions.

OUD Among Hospitalized Older Adults

- 7,243,208 older Medicare beneficiaries who had an acute inpatient hospitalization in 2016
- 75,157 beneficiaries had a diagnosis of OUD listed
- Beneficiaries with an OUD-related hospitalization were over twice as likely to have a liver disease diagnosis, had longer hospital lengths of stay, were more likely to be readmitted to the hospital within 30 days.
- 26.4% of beneficiaries with OUD were discharged to a skilled nursing facility (SNF) for post-acute care

OUD Considerations for Older Adults

DSM-5 Criteria for SUD	Consideration for Older Adult
A substance is often taken in larger amounts or over a longer period than was intended.	Cognitive impairment can prevent adequate self-monitoring. Substances themselves may more greatly impair cognition among older adults.
There is recurrent substance use in situations in which it is physically hazardous.	Older adults may not identify or understand that their use is hazardous, especially when using substances in smaller amounts.
Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.	Older adults may not realize the problems they experience are from substance use.
Important social, occupational, or recreational activities are given up or reduced because of substance use.	Older adults may engage in fewer activities regardless of substance use, making it difficult to detect.
A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.	Consequences from substance use can occur from using relatively small amounts.

OUD Considerations for Older Adults

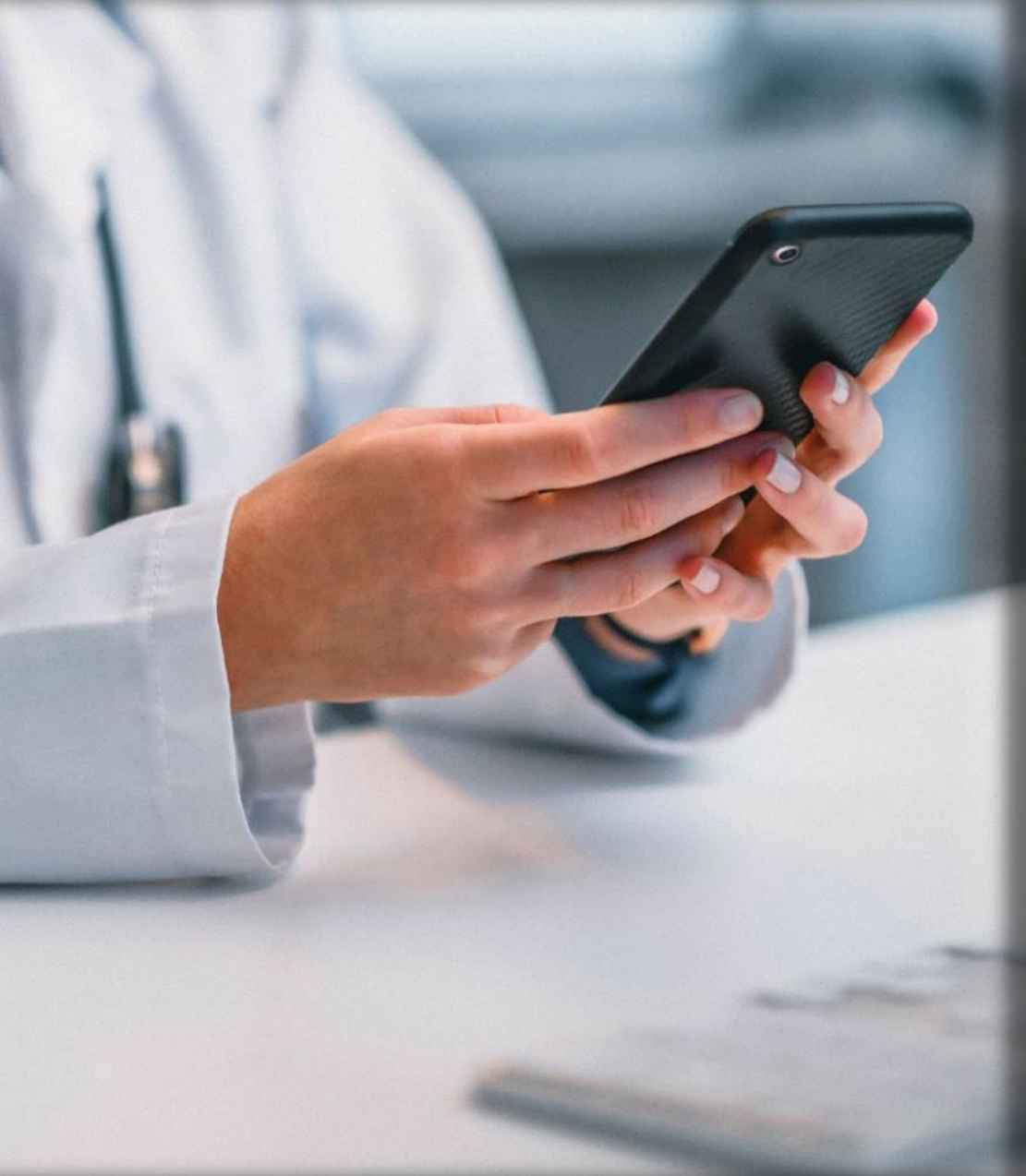
DSM-5 Criteria for SUD	Consideration for Older Adult
<p>Tolerance is developed, as defined by either of the following:</p> <ol style="list-style-type: none">1. A need for markedly increased amounts of the substance to achieve intoxication or the desired effect2. A markedly diminished effect with continued use of the same amount of the substance	<p>Because of the increased sensitivity to substances as they age, older adults will seem to have lowered rather than increase in tolerance.</p>
<p>Withdrawal, as manifested by either of the following:</p> <ol style="list-style-type: none">1. The characteristic withdrawal syndrome for the substance2. The substance or a close relative is taken to relieve or avoid withdrawal symptoms	<p>Withdrawal symptoms can manifest in ways that are more “subtle and protracted.” Late-onset substance users may not develop physiologic dependence; <i>or</i> nonproblematic users of medications, such as benzodiazepines, may develop physiologic dependence.</p>

