

# Opioids in Home Care

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# Program Outline

- Review of Pain
- Opioid Pain Medications
  - How they work
  - Appropriate use
  - Adverse effects and other risks
- Treatment of acute opioid overdose
- Drug interactions with opioids
- Other potentially inappropriate medications



## The Significance of Pain...

*“No experience rivals pain for its ability to capture our attention, focus our actions, and cause suffering”*



# Pain as a Protective Mechanism

- Pain has a function
  - Protects you from harm or further harm
  - Can be strong, potent process that generates an IMMEDIATE response
  - Can be gradual, persistent process indicating damage OVER TIME
- Peripheral system: outside the brain
- Central system: inside the brain
  - Discriminatory: what **type of pain** am I experiencing?
  - Emotional: **lasting record** of how pain felt
- **Chronic pain** with moderate-to-severe intensity affects about **30% of geriatric patients** ( $\geq 65$  years old)



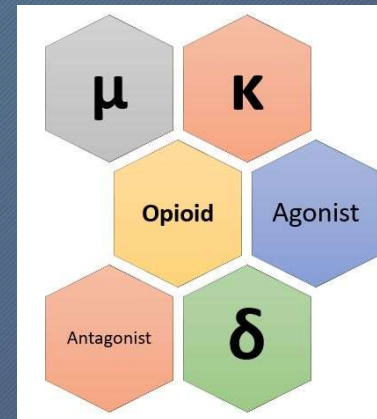
# List of Prescription Opioids

- Codeine
- Fentanyl (Duragesic)
- Hydrocodone (Hysingla, Zohydro ER)
- Hydrocodone/acetaminophen (Lortab, Norco, Vicodin)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Kadian, MS Contin)
- Oxycodone (OxyContin, Oxaydo)
- Oxycodone/acetaminophen (Percocet, Roxicet)



# How Opioids Work

- Opioid receptor system is complex
- The body naturally produces chemicals that interact with this system
- Opioid receptors are located inside and outside the brain
  - adrenal glands, gastrointestinal tract, heart, pancreas, many organ tissues
- One function: **change the perception** of peripheral pain so you can get out of danger
  - Example: Able to run away from a bear with a broken ankle
  - This is meant to be a brief, rapid process
- Another function: **changes emotional response** to pain



# Why are we so concerned about opioids?

- Opioids **involved in more than 67%** of all drug overdose deaths
- Margin for error is relatively small
- Consequence of error is severe
  - Overdose and errors **can be fatal**
- Chronic use **does not** result in better management of pain or better outcomes



Boyer EW. Management of opioid analgesic overdose. *N Engl J Med.* 2012; 367:146-55.

Shenoy SS, Lui F. Biochemistry, Endogenous Opioids. 2020 Jul 26. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. PMID: 30422494.

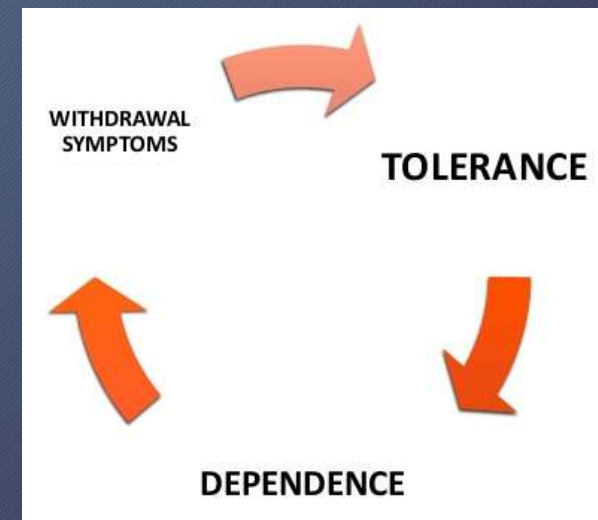
# Opioids Adverse Reactions

- Drowsiness
- Headache
- Dizziness
- Confusion
- Irritability
- Insomnia
- Fatigue
- Depression
- Weakness
- Tremor
- Blurred vision
- Nausea
- Constipation
- Vomiting
- Decreased appetite
- Flushing/Itching
- Sweating
- Dry mouth
- Urinary retention
- Decreased blood oxygen
- Shortness of breath
- Cough



