

# Alternative Approaches to Pain Management for Older Adults



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# New Jersey State Prescription Opioid-Involved Deaths Age 55+



Age	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
55-64	32	31	26	35	56	55	67	78	84	96	151
65 +	1	6	8	7	4	7	8	12	13	11	33
<b>Total</b>	<b>33</b>	<b>37</b>	<b>34</b>	<b>42</b>	<b>60</b>	<b>62</b>	<b>75</b>	<b>90</b>	<b>97</b>	<b>107</b>	<b>184</b>

# Consequences



- 51% of all deaths due to medication related problems occur in the elderly
- It is projected, as many of 50,000 to 75,000 older people die each year as a result of medication-related problems
- Medication problems are considered to be the fifth leading cause of death among the elderly
- 1/3 of patients over age 75 were hospitalized because of problems with medications
- Between 1998 – 2018 hospitalization rates related to misuse of opioid analgesics increased fivefold
- At least half of these deaths are considered to be entirely preventable through better education for patients and their families
- In 2017 – 8877 people in the US aged 55+ died from an overdose

# Considerations



- The US population is aging. Approximately 75 million Americans will be over age 65 by 2030.
- A 2012 study from the Institute on Medicine found that approximately one in five older adults in the U.S. experience a mental illness, substance use disorder, or both.
- That ratio, should it still exist in 2030, equates to approximately 15 million people.

# Is Medication Misuse a Problem for Older Adults?



- Persons aged 65 years and older comprise only 13 percent of the population, yet account for more than one-third of total outpatient spending on prescription medications in the United States.
- 4 times greater in women (widowed, less educated, lower income, poor mental and physical health, social isolation).
- Psychoactive medications with abuse potential are being used by 1 in 4 older people.

# Risk and Protective Factors



- Personal Loss
- Physical Setbacks
- Tedium/Boredom
- New Surroundings
- Mental Health
- Financial Issues
- Illness
- Pain
- Access to Needed Resources
- Financial Sufficiency
- Medical Care
- Support Networks
- Sense of Purpose
- Self-Image
- Informed Health Skills

# The Approach



- Providers designed and implemented a comprehensive educational program specifically focused on providing older adults with practical information regarding:
  - (1) the appropriate use of **non-opioid analgesic pain medication** and,
  - (2) **non-pharmacological approaches** to dealing with acute and chronic pain.
- The goal of the project is to reduce the overuse, misuse and abuse of prescription opioid medications within the older adult population. Programs utilize current evidence-based treatment guidelines for non-pharmacological treatment modalities.
- Providing information about the risks associated with prescription pain medications is a component of these trainings. However, **the primary focus is on providing information and answering questions about proven, non-opioid means of addressing pain.**

# Alternatives to Opioids (CDC)



- Acetaminophen
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Cortiosteroids
- Topical medications
- Neurostimulators
- Massage, acupuncture, and other alternative therapies
- Biofeedback
- Exercise and physical therapy



# Evidence-Based Programs



- Chronic Pain Self-Management Program (CPSMP), which is adapted from the Chronic Disease Self-Management Program
- Take Control of Your Health
- HealthEASE
- You Can Manage Your Chronic Pain to Have a Good Life – from SAMHSA – for people in recovery
- Wellness Initiative for Senior Education (WISE)

# WISE



- WISE is a six-session wellness and prevention program targeting older adults, which is designed to help them celebrate healthy aging, make healthy lifestyle choices and avoid substance abuse.
- Developed by the New Jersey Prevention Network
- Launched in 1996
- NREPP
- More than 40,000 older adults throughout the US have participated in the program

# WISE



- Lesson Topics:

1. Understanding the Changes Associated with Aging
2. Aging Sensitivity
3. Valuing Cultural and Generational Diversity
4. Medication and the Older Adult
5. Substance Abuse, Addiction, and Older Adults
6. An Enhanced Quality of Life

# Behavior Changes - WISE



- 84% of participants made a behavior change within six weeks of beginning the program
  - On average, they made seven behavior changes
- Examples included
  - Reduced or eliminated the use of alcohol
  - Used a pill box to organize medicine
  - Kept a list of medications in purse or wallet
  - Changed doctors
  - Asked doctor questions (change/reduce medicine)
  - Talked to a friend or counselor when feeling down

# Supplemental Information for Participants



- Presentations by: pain management physicians, pharmacists, physical therapists, yoga and meditation instructors
- Special presentations for caregivers
- Pain management kits that include a hot/cold pack for muscle pain and tension, a pedometer to encourage physical exercise, a massager, and eucalyptus and spearmint lotion to promote relaxation
- Provide a database of local providers and practitioners of alternative approaches to pain management, including yoga, mindfulness, message therapy and osteopathic/chiropractic treatment for program participants
- Established partners in places of worship recruit participants from their homebound groups

# Program Data



Age Group	N	%
Under 55	70	1.4%
55-64	380	7.5%
65-74	1840	36.3%
75-84	1900	37.5%
85 and above	880	17.4%
<b>Total</b>	<b>5070</b>	<b>100.0</b>

	Knowledge level (pre) (N=532)		Increase in knowledge (post) (N=511)
Low	7.1%	Not at all	0.7%
Fair	47.0%	A little	10.4%
High	36.1%	Somewhat	45.8%
Very High	9.8%	Great deal	43.1%

# And, Finally



- When a pain patient's first point of contact is a physical therapist, chiropractor, or acupuncturist, the odds of early and long-term exposure to opiates is markedly reduced.
- Cost-effectiveness studies support the use of mindfulness-based stress reduction, yoga, acupuncture, and cognitive behavioral therapy in treating lower back pain.
- The U.S. National Pain Strategy promoted the concept of integrated, patient-centered, evidence-based, multimodal, interdisciplinary pain care.
- Delivering more effective pain care through the expanded use of nonpharmacological therapies will require policy changes that promote awareness, acceptance, availability, accessibility, and affordability.
- Flexible policies are needed that allow providers to deliver the right treatments to the right people, and that equip people to self-manage their pain as much as possible without demonizing the need to receive medical treatment, including opioids when appropriate.

# Thank You



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