

Rates of long-term opiate use rises in Medicare cancer survivors each year after diagnosis

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Using Medicare data, new findings from The University of Texas Medical Branch at Galveston show for the first time that the rates of long term opiate therapy—a 90-day or more supply of opioids per year—for older cancer survivors remain high for at least five years in cancer survivors. The study also showed that cancer survivors diagnosed after 2004 had higher rates of opioid prescribing compared with those diagnosed earlier than 2004. These findings were recently published in *The Journal of the American Geriatrics Society*.

"Our study of 63,815 cancer survivors aged 66 years and older from the Texas Cancer Registry-Medicare linked database who had been diagnosed with cancer at least five years ago and had completed all cancer treatments found a persistently high rate of long-term opioid prescribing," said senior author Mukaila Raji, UTMB professor and director, Division of Geriatrics Medicine. "The rate of extended opioid therapy for [cancer patients](#) diagnosed in 2008 was 7.1 percent before their cancer diagnosis but rose to 9.8 percent within a year of cancer treatments and to 13.3 percent five years after diagnosis."

Opioid-based [pain medications](#) are a key part of the pain management plan for patients undergoing cancer treatment. About 28 percent of cancer survivors report moderate to severe pain even after curative anti-[cancer treatment](#). The most common form of chronic pain in these people is neuropathic pain, which can last for months to years or even

last throughout a lifetime. However, there have been growing concerns regarding long-term opioid therapy in older cancer survivors, a population at a high risk of opioid toxicities.

The researchers also found that cancer survivors diagnosed in 2004-2008 had higher rates of opioid prescribing than those diagnosed in 1995-1998 and 1999-2003.

"Taken together, the predictors of more extended opioid therapy were years since diagnosis, female gender, urban location, lung [cancer diagnosis](#), disability as a reason for Medicare entitlement, Medicaid eligibility and a history of depression or drug abuse," said Raji. "Our findings have the potential to guide public policy and clinical practice for safer and more effective pain treatments in elderly [cancer survivors](#)."

Raji said that the findings also underscore the urgent need for a nationwide study of patterns and outcomes of opioid therapy and the effectiveness and safety of other pain treatment options in this rapidly growing population.

More information: Rahul Shah et al, Long-Term Opioid Therapy in Older Cancer Survivors: A Retrospective Cohort Study, *Journal of the American Geriatrics Society* (2019). [DOI: 10.1111/jgs.15945](https://doi.org/10.1111/jgs.15945)

Provided by University of Texas Medical Branch at Galveston

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