

## Opioid Risks in Older Adults

The onset of slowing metabolism and polypharmacy in older adults creates a high risk for substance use disorder and raises the odds for intentional and unintentional overdoses. From 2021 to 2022, rates of opioid overdose increased most among people aged 65 years and older and yet data shows less than half adults with opioid use disorder (OUD) receive care for the condition.

As we age, there is a higher incidence of chronic pain and comorbid chronic conditions and this poses challenges such as utilization of non-opioid medications that cannot be used, at times leaving opiates as the only choice for pain control. For older adults, opioids carry side effects including sedation, cognitive impairment and may lead to falls and fractures.

### Considerations When Prescribing Opioids to Older Patients

- Evaluate a patient's case and consider that pain can be a manifestation of other issues, such as stress. Many older adults become more sedentary with age, which can also worsen pain.
- Opioids should not be the first treatment option for an older patient with chronic pain. Consider short-term prescriptions and review state prescription monitoring sites to assess other control substances.
- Use universal precautions when prescribing and provide counseling, toxicology screenings, and follow-up visits with every patient, regardless of age. Talking to a patient about opioid use will likely require more than one conversation.
- Focus on goals of care and what brings a patient joy. Ask the patient what they would like to do tomorrow that they can't do today, to place the emphasis on functional gains, not just eliminating pain.
- Avoid blanket policies. Sometimes, a patient needs opioids.

The recommendations do not apply to pain related to sickle cell disease or cancer or to patients receiving palliative or end-of-life care.

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS Measure

With the rapid increase in antipsychotic prescribing for children and adolescents, it is a requirement to assess a child's risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given the risk that pose lifelong consequences monitoring blood glucose and cholesterol, is appropriate management of children and adolescents on antipsychotic medications. Monitor children on antipsychotic medication for metabolic complications i.e., weight gain and diabetes. Labs should be drawn annually for HbA1c and cholesterol.

This HEDIS® measure looks at the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had both of the following in the measurement year:



- At least one test for blood glucose (blood glucose test or HBA1c test); and
- At least one cholesterol test

Establish baselines for labs and continuously monitor and manage side effects of antipsychotic medication and document response to medications. Educate caregivers of potential risks medications cause. Most importantly coordinate and communicate between primary care providers and behavioral health providers to achieve optimal care for the children and adolescent populations.

**References:**

1. <https://www.cdc.gov/nchs/products/databriefs/db491.htm>
2. <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>
3. Best Practices: Managing Opioid Risks in Older Adults - Medscape - July 15, 2024.
4. <https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/example>

**REFERRED DRUG LIST UPDATES CAN BE FOUND HERE:**

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

**\*\* Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted\*\***

**Reminder** for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

***This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto ([MustoF@mercycareaz.org](mailto:MustoF@mercycareaz.org)), Denise Volkov ([VolkovD@mercycareaz.org](mailto:VolkovD@mercycareaz.org)) or Trennette Gilbert ([gilbert@mercycareaz.org](mailto:gilbert@mercycareaz.org))***