Opioid Use, Misuse, and OUD

- Chronic opioid use is typically defined as last 3 months or longer.
- Opioid misuse is defined as:
 - Taking an opioid in a way other than prescribed
 - Taking another person’s opioid medication
 - Taking the medication to “get high”
- Opioid use disorder is defined as use of opioids that causes significant distress or impairment.

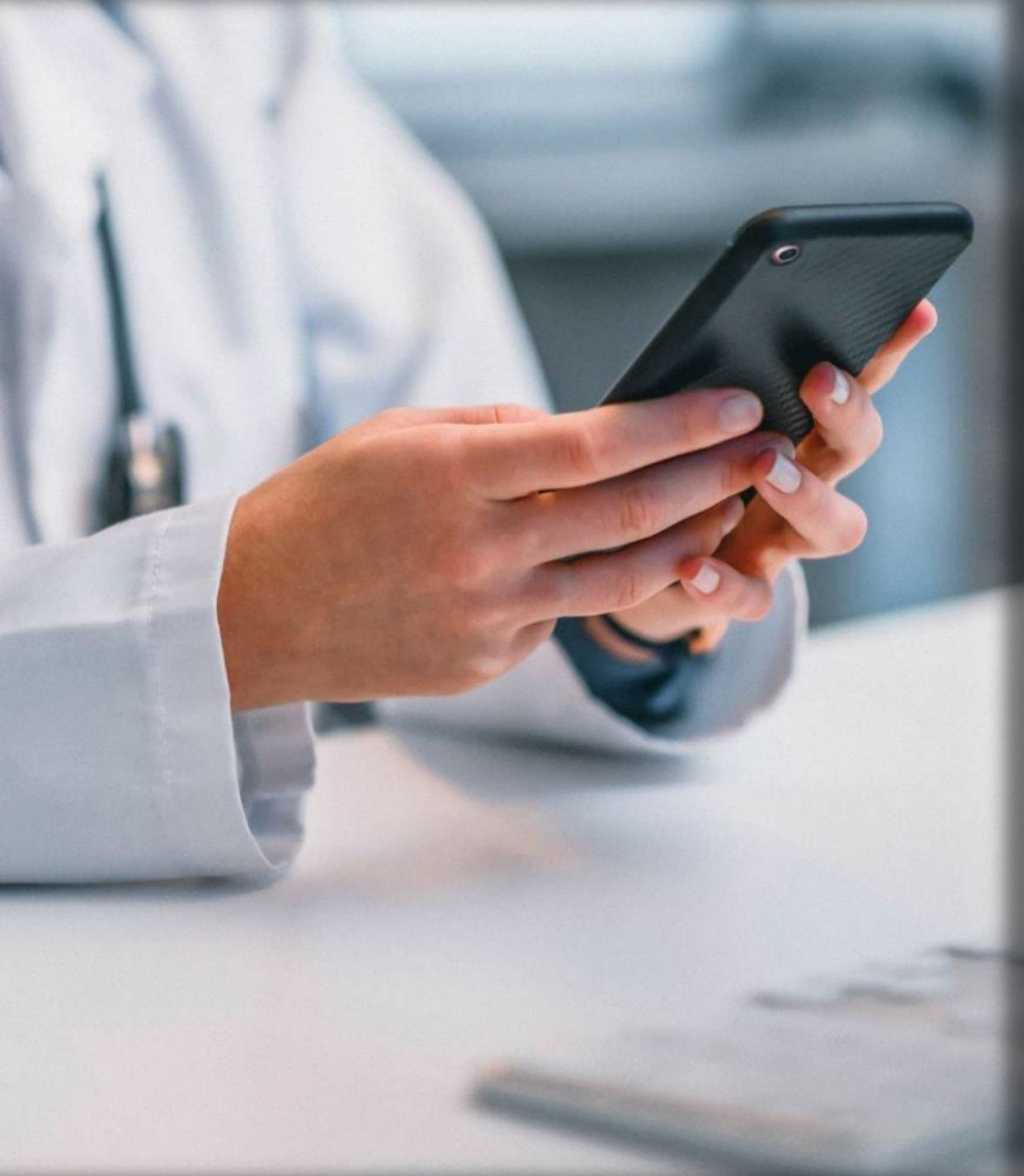
Definitions

Concept	Definition
Substance use disorder	Based on criteria outlined in DSM-5. A group of symptoms indicating that an individual continues to use a substance despite significant problems associated with its use.
Tolerance	An individual requires increased drug doses to achieve desired effect due to drug use over time.
Physical Dependence	An individual will have drug specific withdrawal symptoms which can occur with abrupt cessation, rapid dose reduction, reduced blood level of the drug, or administration of an antagonist.
Addiction	A chronic disease with many factors (genetic, psychosocial, environmental) that influence its development. The term is not used as a diagnostic term.
Aberrant drug-related behavior	Behavior lies beyond the scope of a mutually agreed-upon treatment plan.
Misuse	Use of a medication for reasons other than prescribed or for non-medical uses. Can be intentional or unintentional. Includes altering dose or sharing medication.
Abuse	Misuse that occurs with consequences. Consequences include injuries, blackouts, or legal problems.
Diversion	Engaging in the illicit transfer of a controlled substance from legal distribution and dispensing channels to illegal ones, as well as acquiring controlled substances through unlawful means.
Withdrawal	A syndrome which occurs when blood levels of a drug is reduced after chronic use.



Think About It...

The following text message is based on a real text I received while on call during a weekend. While I read the text message, consider the “red flags” of possible risks for opioid use disorder. Also, think about how you would respond to the this text if you were the one being called. Formulate a plan to move forward.



Resident in 2201 has bad arthritis and has 1 50mg tramadol twice daily for pain. States will not take only one, residents wants 3 (150mg) in the morning and 2 (100mg) at night otherwise won't take it and wants the order changed to hydrocodone. What would you like me to do with the order? Resident just had left trans-metatarsal amputation.

Screening for OUD Risk

<https://www.qualityinsights.org/qin/resources#opioid-risk-assessment-tool-fillable>

Opioid Risk Assessment Tool

Resident Name: _____ Admit Date: _____

This tool should be administered to patients upon admission and readmission. Score each box as appropriate, or enter "0" if not applicable.

