COLLABORATIVE MENTORSHIP NETWORK

for Chronic Pain and Addiction

Opioid Use in Older Adults – Ideal vs. Actual Patient Journeys

Hosted by: Dr. Cathy Scrimshaw

Speakers: Dr. Lara Nixon & Mareiz Morcos, PharmD

March 24, 2022

Disclosure

- Host: Dr. Cathy Scrimshaw

- Relationships with financial sponsors:
  - Grants/Research support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: I am a part time paid employee of the Alberta College of Family Physicians

Disclosure

- Moderators: Dr. Leah Phillips, Kerri McNabb, Maia Mudric & Jared Leeder
- Relationships with financial sponsors:
  - Grants/Research support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: Paid employees of the Alberta College of Family Physicians

Disclosure of Financial Support

- This program receives financial support.
  - Financial support is received from the Alberta College of Family Physicians through a Health Canada Substance Use and Addictions Program contribution.
- This program does not receive in-kind support
  - This program is presented by the Alberta College of Family Physicians without in-kind support.

Housekeeping

- To capture your attendance, please click on the **survey link** in the chat to enter your name and email.
- We will be using the chat log to collect questions.
- Zoom polling – please enter your responses when they appear on your screen and click the “X” in the top right corner of the poll box to remove it from your screen.
- You may use the “raise hand” feature to verbally ask a question.
- There will be a dedicated time for Q&A at the end of the session.
- An evaluation survey link will be posted in the chat log near the end of the session.

Bio

Speaker: Lara Nixon, MD CCFP(COE) FCFP

Bio: Lara is an academic family physician working in outreach team-based inner city care with older adults with experiences of homelessness. Her research focuses on health equity and integrated inner city health and social service innovations grounded in close collaboration with community partners including service users and providers.

Bio

Speaker: Mareiz Morcos, PharmD, APA, PMP

Bio: Mareiz is a pharmacist who has practised in both community and institutional (continuing care and acute care) for the last 15 years. Mariez is a Leadership Cohort member and speaker for the Alberta Pharmacists Association; is actively involved in deprescribing initiatives at the University of Alberta and McGill; and is a peer reviewer with the Canadian Journal of Pharmacists. She also has Authorization to Give Drugs by Injection, PRC ID, and additional prescribing authorization. She obtained her Doctorate of Pharmacy from the Leslie Dan Faculty of Pharmacy at the University of Toronto in 2019.

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Opioid Use in Older People – Ideal vs. Actual Patient Journeys

Hosted by: Dr. Cathy Scrimshaw

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March 24, 2022

Faculty/Presenter Disclosure

- Faculty/Presenter: Dr. Lara Nixon, MD CCFP (COE) FCFP
- Relationships with financial sponsors:
  - Grants/Research support: Health Canada, CMHA-SSHRC, O'Brien Institute, AMH SCN, AHS
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: Associate Professor, U of C; AHS, The Alex. I have received an honorarium from the Alberta College of Family Physicians for this presentation.

Faculty/Presenter Disclosure

- Faculty/Presenter: Mareiz Morcos, PharmD APA PMP
- Relationships with financial sponsors:
  - Grants/Research support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: Capital Care Group, Waterloo University, University of Alberta – paid employment. I have received an honorarium from the Alberta College of Family Physicians for this presentation.

Welcome!

1. Objectives: ours and yours
2. Opioid Use in Older People
3. Pain Journeys: Ideal vs Actual
4. Chronic Pain with concurrent OUD

How confident are you feeling today in helping George to manage?

