

# 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<sup>6</sup>
- By 2020 estimated 5 million older adults will have substance abuse problems<sup>6</sup>
- 36% increase in polypharmacy results in 15% increase in major drug interactions<sup>2</sup>
- Opioid analgesics, anticoagulants, and diabetic agents were leading drugs in adverse drug events<sup>3</sup>

Physiologic changes with aging impacts effects of medications<sup>4</sup>:

- 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<sup>5</sup>
- Older adults taking opioids are 4 to 5 times more likely to fall than those taking NSAIDs<sup>2</sup>
- Opioid side effects among geriatric patients<sup>1,4</sup>
  - 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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