Family History of Substance Abuse	Female	Male	Score
Alcohol	1	3	
Illegal Drugs	2	3	
Prescription Medication	4	4	

Personal History of Substance Abuse	Female	Male	Score
Alcohol	3	3	
Illegal Drugs	4	4	
Prescription Medication	5	5	

Psychological Disease	Female	Male	Score
Attention deficit disorder (ADD), obsessive-compulsive disorder (OCD), bipolar, schizophrenia	2	2	
Depression	1	1	

Other Factors	Female	Male	Score
Currently age 16-45	1	1	
History of preadolescent sexual abuse	3	0	

Total Score	
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Current Opioid Orders per Plan of Care: _____

Total Score Key

≤ 3 = Low risk for opioid abuse


4 – 7 = Moderate risk for opioid abuse

≥ 8 = High risk for opioid abuse

Nurse Completing Risk Assessment: _____ Date: _____

Physician Review: _____ Date: _____

Any changes to current plan of care to be addressed in New Orders



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Guidance

- **Low risk of opioid abuse:** If opioids are prescribed utilize standard screening
- **Moderate risk of opioid abuse:** Consider alternatives to opioids, if opioids are prescribed avoid dose escalation. Monitor behaviors closely along with standard screening.
- **High risk of opioid abuse:** Avoid prescribing opioids. If opioids are prescribed, limit order to a few days and monitor behaviors closely.

Why Is a Screening Tool Necessary?

1. To reassure residents who are anxious about their risk of developing OUD, and to explain that their history does not mean their pain will not be managed
2. To inform residents and families that planning for safe and effective pain management will be enhanced through the use of these tools
3. To discuss with residents who have a risk of OUD that safeguards will be used to help them manage pain and referral for treatment is available if needed



Case 2 – Let's Check In

A 44-year-old male is admitted to the facility after a hospitalization for a lumbar laminectomy and fusion. He was ordered oxycodone 5mg every 6 hours as needed for pain in the hospital, but this medication was stopped prior to discharge to SNF. He arrives and asks for “something stronger than oxycodone 5s.” He states his pain is “105/10.”

Medications

- Gabapentin 800mg po q8
- Escitalopram 10mg po qd
- Cyclobenzaprine 10mg po tid
- Metoprolol succinate po 50mg qd
- Buspirone 10mg po tid
- Amlodipine 10mg po qd
- Quetiapine 300mg po qhs



Case 2 – Recommendations

- Perform a thorough history and physical
- Ensure accurate diagnosis for quetiapine
- Utilize opioid risk assessment tool and consider non-opioid options if this individual is moderate- to high-risk for opioid use disorder
- Utilize multimodal approach in pain management (non-pharmacologic and non-opioid pharmacologic)
- Communicate findings and plan with resident





Case 3 – Let's Check In

A 84-year-old female is admitted to the facility after a hospitalization for femur fracture and repair. She was ordered hydrocodone-acetaminophen 5/325mg po q4 prn in the hospital, but this was discontinued prior to discharge. She states that she is in “excruciating pain,” but does not want to “get hooked on pain pills.”

Medications

- Donepezil 10mg po qd
- Acetaminophen 650mg po q6 prn
- Furosemide 20mg po qd
- Sertraline 50mg po qd



Case 3 – Recommendations

- Perform a thorough history and physical
- Utilize opioid risk assessment tool and consider non-opioid options if this individual is moderate- to high-risk for opioid use disorder
- Consider prescribing opioid if low-risk on screening and reassuring resident with results
- Utilize multimodal approach in pain management (non-pharmacologic and non-opioid pharmacologic)
- Communicate findings and plan with resident

What Factors Can Reduce Risk of Long-Term Use and OUD?

- Shorter day supply
- Lower daily dose
- Use of Schedule III-IV opioids only
- Not prescribing opioids to individuals at risk of OUD



Screening for OUD

- **Drug Abuse Screening Test [DAST-28](#) or [DAST-10](#):** Gives “zone” of use and “indicated” action
- **The Tobacco, Alcohol, Prescription medications, and other Substance Tool [TAPS](#):** Has two components. The first component (TAPS-1) is a 4-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs. If an individual screens positive on TAPS-1 (i.e., reports other than “never”), the tool will automatically begin the second component (TAPS-2), which consists of brief substance-specific assessment questions (TAPS-2) to arrive at a risk level for that substance.