George is a 62 year old self-employed house framer, new to your practice:

- *multiple work-related injuries over the past 25 years, with longstanding back and shoulder pain*
- *inadequate relief from max tylenol, naproxen, and gabapentin; tried friend's hydromorphone, allowed him to continue working but then re-injured his back, pain out of control - couldn't work; defaulted on his spousal support, court-order to pay, sold work truck for funds and housing at risk*
- *requests Rx for hydromorphone for LBP & return to work*

Please go to POLL #1

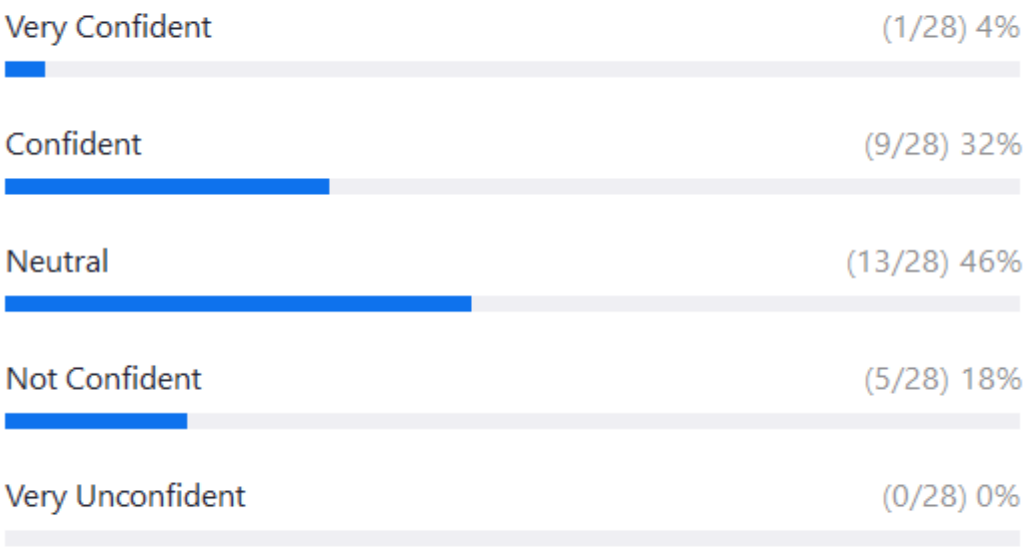
Results

Poll #1

Poll ended | 1 question | 28 of 30 (93%) participated

1. How confident do you feel in supporting this patient to manage their chronic pain: (Single Choice) *

28/28 (100%) answered



Our Objectives

- To critically reflect on older people's experiences in accessing appropriate pain management supports.
- Compare the principles of geriatric patient centred care and harm reduction.
- Describe strategies for reducing opioid-related harms within our care and system environments.