## Another problem with opioids..

- Tolerance: **more** of the medication is required to produce **the same** effect
- Dependence: a state of needing something or someone, esp. in order to **continue existing or operating**
- Withdrawal: physical and mental effects experienced **after stopping or reducing intake** of a substance



# Substance/Opioid Use Disorder: yes or no?

1. Taking larger amounts or for longer period **than intended**
2. Persistent **desire or unsuccessful efforts** to cut down or stop
3. A great deal of **time** is spent in obtaining/using/recovering
4. **Craving**, or a strong desire or urge to use
5. **Failure to fulfill major obligations** at work, school, or home
6. Continued **use despite problems** (social or interpersonal)
7. Social, occupational, or recreational **activities are given up** or reduced
8. Recurrent use in situations in which it is **physically hazardous**
9. Continued use despite **knowledge of having a problem**
10. **Tolerance**: increased amount to achieve desired effect or diminished effect with same amount
11. **Withdrawal**: occurrence of symptoms or using another substance to avoid withdrawal

2-3 = mild

4-5 = moderate

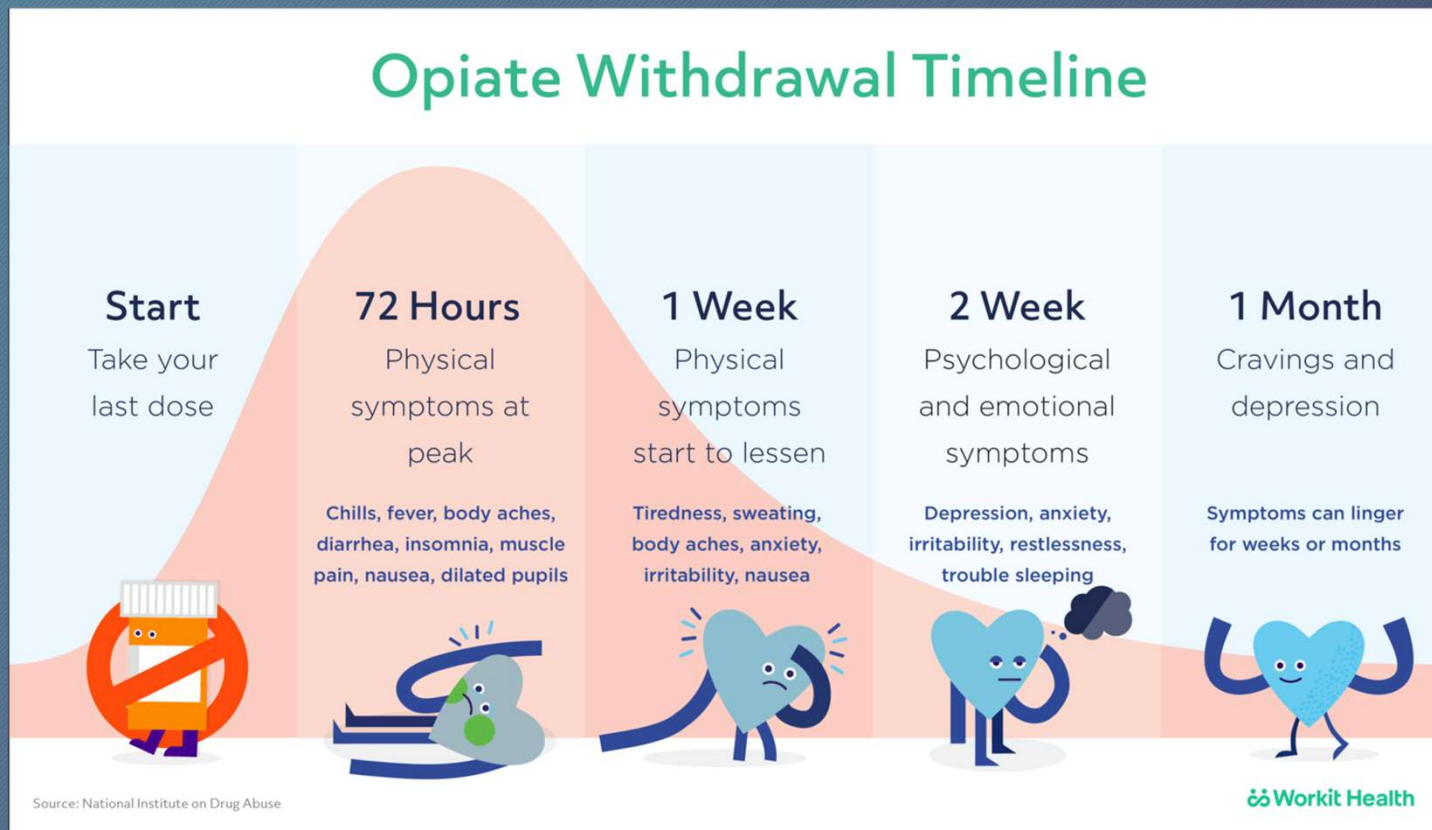
≥6 = severe

# Ways to Stop Opioids

- **Gradual taper** off until medication discontinued
  - Slow process, minimize withdrawal symptoms
- **“Cold turkey”**
  - Non-fatal, quiet unpleasant
- Augment with medication **treatment for symptoms of withdrawal**
  - Used briefly while opioids leave the body and the body adjusts
  - Typically taken orally multiple times per day
- Medication treatment for **long-term “replacement”**
  - Used for maintenance of abstinence from abuse/misuse
  - Option for oral medications: daily or twice daily, or
  - Some long-acting options: monthly injection or 6-month implant

# Opioid Withdrawal

**ACUTE WITHDRAWAL** is non-fatal and will start within hours of missed dose:



Boyer EW. Management of opioid analgesic overdose. *N Engl J Med.* 2012; 367:146-55.

"DrugFacts: Prescription Opioids." NIDA. May 2022. National Institute on Drug Abuse. <https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>. Accessed January 15, 2020.

