Addressing Opioid Misuse in Older Adults with a Lived Experience of a Serious Mental Illness

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Objectives

- State of the epidemic
- Risk factors
- Complications
- Consequences
- Best practices in MH/SUD treatment
- Emerging practices in OUD care
- Discussion of a case study
- Future directions

State of the Opioid Epidemic in Older Adults

- Taking opioids either without a prescription, in higher amounts than prescribed, or using illicit heroin is a likely experience among older adults.
  - In 2013, at least 8% of adults aged 50 years and older misused opioids.
  - From 2012-2015, there was also a recent surge in treatment admissions for opioid use disorders among middle-aged and older adults
- Given the links between prescription opioid receipt and overdose, it is predicted there will be additional misuse and overdoses due to increasing prescription trends in older adults with high rates of painful aging-related physical health conditions.

State of the Opioid Epidemic in Older Adults with Serious Mental Illness

- Compared to HRSA Health Center clients without any psychiatric disorders, respondents with any psychiatric disorders had significantly higher rates of lifetime nonmedical opioid use (6.3% vs. 14.1%).
- Out of HRSA Health Center clients with any psychiatric disorders, those with bipolar disorder had the highest lifetime nonmedical opioid use rates (20.8%), followed by those with schizophrenia (19.3%), panic disorder (16.5%), and generalized anxiety disorder (14.5%).
- A 2017 SAMHSA report found that 13% of US adults who misused opioids also experienced a serious mental illness
- A Study by Spivak et al (2018) found 12.9% of individuals with SMI from urban community psychiatry clinics were on a prescription opioid.

Risk Factors in Older Adults (That we can better address..)

- Social Isolation/Perceived Loneliness
- Decreased life satisfaction
- Sleep disorder
- Family and friend deaths
- Lack of accessibility
- Limited transportation
- Financial concerns
- Concerns from clients about the appropriateness of MH or OUD care
- Ageism
- Biases toward persons with lived experiences of mental illnesses
- Chronic pain

Complicating Medical and Psychiatric Comorbidities in Older Adults

- Cognitive impairment
- Medical conditions
- Mental health conditions
- Sensory deficits
- Functional limitations/disability

What about risk factors for opioid misuse in older adults with serious mental illness?

- Potential culprits:
  - Biological/physical factors (e.g., severe pain, other specific drug use, shared neuropathology)
  - Psychosocial factors (e.g., depressive symptoms, limited social support, low self-efficacy, self-medication, suicide intent, limited nonpharmacological treatment options)

Other issues affecting diagnosis and treatment

- Lack of primary care providers trained in geriatric mental health and opioid use disorders
- Lack of mental health/opioid use disorder providers trained in geriatrics/gerontology services

Consequences of Opioid Misuse in Older Adults

- Older adults with opioid use disorder appear to be at a higher risk of death caused by intentional or unintentional overdose, compared to younger adults with the disorder
- Opioid use among older adults can result in
  - excessive sedation,
  - cognitive and psychosocial deficits,
  - respiratory depression,
  - impairment in vision, attention, and coordination, and
  - Falls and fall-related injuries
- Side effects and opioid use disorder can lead to increased hospital use

Best Practices in Mental Health/SUD Care

- Assertive outreach, diagnosis, and access to client-centered care in various settings.
- Client and family education on self-management and psychosocial interventions.
- Follow-up and monitoring by case managers and specialists to prevent relapse and to provide ongoing supportive counseling, education, and routinely assess motivation.

Emerging Practices in OUD Care

- Utilizing screening tools
  - 0-10 Pain Rating Scale, Brief Pain Inventory, Pain Assessment in Advanced Dementia (PAINAD)
  - Current Opioid Misuse Measure (COMM), NIDA Quick Screen
- Providing education to staff AND persons at high risk on how to prevent and manage opioid misuse and overdose
- Ensuring access to OUD treatment
- Ensuring ready access to Naloxone

Pain Assessment in Advanced Dementia (PAINAD)

	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations.	
Negative vocalization	None	Occasional moan or groan. Low-level speech with a negative or disapproving quality.	Repeated troubled calling out. Loud moaning or groaning. Crying.	
Facial expression	Smiling, or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
Consolability	No need to console	Distracted or reassured by voice or touch.	Unable to console, distract or reassure.	
			TOTAL	

COMM™

Please answer each question as honestly as possible. Keep in mind that we are only asking about the **past 30 days**. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.

Please answer the questions using the following scale:	Never 0	Seldom 1	Sometimes 2	Often 3	Very Often 4
1. In the past 30 days, how often have you had trouble with thinking clearly or had memory problems?	O	O	O	O	O
2. In the past 30 days, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work or appointments)	O	O	O	O	O
3. In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)	O	O	O	O	O
4. In the past 30 days, how often have you taken your medications differently from how they are prescribed?	O	O	O	O	O
5. In the past 30 days, how often have you seriously thought about hurting yourself?	O	O	O	O	O
6. In the past 30 days, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?	O	O	O	O	O

NIDA Quick Screen V1.0[1]

Name: ..... Sex ( ) F ( ) M Age.....

Interviewer..... Date ...../...../.....

Introduction (Please read to patient)

Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the "Monthly" column in the "illegal drug" row.

NIDA *Quick Screen* Question: In the past year, how often have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

Case study

- Details to follow

Future directions

- Peer recovery support specialists (or recovery coaches)
- Medicare coverage for medication-assisted treatment and peer support services for OUD, when bundled in a physician rate in 2020
- Other medication-assisted treatment integrated in mental health care settings
- What else?

Resources

- Copy of PAINAD: https://atlanticquality.org/download/Warden-et-al-PAINAD-JAMDA-2003.pdf
- Copy of the COMM: http://www.mytopcare.org/wp-content/uploads/2013/05/COMM.pdf
- Copy of NIDA Quick Screen: https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf
- Final Report of the MA Recovery Coach Commission and other MA recovery coach resources: https://www.mass.gov/files/documents/2019/08/01/Recovery%20Coach%20Commission.8.1_final.pdf https://helplinema.org/2016/12/29/paths-to-recovery-recovery-coaches/
- Providers Clinical Support System (PCSS): https://pcssnow.org/
- Opioid overdose prevention toolkit: https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742
- Resources for clients and families: http://prevent-protect.org/
- Instructions on how to use naloxone: http://prescribetoprevent.org