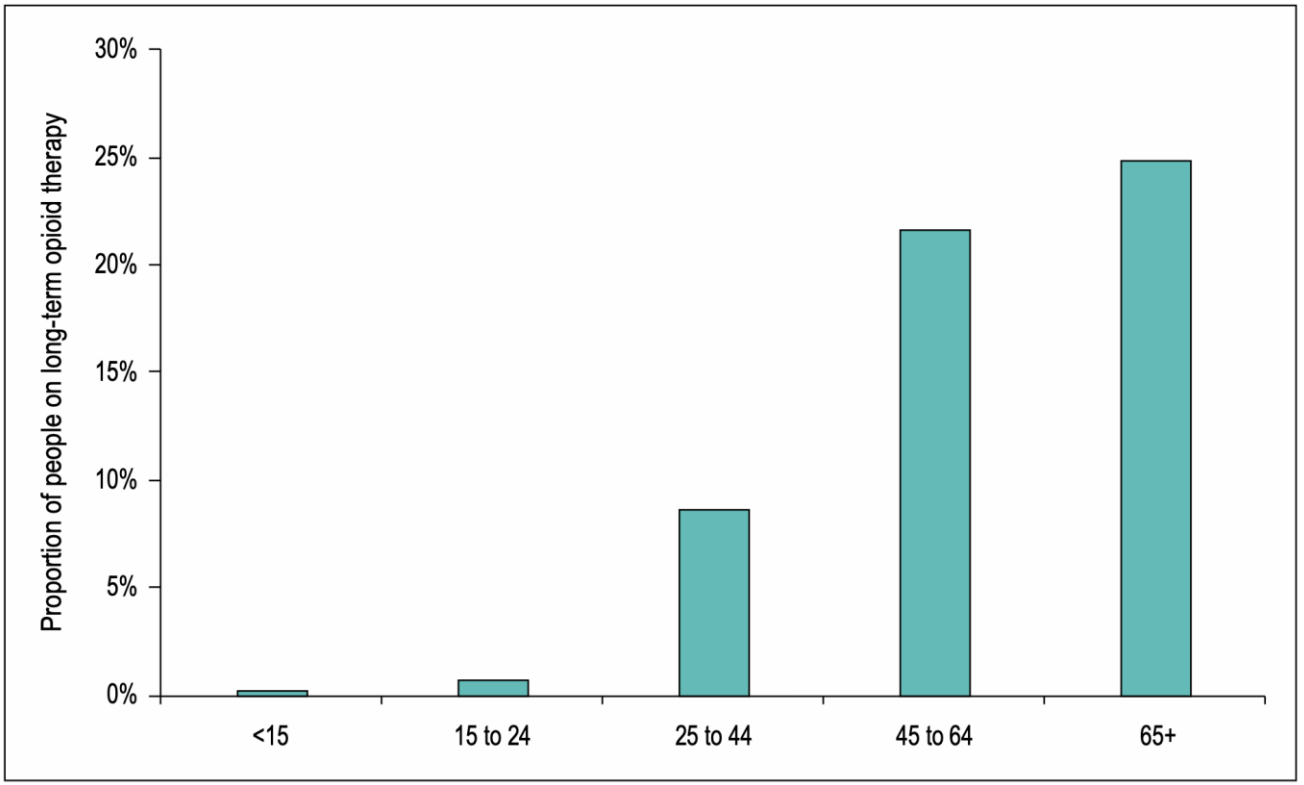
Your Objectives?

Opioid Use is Common in Older People (OP)

- In Canada, **43.9% of OP (age >55) have used a prescription opioid**, and 1.1% of that group have done so daily (or almost daily) in the last year. (CIHI)
- Though the proportion of people starting OU in Canada has trended down from 2013 to 2018, OP (age >65) have consistently received more new opioid prescriptions and have a **higher proportion that go on to long-term OU (24.8%) than any other age group**. (CIHI)
- 2% of OP (age ≥65 years) reported non-medical use of prescription medications.

2012–2013 National Epidemiologic Survey on Alcohol and Related Conditions

Proportion (%) of people prescribed long-term opioid therapy, by age group, 2018 CIHI



