OPIOIDS AND FALL RISKS IN THE OLDER ADULT

OPIOID EPIDEMIC IN THE OLDER ADULT
• 1 in 4 older adults use psychoactive medications with abuse potential
• By 2020 estimated 5 million older adults will have substance abuse problems
• 36% increase in polypharmacy results in 15% increase in major drug interactions
• Opioid analgesics, anticoagulants, and diabetic agents were leading drugs in adverse drug events

Physiologic changes with aging impacts effects of medications:
• increased half-life
• decreased metabolism
• impaired renal function
• increased elimination half-life

OPIOIDS LEADING TO FALLS IN THE OLDER ADULT
• High susceptibility to cognitive and psychomotor effects
• Older adults taking opioids are 4 to 5 times more likely to fall than those taking NSAIDS
• Opioid side effects among geriatric patients
  - FALLS/FRACTURES
  - Cognitive Decline
  - Urinary Retention
  - Suicide

RISK FACTORS FOR FALLS RELATED TO OPIOID USE
Polypharmacy/drug interactions:
• Benzodiazepines
• Anticonvulsants
• Antipsychotics
• Muscle Relaxants

Changes of Aging
• Visual; depth perception
• Sarcopenia; loss of muscle mass, ↑ frailty

REDUCING THE RISK OF FALLS IN THE OLDER ADULT
• Screen: Identify risk factors; pain triggers
• Deprescribe/ Think before you Prescribe
  - Consider non opioid analgesics
  - Least invasive methods
  - Consider changing therapy
  - Avoid long acting opioids when possible
  - Reduce to lowest effective dose, titrate to effect

REFERENCES

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