Geriatric Patient Considerations

Opioid use disorders have historically been rare among older adults and were largely confined to patients who began opioid use earlier in life (Blow, 2003). However, rates of prescription opioid use and opioid use disorder are on the rise among all populations (SAMHSA, 2014).

- The prevalence of older adults misusing illicit drugs has been increasing. Illicit drug use by adults age 50 to 64 increased from 2002 to 2013 going from 2.7% to 6% (SAMHSA, 2014).

Induction Issues for Geriatric Patients

Induction protocols vary slightly for geriatric patients. Geriatric patients usually require:

- Smaller doses of opioids
- Lower maintenance doses of buprenorphine than the doses suggested for younger patients
    - However, there is no official guidance on how much lower the dosage should be.
- SAMHSA suggests a more gradual induction by increasing the time between doses

You might choose to add an extra measure of caution by starting the dose a little lower, too.

Other Treatment Considerations

Here are some other things to assess and address when prescribing buprenorphine to geriatric patients:

Detection and diagnosis. Physical and psychiatric disorders are common in the elderly and can mimic substance use disorders, complicating detection and diagnosis of addiction in geriatric patients. Also, the diagnostic criterion involving social norms is often less relevant in this age group. Cognitive problems, if present, may make screening difficult; a collateral interview, for example of their life partner, may be needed. Screening tools designed for the geriatric population are described in the external resource, SAMHSA's Tip 26 on Substance Abuse Among Older Adults (see sidebar).

- A higher incidence of chronic pain among your geriatric patients often means more access to prescription opioids and multiple prescribers.
- Geriatric patients are very likely to be taking other prescription medications, thus increasing the possibility of a drug interaction. Benzodiazepine use is particularly common among the elderly, and needs to be monitored carefully during buprenorphine maintenance, due to the high risk of overdose and falls.
- Similarly, screen for alcohol use due to its potential to contribute to risk for overdose and falls.
- Older patients are less likely to adhere to treatment. This is often accidental (e.g., patient misunderstanding, trouble remembering to take medications as prescribed). Therefore, you should take extra care in monitoring treatment adherence in older patients.
- Elderly patients with high relapse or withdrawal potential or with severe comorbidities may need to be hospitalized during induction.
- As with all other patients, psychosocial treatments are an integral part of buprenorphine maintenance for the elderly. If possible, your older patients should be referred to treatment specialized for the elderly.
- Side effects, such as constipation and sedation, should be carefully monitored and managed."

  (Blow, 2003; Ling, 2005)