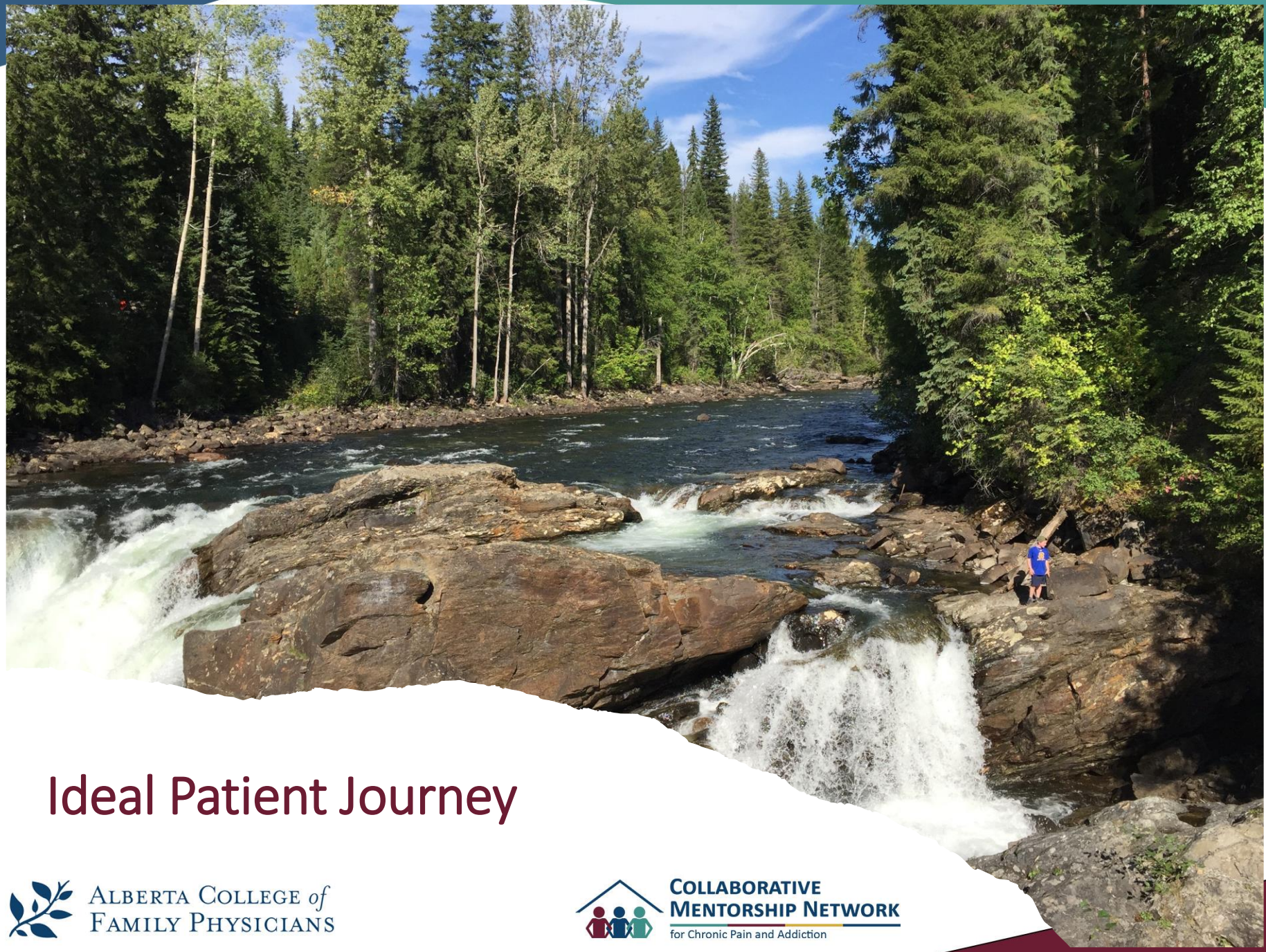
OU in Older People: Comorbidities & Consequences

- Older People (age >50) accounted for **39% of deaths from drug use worldwide** by 2015 and of those deaths in those age ≥65, approx. **75% linked to OU** (WHO)

- In Canada, from 2007-2015, **hospitalizations for opioid overdose were consistently higher in Older People than in any other age cohort** (>20/100,000)
  - Older people=30% of all admissions to hospitals for opioid poisoning
  - Risk factors: polypharmacy, biological changes to the body that occur with older age and comorbid conditions

- When compared to their younger counterparts, Older US veterans with OUD have **higher rates of comorbid mood disorder, post-traumatic stress disorder, hepatitis C, HIV, and chronic pain including neuropathy**

- Opioid misuse was associated with increased odds of **suicidal ideation** in older people



Ideal Patient Journey

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PEER Simplified Chronic Pain Guideline March 2022

Treatment Options

Percentage of patients who will have pain meaningfully reduced (≥30%):

	OSTEOARTHRITIS	CHRONIC LOW BACK PAIN	NEUROPATHIC PAIN
Foundation of treatment	**Physical activity** is the foundation of a treatment plan for osteoarthritis and chronic low back pain.		
Add-on option	**Psychological therapy** is an option for patients with any of these conditions.		
	Placebo or control: 40%	Placebo or control: 40%	Placebo or control: 29%
Additional treatments with clear evidence of benefit	Intra-articular corticosteroids: 70% SNRIs: 61% Oral NSAIDs: 58% Topical NSAIDs: 51%	Oral NSAIDs: 58% Spinal manipulation: 55% TCAs: 53% SNRIs: 50%	Gabapentinoids: 44% SNRIs: 42% Rubefacients (e.g. capsaicin): 40%
Treatments with unclear benefit	Glucosamine Chondroitin Viscosupplementation	Acupuncture Rubefacients (e.g. capsaicin)	TCAs Cannabinoids Topical nitrates
Treatments with evidence of no benefit	Acetaminophen	Corticosteroids (epidural)	Acupuncture Topical ketamine, amitriptyline, doxepin or combinations
Treatments with harms that exceed benefit	Opioids Cannabinoids	Opioids Cannabinoids	Opioids Topiramate Oxcarbazepine

