

Abstract

Background: The opioid epidemic has been a nationwide issue for many years; however, opioid safety in older adults receives comparatively less attention. Adults 65 and older are roughly 17% of the US population, but make up 25% of long-term opioid users. They are also at higher risk of negative outcomes due to changes in pharmacokinetics related to aging and the high occurrence of polypharmacy. Opioids are frequently cited as a medication class that may increase the risk of falls among older adults.

Objective: The purpose of this study is to assess opioid prescribing patterns that may be associated with increased risk for falls among older adults in Illinois and to evaluate prescribing patterns based on age categories.

Method: We used the Illinois Prescription Monitoring Program (PMP) to assess data on opioid prescriptions. Patients aged 65 years and older with an opioid prescription during calendar year 2022 were included and divided into age categories (65-74; 75-84, and 85+). For each patient, we evaluated Morphine Milligram Equivalent (MME) per prescription and per month and identified patients with more than one opioid prescription in any one month, factors that could be associated with increased risk of falls. These factors were compared among the age categories to identify any differences.

Results: We evaluated PMP data on 484,205 older adults in Illinois. More than 20% were prescribed two or more opioid prescriptions in at least one month during 2022. This was consistent between the three age categories. Less than 3% of older adults received a prescription that exceeded 2700 MME per month, which also was consistent amongst the three age categories.

Conclusion: More than 1 in 5 older adults in Illinois may be at increased risk for falls due to the prescribing of multiple opioid prescriptions per month. Educational interventions may be necessary to educate providers about the risks of opioid prescribing in the older population.