# SIGNS OF AN OPIOID OVERDOSE

Learn how to spot an overdose and what to do.



**Breathing**  
slow or absent



**Cannot be woken up**  
or not moving



**Choking**  
or coughing, gurgling,  
or snoring sounds



**Cold**  
or clammy skin



**Dizziness**  
and disorientation



**Pupils**  
extremely small



**Discolouration**  
of lips and nails

**CALL 911 IMMEDIATELY!**

# Groups at Higher Risk of Overdose

- Those using more potent opioids (fentanyl, hydromorphone, etc.)
- Non-oral administration route
- Using more than 50 mg/day (morphine equivalent)
- Treatment longer than 90 days
- Long-acting opioid in treatment naïve patient
- Long-acting opioid in combination with short-acting opioid
- Rural residence
- Comorbid anxiety, depression, alcohol use
- Obtaining prescriptions from multiple doctors and pharmacies



# CDC Recommendations

- Opioids should not be “first-line”
- Establish goals for pain and function
- Prescribe lowest dose, shortest course
- Evaluate benefits versus harm frequently
- Mitigate risk: offer naloxone
  - $\geq 50$  mg morphine equivalent/day
  - History of overdose
  - History of substance use disorder
  - Concurrent use of “CNS depressants”
- Offer options for treatment



40

More than 40 people die every day from overdoses involving prescription opioids.<sup>1</sup>



4.3M

4.3 million Americans engaged in non-medical use of prescription opioids in the last month.<sup>2</sup>



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

# Treatment of Opioid Overdose

- Call for help!
  - When seeking help at home - call 911
- Check for pulse and breathing
  - If none - begin CPR if you are able
- Give naloxone
  - If lay person at home - nasal route or intramuscular available
  - If homecare medical professional or in a facility - follow protocol
  - The patient **will NOT be harmed** if naloxone is used **outside of opioid overdose**





# Using Naloxone at Home

## Montana Standing Order for Naloxone Opioid Antagonists (Effective May 1, 2019)

This standing order authorizes pharmacists who maintain a current active license practicing in a pharmacy located in Montana to initiate a prescription and dispense a naloxone opioid antagonist formulation listed in this standing order.