For more information, see **https://pain-calculator.com**.

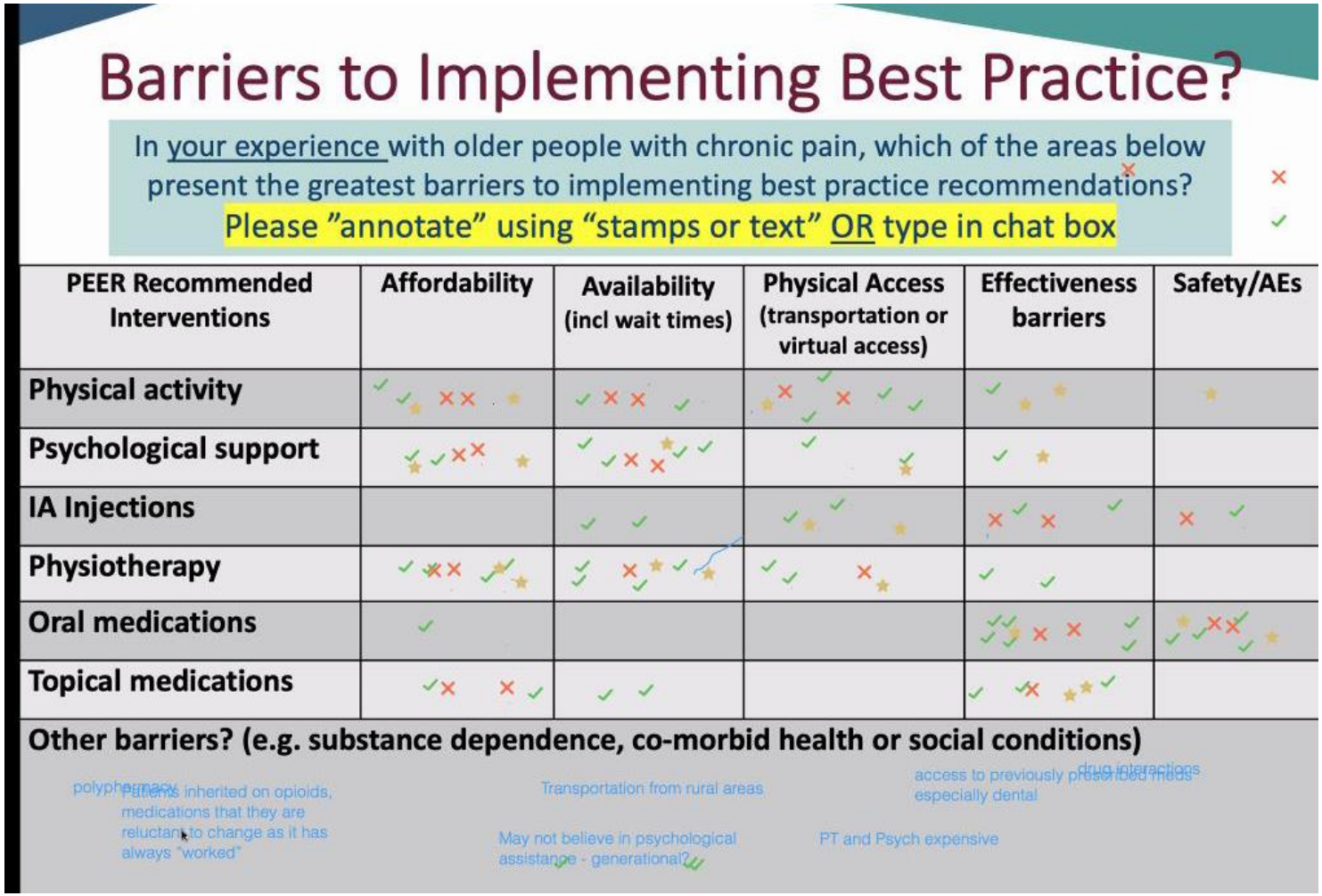
Barriers to Implementing Best Practice?

