

OPIOIDS AND FALL RISKS IN THE OLDER ADULT

OPIOID EPIDEMIC IN THE OLDER ADULT

- 1 in 4 older adults use psychoactive medications with abuse potential⁶
- By 2020 estimated 5 million older adults will have substance abuse problems⁶
- 36% increase in polypharmacy results in 15% increase in major drug interactions²
- Opioid analgesics, anticoagulants, and diabetic agents were leading drugs in adverse drug events³

Physiologic changes with aging impacts effects of medications⁴:

- 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 effects⁵
- Older adults taking opioids are 4 to 5 times more likely to fall than those taking NSAIDs²
- Opioid side effects among geriatric patients^{1,4}
 - FALLS/FRACTURES
 - Cognitive Decline
 - Urinary Retention
 - Suicide

RISK FACTORS FOR FALLS RELATED TO OPIOID USE

Polypharmacy/drug interactions:

- Benzodiazepines
- Anticonvulsants
- Antipsychotics
- Muscle Relaxants
- Sedatives/hypnotics
- Antidepressants
- Anticholinergics

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

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