



GREY MATTERS:

Preventing and responding to alcohol and other drug problems among older Australians

Information Sheet 7



Older Australians, opioids and the treatment of pain

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Pain is often an inevitable part of the ageing process. The number of Australian adults experiencing acute or chronic pain is increasing and prevalence increases with age. Chronic pain is more prevalent among older Australians, especially women (Fig 1) and those of lower socioeconomic and poorer health status.¹

Poorly managed chronic pain can impact significantly on quality of life but is often under-recognised and under-treated.² There are many underlying causes of chronic pain. It is not always possible to determine its precise cause.³

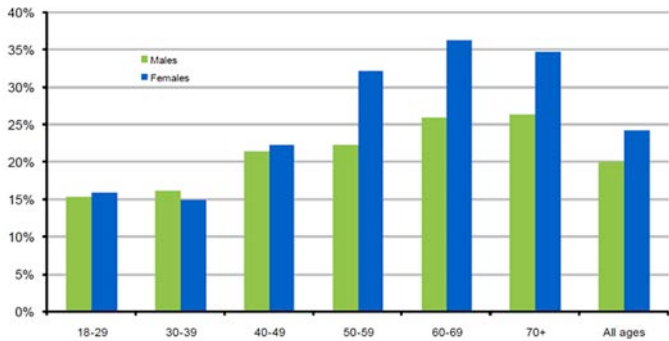


Figure 1. Prevalence of chronic pain by age and gender 2003³

The most common causes of chronic pain include:

- Low back pain
- Headache
- Myofascial pain syndrome
- Fibromyalgia
- Neuropathic pain
- Phantom limb pain
- Central pain syndromes
- Arthritis
- Cancer
- Post-herpetic neuralgia
- Post-surgical pain.³

Many older people use prescribed and over the counter (OTC) opioid-containing medicines to treat chronic non-cancer pain (CNCP). The effectiveness and safety of longer term use of prescribed opioids for this purpose is equivocal,⁴ particularly in regard to risk of tolerance, dependence and misuse.⁵

The use of prescribed opioids for CNCP in Australia is unclear, but approximately 95% of opioids are prescribed for this purpose in the United States.⁴ Increased prescribing for CNCP may facilitate diversion and use by persons for whom they were not intended.⁴

Recent evidence suggests that oxycodone is frequently initiated for non-cancer pain among older Australians without first trialling other analgesics.²

Conversely, World Health Organization (WHO) guidelines recommend a 'stepped approach' to analgesic use, whereby strong opioids are only used when other non-pharmacological or pharmacological approaches have failed or are unsuitable.^{2,6}

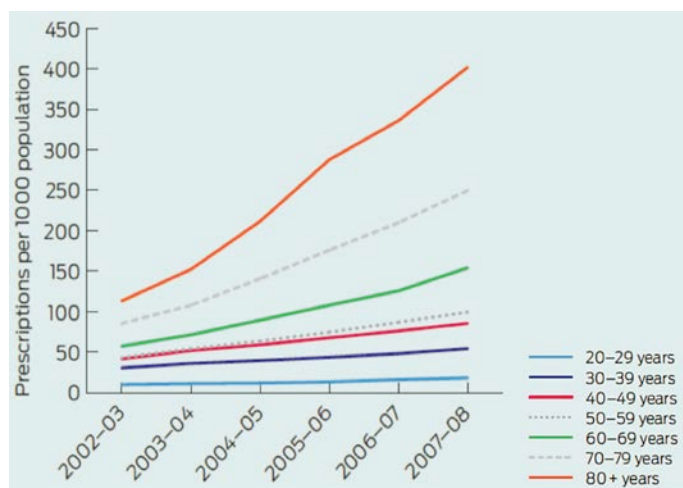


Figure 2. Prescriptions for oxycodone dispensed on the Australian Pharmaceutical Benefits Scheme from 2002 to 2008, per thousand population, by 10-year age groups⁷

Use of prescription opioids peaks among older Australians. There has been a substantial increase in oxycodone prescribing, particularly among those aged 80+ years (Fig 2).⁷ Between 2002 and 2012, fentanyl prescriptions also increased dramatically among this group.⁸

Opioids can be invaluable in alleviating pain and suffering. However, evidence suggests that other treatments may be more efficacious for CNCP, particularly in terms of morbidity and functionality.⁹

The challenge is to enhance the quality use of these medicines and ensure that they are used in a manner that achieves the best overall outcomes.

Increased use of strong opioids among older Australians may increase harms such as endocrine and sexual dysfunction, osteoporosis and hyperalgesia.¹⁰

Long term, high level use of OTC opioid-containing medicines can lead to gastro-intestinal perforation, clotting disorders and liver and kidney problems (related to the paracetamol and ibuprofen they contain) as well as codeine dependence.

A proportion of older people using opioids will develop problematic patterns of use and will require specialist alcohol and other drug intervention services. This new cohort of older clients who may be opioid dependent, but don't have a history of illicit drug use, may require new intervention and treatment approaches. Services which focus on the needs of younger illicit opioid users may be unsuitable.

This information sheet is from the *Grey Matters Information Sheet Series* developed by the National Centre for Education and Training on Addiction, Flinders University to reduce alcohol- and other drug-related harm among Australians aged 55 and over.

This Information Sheet and other resources on alcohol and drugs and older people can be located at: <http://nceta.flinders.edu.au/index.php?cID=590>



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