In your experience with older people with chronic pain, which of the areas below present the greatest barriers to implementing best practice recommendations?

Please "annotate" using "stamps or text" OR type in chat box

PEER Recommended Interventions	Affordability	Availability (incl wait times)	Physical Access (transportation or virtual access)	Effectiveness barriers	Safety/AEs
Physical activity					
Psychological support					
IA Injections					
Physiotherapy					
Oral medications					
Topical medications					
Other barriers? (e.g. substance dependence, co-morbid health or social conditions)					

Annotation Results



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Opioid Dependence in Older People (USA data)

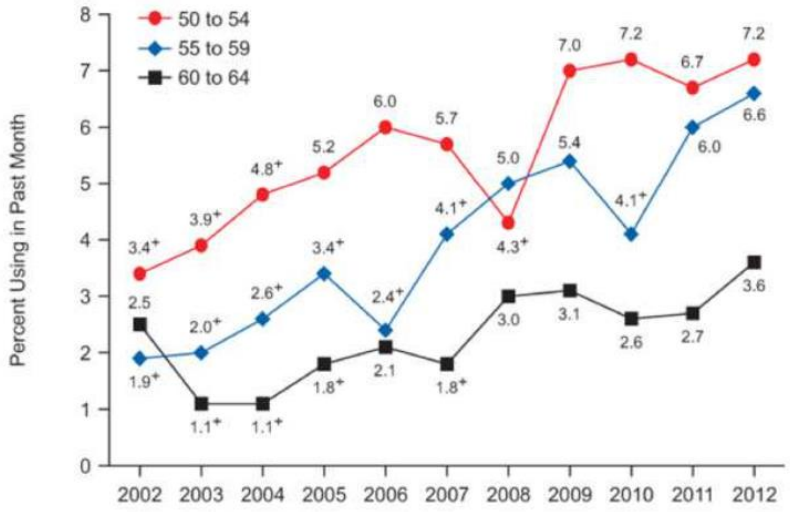

Figure 1. Opiate users by age, 2002–2012. Adapted from *Results From the 2013 National Survey on Drug Use and Health: Summary of National Findings*, by the Substance Abuse and Mental Health Services Administration, 2013, p. 24. Copyright 2014 by the Substance Abuse and Mental Health Services Administration.

The number of older adults who entered treatment for OUD-H (heroin) nearly tripled between 2007 and 2017

Lynch et al 2021

Looking beyond abstinence only

Geriatric Care

Harm Reduction

BOTH

Given the complexity of how substance use can affect chronic medical diseases, the principles of harm reduction are vital to inform patient-provider relationships for adults with medical multi- morbidity and SUD ***to focus on the goals of improving health, maintaining function and independence, and improving quality of life***

Han IJDP 2018

Older People's Experiences of OAT – Scoping Review

Lived Experience

- Aging with addiction
- Being an older person in OAT
- Service experiences

Recommendations

Wylie, Kelly, McInnes, Hayden, Nixon [in progress]

my doctor has been doing all the right things for me – but she's had to bend all the rules to do it. I didn't know that I could yell at my doctor like I do – I'm pretty respectful but also pretty forceful. The chronic pain people – she phones them and they say 'oh yeah, give him the pain pills, what is the difference'. So she DOES it. But that's what I've been arguing all along. I've been saying 'I'm finally at the point where I'm comfortable' – but there's so much pushback.

