Opioid-Related Harm in Older Adults
Older Adults

Older adults also are at risk for experiencing opioid-related harm and developing patterns of misuse. Although the prevalence of opioid and other substance use disorders is substantially higher in younger patients, older adults are not immune from the risk of non-medical use and substance use disorders, including addiction.

First time admissions for illicit drug use is trending upward in older adults (defined as 55 years or older). In 2012, there were nearly 358,000 admissions involving individuals aged 61 years and older to facilities reporting to individual state administrative data systems, most commonly for alcohol or sedatives as the primary substance. Approximately 17,500 of these admissions were for treatment of an opioid use disorder (other than heroin) in 2012. Rates of admissions for opioid use disorder continued to rise rapidly between 2013-2015 (53.5% increase). Because of higher rates of substance use disorders in the current “baby boomer” cohort, illicit and non-medical drug use among older adults is expected to increase in the future.

Opioid therapy for persistent non-cancer pain in older adults also is associated with an increased risk of fall-related injuries and all-cause mortality. Additionally, the rate of hospital stays involving opioid overuse has increased significantly over the last two decades across all age cohorts. In 2012, more than 100,000 inpatient stays in patients 65 years and older were attributed to opioid overuse. Additionally, nearly one-third of Medicare Part D recipients being treated with opioid analgesics have prescriptions from multiple prescribers. Whether this primarily reflects the fragmented care that is typical in this population, or is indicative of broader patterns of substance misuse is not clear. Like their younger counterparts, serious opioid use disorders and addiction are more likely to occur in older individuals who have a prior history of substance use disorders.

A 2018 study by the Agency for Healthcare Research and Quality indicated that opioid-related hospitalizations increased more than 50 percent and opioid-related emergency department (ED) visits more than doubled between 2010 and 2015. In 2015, 124,300 hospitalizations and 36,200 ED visits occurred due to complications resulting from opioid use.

The new report measuring prescription opioid use among seniors in the noninstitutionalized population, meanwhile, estimated that nearly 1 in 5 senior adults, on average, filled at least one opioid prescription in 2015 and 2016 and that 7 percent of seniors filled 4 or more opioid prescriptions, which the report considered to be “frequent use.”

Among other findings, report authors found frequent use of opioids was more likely among seniors who were poor or low income compared to those who were middle or high income; more likely among seniors with Medicare and other public insurance compared to those who had Medicare only or Medicare and private insurance; and more likely among seniors living in rural areas compared to those living in urban areas.
“These reports underscore the growing and under-recognized problems with opioid use in older populations, including those who suffer from chronic pain and are at risk for adverse events from opioids,” Khanna said. “The challenge is safe prescribing for those who need opioids for pain while avoiding overuse or misuse.”

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Reference


4. Substance Abuse and Mental Health Services Administration. Treatment Episode Dataset. Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race, and Ethnicity Year = 2012, United States.


11. Internet Citation: New AHRQ Reports Highlight Seniors’ Struggles with Opioids. Content last reviewed September 2018. Agency for Healthcare Research and Quality, Rockville, MD.