TAPS

TAPS

Tobacco, Alcohol, Prescription medication, and other Substance use Tool

In the PAST 12 MONTHS, how often have you used tobacco or any other nicotine delivery product (i.e., e-cigarette, vaping or chewing tobacco)?

Daily Or Almost Daily

Weekly

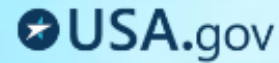
Monthly

Less Than Monthly

Never



5% complete



National Institutes of Health - Turning Discovery into Health

Screening Tools Resources



Screening and Assessment Tools Chart

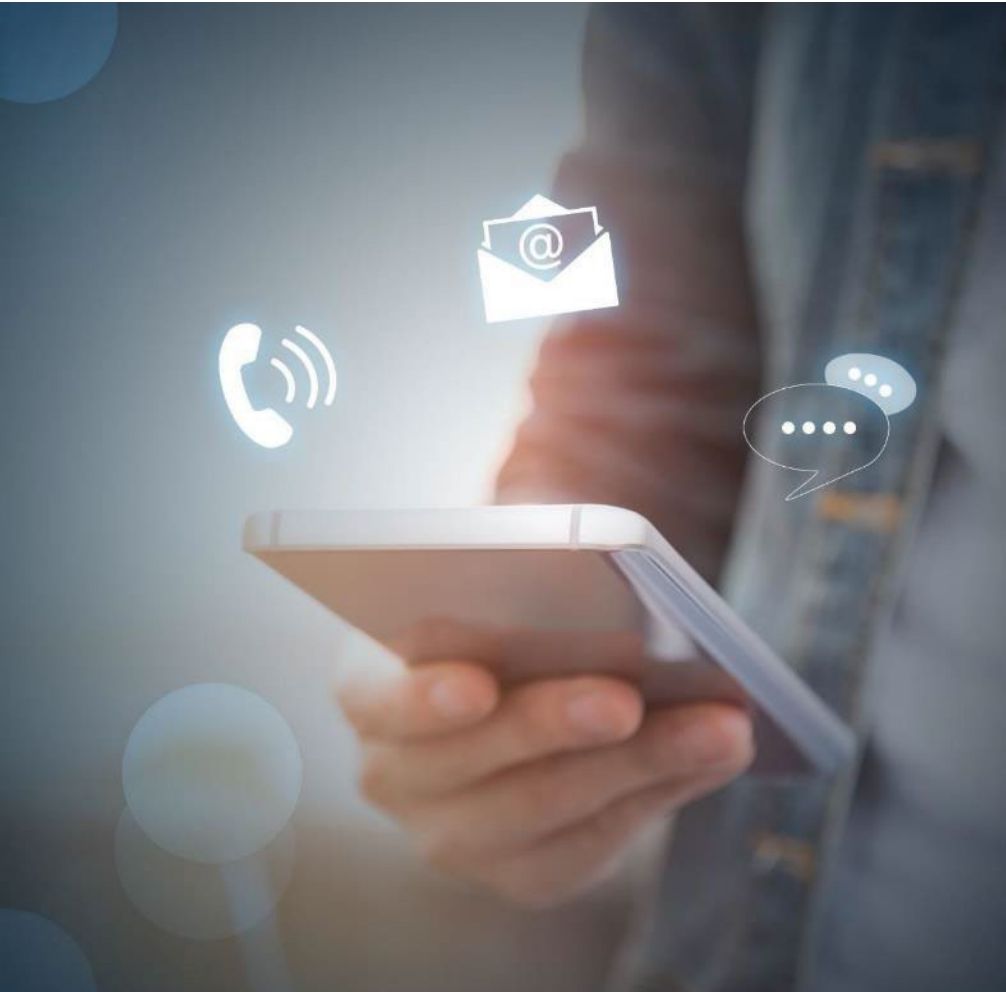
Screening tools

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	

Questions?



Contact



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