My doc will say 'Oh no, I can't do that', and then the next week 'OK, I spoke with so-and-so and so now I can'. It's frustrating - I would have thought that the doctors would go beyond this 'choice' model, or these models in general and look at them through MY point of view. My doctor can't do anything at the point of conversation – she always needs permission – WHY do you need permission?

"The Exchange" Community Advisor, HR-HOPEH Project

Harm Reduction with Older People

Our Community Advisors - “The Exchange”

Values statement:

In our diverse community, older people may use substances for many reasons. We respect and care about all community members.

Mission:

To advise on expanding services that promote health and quality of life for older adults in harm reduction housing.

Managing OUD in Primary Care
PEER 2019 Recommendations

PEER 2019
Managing OU in PC

1. Screen for OUD: "POMI" (Prescription Opioid Misuse Index)
2. Primary Care with supportive team:
   Increased adherence & satisfaction, decreased street OU
3. Shared Decision-Making AVOID PUNITIVE MEASURES
   COULD CONSIDER witnessed dosing, UDS, contracts
4. Long-term/indefinite therapy
5. Counseling PLUS Pharmacotherapy

CPSA 2017*
Advice to the Profession

Physicians are expected to:

- *establish an opioid agreement with the patient*
- *order random urine drug testing (rUDT) and/or random pill counts at least annually if the patient is an adult p7*
- *Random urine drug testing (rUDT) and/or random pill counts should be done at least annually for all adult patients on long-term opioids, benzodiazepines, sedatives or stimulants p4*

AP: Prescribing Drugs Associated with SUDS:

*Last revised: Sep 2019, Sep 2018, Sep 2017, Jun 2017
Published: May 2017

Alberta College of Pharmacy: Guidance for Individuals using Opioid Medications

Pharmacists must:

- Establish and maintain a professional relationship
- Complete a thorough assessment, which include review of Netcare every time a prescription for an opioid medication is dispensed or sold.
- Document details of the assessment in the patient record of care
- Have a written treatment plan
- Collaborate with the prescriber
- Monitor individuals for signs of opioid misuse, diversion, or addiction and take appropriate action.

Promoting Best Practice with Older People who use Opioids

Practice-level Strategies

System level strategies

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- *requests Rx for hydromorphone for LBP & return to work*

Please go to POLL #2

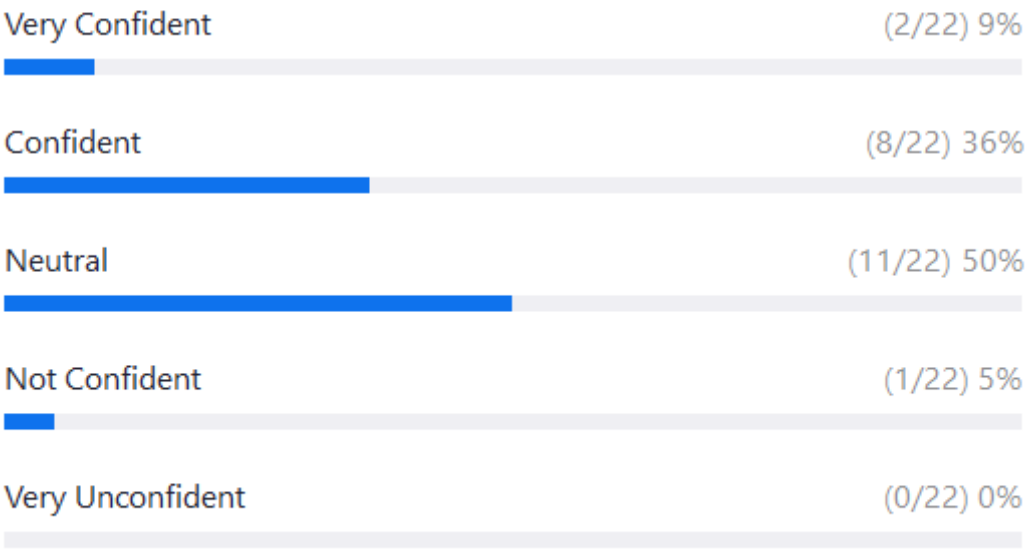
Results

Poll #2

Poll ended | 1 question | 22 of 31 (70%) participated

1. After today's discussion, how confident do you feel in supporting this patient to manage their chronic pain: (Single Choice) *

22/22 (100%) answered



Questions?

