

High opioid use in older people with COPD raises safety concerns

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Researchers are raising safety concerns about high rates of new opioid use among older adults with chronic obstructive pulmonary disease, according to a new study published today in the *British Journal of Clinical Pharmacology*. The lead author is Dr. Nicholas Vozoris, a respirologist at St. Michael's Hospital. Credit: St. Michael's Hospital

Researchers are raising safety concerns about high rates of new opioid use among older adults with chronic obstructive pulmonary disease, according to a new study published today in the *British Journal of Clinical Pharmacology*.

"The new use of opioids was remarkably high among adults with COPD living in the community," said Dr. Nicholas Vozoris, a respirologist at St. Michael's Hospital. "The amount of [opioid](#) use is concerning given this is an older population, and older adults are more sensitive to narcotic side effects."

The study is based on records for more than 120,000 adults in Ontario age 66 and older with COPD, a progressive lung disease that makes it difficult to breathe. Multiple provincial health care administrative databases were analyzed at the Institute for Clinical Evaluative Sciences .

Between 2003 and 2012, 70 per cent of those who were living in their own home were given a new opioid prescription, while about 55 per cent of those living in long-term care homes received a new opioid prescription. The study also found that older adults with COPD, especially those living in long-term care homes, were potentially using opioids excessively - meaning they were given multiple opioid prescriptions, early refills, and prescriptions that lasted more than 30 days.

Opioids, such as codeine, oxycodone and morphine might be prescribed more frequently among [older adults](#) with COPD to treat chronic muscle pain, breathlessness and insomnia, said Dr. Vozoris. Common side effects of opioids include falls and fractures, confusion, memory impairment, fatigue, constipation, nausea, vomiting and abdominal pain.

"Sometimes patients are looking for what they think are quick fixes to chronic pain and chronic breathing problems," said Dr. Vozoris. "And

physicians sometimes believe that narcotics may be a quick fix to COPD symptoms."

Dr. Vozoris said there was some evidence to suggest that opioids may negatively affect lung health by reducing breathing rates and volume, which can result in decreased blood oxygen levels and higher carbon dioxide levels.

"This is a population that has [chronic lung disease](#), and this drug class may also adversely affect breathing and lung health in people who already have chronically compromised lungs," said Dr. Vozoris.

The authors looked at records of about 110,000 adults living in the community and about 16,000 adults living in long-term [care homes](#) in Ontario.

The majority of opioid prescriptions came from family physicians, with about 88 per cent of new prescriptions being a mixture of opioids and non-opioids, such as Percocet, Endocet and Lenoltec.

"Patients and prescribers should reflect on the way narcotics are being used in this older and respiratory-vulnerable population," said Dr. Vozoris. "They should be more careful about when narcotics are used and how they're being used."

Provided by St. Michael's Hospital

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