- Available at pharmacies in Montana **without a prescription** and insurance can be billed
- Nasal spray:
  - Most affordable
  - Cost for 2-pack is \$100-150 without insurance
- Intramuscular “auto-injector”:
  - Brand name cost for 2-pack is >\$4,000
  - Generic now available, cost <\$200
- Give first dose: as soon as possible
- **SEEK MEDICAL CARE - DO NOT WAIT FOR RESPONSE**
- Second dose: 2-3 minutes after first dose if no or minimal response
- Store at room temperature

# Using Naloxone at Home: What to Expect

- Response will be **fast**
  - Auto-injector: 2-5 minutes
  - Nasal: 8-13 minutes
- Withdrawal from opioids will be severe
  - Pain will come back!
  - Remember: **opioid withdrawal is unpleasant but NOT fatal**
- Overdose symptoms may recur
  - **Naloxone lasts 30-120 minutes**
  - Most opioids last much longer



# Practical Issues with Opioids in Homecare

- Prescription refills
  - Need new RX each time
  - No early refills
- Sticking to dosing schedule and tolerating pain
  - Will need more medication over time to have same effect due to tolerance
  - Can result in frequently “negotiation” with patient
- Working with an individual who is in pain
  - Opioids and pain can worsen depression



# Red Flags for Diversion

- Multiple allergies to common, less potent opioids
- Multiple reports of theft/loss of prescriptions
- Paying cash ONLY for controlled substances
- Multiple providers
- Multiple pharmacies
- Strong reaction to suggestion of med changes (patient, family member, caregiver, etc)
- Quickly escalating behaviors when requests are not met
- Failure to show response to traditional opioid doses
- Significant alterations in mental status following visits of family or friends
- Persistent and excessive complaints of pain in spite of aggressive treatment



# Common Drug Interactions with Opioids

*“Opioid overdose deaths and emergency department visits for nonfatal drug overdoses occur more frequently when they are combined with other central nervous system (CNS) depressants such as alcohol or benzodiazepines risks of additive respiratory depression and sedation, this combination of medications can be lethal for patients”*



# Drug Interactions with Opioids



- Alcohol
- Benzodiazepines - lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax)
- Muscle relaxers - methocarbamol (Robaxin), cyclobenzaprine (Flexeril), tizanidine (Zanaflex)
- Sleep medicines - zolpidem (Ambien), eszopiclone (Lunesta)
- Antihistamines - diphenhydramine (Benadryl), doxylamine (Unisom), meclizine (Antivert)
- Medications used to treat restless legs - ropinirole (Requip), pramipexole (Mirapex)
- Medications that increase serotonin - antidepressants, etc
- Other pain medications - gabapentin, Lyrica
- THC and CBD

# Other Potentially Inappropriate Medications in the Elderly

- Older antihistamines (Benadryl, Unisom, meclizine)
- Gastrointestinal antispasmodics (belladonna, dicyclomine, hyoscyamine)
- Some hypertension and cardiac medications (doxazosin, clonidine, diuretics, digoxin)
- Tricyclic antidepressants (amitriptyline, nortriptyline, imipramine)
- Antipsychotic agents (Haldol, Zyprexa, Seroquel)
- Benzodiazepines (Ativan, Klonopin, Xanax)
- Sleep medications (Ambien, Lunesta)
- Some diabetes medications (risk of low blood sugar, dosing errors)
- NSAIDs (ibuprofen, naproxen, meloxicam)
- Muscle relaxers (Soma, Robaxin, Flexeril)
- Dietary supplements: stick to the mainstream and do your research



# Questions?

Don't hesitate to reach out: [spascoe@bozemanhealth.org](mailto:spascoe@bozemanhealth.org)