Please share your voice…

Please submit 3 key messages in the chat box, of what would help you to improve the care of older people who use opioids.

We will write a letter to AHS, the Minister of Health

References and Resources

1. Canadian Institute for Health Information. *Opioid Prescribing in Canada: How Are Practices Changing?*. Ottawa, ON: CIHI; 2019.

2. Weesie YM, Hek K, Schermer TRJ, Schellevis FG, Leufkens HGM, Rook EJ and van Dijk L (2020) *Use of Opioids Increases With Age in Older Adults: An Observational Study (2005–2017).* Front. Pharmacol. 11:648. doi: 10.3389/fphar.2020.00648

3. Lynch A, Arndt S, Acion L. Late-and typical-onset heroin use among older adults seeking treatment for opioid use disorder. The American Journal of Geriatric Psychiatry. 2021 May 1;29(5):417-25.

4. Flint AJ. Improving quality of life: substance use and aging. Canadian Centre on Substance Use and Addiction; 2018.

5. Korownyk CS, Montgomery L, Young J, Moore S, Singer AG, MacDougall P, Darling S, Ellis K, Myers J, Rochford C, Taillefer MC. PEER simplified chronic pain guideline: Management of chronic low back, osteoarthritic, and neuropathic pain in primary care. Canadian Family Physician. 2022 Mar 1;68(3):179-90.

6. Korownyk C, Perry D, Ton J, Kolber MR, Garrison S, Thomas B, Allan GM, Bateman C, de Queiroz R, Kennedy D, Lamba W. Managing opioid use disorder in primary care: PEER simplified guideline. Canadian Family Physician. 2019 May 1;65(5):321-30.

7. Han BH. Aging, multimorbidity, and substance use disorders: The growing case for integrating the principles of geriatric care and harm reduction. The International journal on drug policy. 2018 Aug;58:135.

CPSA Standards: https://cpsa.ca/physicians/standards-of-practice/safe-prescribing-for-opioid-use-disorder/

CPSA recommended CME: Wise Prescribing & Deprescribing

https://cumming.ucalgary.ca/cme/courses/format/online-self-learning/wise-prescribing-and-deprescribing

Opioid Agonist Treatment Clinics in AB: https://cpsa.ca/albertans/opioid-agonist-treatment-clinics-in-alberta/

OUD Telephone consultation (AHS) for Health Care providers:

If you are calling NORTH of Red Deer you can access the service by calling RAAPID North at 1-800-282-9911 or 1-780-735-0811.

If you are calling SOUTH of Red Deer you can call RAAPID South at 1-800-661-1700 or 403-944-4488

April Collab Forum

Thursday, April 28th 7:30-8:30 pm

How to DO Trauma Informed Care & Repair Relationships that Go Wrong

with Kara Irwin, M.Sc., R.Psych and Marie Ferraro (AAWEAR)

This session is free and open to all interdisciplinary team members.

Alberta College of Family Physicians

Collaborative Mentorship Network for Chronic Pain and Addiction

Not a member of the CMN?

- Join today to get on the mailing list for upcoming events and resources!
- Membership is always free
- Participation is up to you – join as a general member, or participate in mentorship as a mentee, mentor, or both!
- Check out the website for more info:

https://cmnalberta.com/

Chronic Pain Gains in Alberta: *An ECHO Series*

- **What is ECHO®?**
  - Interactive online medical education program featuring real cases from YOU
  - "All teach, all learn" ideology
  - Active discussion around real cases to provide participants with feedback, guidance, and peer support
- **Additional benefits:**
  - Flexible
  - Free
  - Accessible
- **Who can participate?**
  - All Alberta-based primary care health care providers

Learn more at **www.cmnalberta.com/ECHO**

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