

# Regular use of prescription drugs for pain and sleep increases frailty risk by 95 percent

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Researchers from the Oregon Research Institute (ORI) and Florida Atlantic University (FAU) are the first to demonstrate statistically significant links between self-reported regular use of prescription drugs

for pain and/or sleep, and longitudinal risk of frailty in adults ages 65 and older. Frailty consists of deficits in a variety of functional measures, and is a reliable predictor of loss of independence, increased use of health care resources, and mortality. The possible implications of current research findings are especially serious given that it is common for older Americans to use two or more prescription drugs at the same time and many of these prescription drugs are for pain and sleep, including analgesics and sedatives.

Results, published online in the *Journal of the American Geriatric Society*, estimate long-term frailty risks and rank the long-term risks of two classes of [prescription drugs](#). Researchers found over eight years of follow-up, those who self-reported regular use of prescription drugs for [pain](#) and sleep had a 95 percent increased risk of frailty compared to those who did not report regular use of these drugs. For regular prescription drug use for pain only or for sleep only, the increased risks were 58 percent and 35 percent, respectively.

Co-authors Gulcan Cil, Ph.D., associate scientist, ORI, Juyoung Park, Ph.D., associate professor in FAU's Phyllis and Harvey Sandler School of Social Work within the College for Design and Social Inquiry, and senior scientist Andrew Bergen, Ph.D., ORI, analyzed data from the Health & Retirement Study (HRS), a nationally representative longitudinal cohort of older Americans. For their analysis, they selected a large cohort (N=7,201) of community-living non-frail older adults (age 65 to 104, mean 72, median 70) from the HRS. Analyses were adjusted for demographics and other drug use.

"Co-use of multiple prescription medications is a growing phenomenon, especially among older adults," said Park. "Geriatric medicine societies, including the American Geriatric Society, have developed guidelines to help prescribers avoid potentially inappropriate prescribing or PIP, which requires assessment of several types of PIP, including the benefits

and risks associated with certain [drug](#) classes."

"Our study shows that regular self-reported use and co-use of prescription drugs for pain and for sleep are significantly associated with increased incidence of frailty," said Bergen. "We recommend further research to estimate the [frailty](#) risk of pain and sleep measures and of prescription pain and sleep drugs."

The HRS dataset used by the researchers is sponsored by the National Institute on Aging (NIA) of the National Institutes of Health and the Social Security Administration (SSA) and is conducted by the University of Michigan. RAND HRS data products used in this study are produced by RAND Center for the Study of Aging with funding from the NIA and SSA.

Park will present this work at the Gerontological Society of America Annual Scientific Meeting ([geron.org/2019](http://geron.org/2019)) on Nov. 16 in Austin, Texas.

**More information:** Gulcan Cil et al. Self-Reported Prescription Drug Use for Pain and for Sleep and Incident Frailty, *Journal of the American Geriatrics Society* (2019). [DOI: 10.1111/jgs.16214](https://doi.org/10.1111/jgs.16214)

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