

By Barbara Brody | March 13, 2018

If you've recently had surgery, suffered a trauma, or have chronic pain, your doctor might suggest that you take an opioid. Whether that's a good idea depends on these key factors.



closeup of hand with prescription opioid bottle

In a three-part series, SilverSneakers reports on the opioid crisis in America. Part 1, below, explores the pros and cons of opioid use for chronic pain or after surgery. [Part 2](#) reveals the warning signs of dependency or addiction to watch for when you or a loved one is taking a prescription opioid. [Part 3](#) explains what to do if you suspect a loved one is struggling with an opioid addiction.

Open any newspaper, turn on the TV, or just talk to friends and neighbors, and you'll quickly realize that there's a serious problem with opioids in this country—and that it's hitting closer to home than you might have thought.

Since 2000, the rate of people who overdose on these drugs has been rising, and opioids are now responsible for more than 115 deaths in the United States every single day, according to the National Institute on Drug Abuse. Equally alarming is the fact that legitimate use of these pain-relieving meds can pave the way for addiction and illegal activity. An estimated 21 to 29 percent of patients who were prescribed opioids for chronic pain end up misusing these drugs—and about 80 percent of people who use heroin, an illegal opioid, previously misused prescription opioids.

If you think this is only a young person's problem, think again. Seniors are susceptible too. According to a study in *JAMA Internal Medicine*, 15 percent of seniors are prescribed opioids during a hospital stay, and 43 percent still use them three months later. And the latest numbers from the Centers for Disease Control and Prevention reveal that opioid overdoses in adults 55 years and older rose 32 percent from July 2016 to September 2017.

That said, there are upsides to opioids—namely, they work really well for severe pain. If you're in a car accident or recovering from surgery, chances are taking an [over-the-counter pain reliever](#) isn't going to cut it. Opioids are also sometimes prescribed for people with chronic pain disorders, characterized as pain lasting longer than three months.

If you've recently had surgery, suffered a trauma, or have unrelenting chronic pain, your doctor might suggest that you take an opioid like morphine, codeine, oxycodone, or fentanyl. Whether that's a good idea depends on many factors, including the severity of your pain and your personal health status.

Here's what every older adult should know before filling an opioid prescription.

1. Understand the Risks

Opioids, also called narcotics, are powerful drugs that are derived from opium. They attach to receptors in your nervous system, which boosts levels of a feel-good chemical called dopamine. That changes how your body perceives pain, but these drugs also have the potential to cause serious side effects.

“Yes, there’s the potential for addiction, but you also have to be concerned about an [increased risk of osteoporosis and fractures](#), especially in older patients,” says Vinnidhy H. Dave, D.O., director of medical pain management at the Hospital for Special Surgery in New York. Opioids may also cause dizziness, confusion, and fatigue—problems that already plague some seniors.

People who have lung problems should be especially cautious, warns Jianguo Cheng, M.D., Ph.D., president-elect of the American Academy of Pain Medicine and a pain management specialist at the Cleveland Clinic. “The most common reason people die from opioids is because these drugs suppress their respiration so they stop breathing,” he says. And because older people metabolize drugs differently than younger people, it takes less of the same medication to trigger this fatal result.

Of course, anyone considering an opioid—no matter their age—also needs to consider their personal risk of addiction, especially if they’re planning to take the medication for an extended period. While anyone can become addicted, it’s more likely to happen if you have a family history of addiction or a mental health issue like [depression](#). You’re also more susceptible if you’ve previously struggled with any type of addiction, whether your vice was nicotine, alcohol, or gambling.

2. Try Other Options First

Given the long list of possible side effects and dangerous consequences associated with opioids, most experts agree that these drugs should be considered a last resort—especially when it comes to treating chronic pain.

“If you have ankle surgery or get your gallbladder out and take an opioid for five days afterward, the chances of becoming addicted are very low,” Dr. Cheng says. And as long as your doctor is careful with the dosing, you probably don’t have to worry too much about thinning bones. Using these drugs for the long term, however, is more risky.

“Opioids should not be the first line or even the second line of treatment in many cases, so you should try other approaches first,” Dr. Cheng says. That might entail physical therapy, cognitive behavioral therapy (a type of talk therapy), biofeedback (learning to interpret and manage the body’s stress response through [muscle relaxation](#) or deep breathing), or other types of medication.

In some instances, higher doses of pain relievers that are sold over the counter, like ibuprofen and acetaminophen, might be helpful. Anticonvulsant medications like gabapentin or low doses of tricyclic antidepressants like amitriptyline may also ease pain.

Depending on the cause of your pain, you might also be a candidate for a surgical procedure, such as a knee replacement or removal of a herniated disc, Dr. Dave says. As always, your doctor is the best resource to discuss your options and answer questions.

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3. Use the Lowest Effective Dose

More isn’t better. If you do opt to take an opioid, start at a very low dose to minimize the risks. “Go low and slow,” Dr. Cheng says. “The goal is to find a treatment that’s effective and tolerable.”

It’s also important to check in with your doctor regularly. Are the drugs causing any noticeable side effects?

Are they even working? “It’s very important for doctors to explain to patients that this is a trial,” Dr. Cheng says.

4. Consider Your Pain Tolerance

For some medications, like those for [diabetes](#) or [heart disease](#) that help stabilize daily blood sugar or blood pressure, it’s very important to [stay on a regular schedule](#). Opioids are different.

With opioids, “take every six hours as needed” doesn’t mean you should automatically pop a pill every six hours. “We used to tell patients to ‘stay ahead’ of the pain,” Dr. Dave says. “But over the years that thinking has evolved, and we don’t want you to be taking medicine you don’t really need.”

Dr. Dave still often prescribes opioids for patients coming out of surgery, but he encourages them to evaluate their discomfort before taking it. “If your pain is a 6 or 7 out of 10 and you feel like you can handle it, then maybe you don’t need the medication,” he says. There’s also no reason to set an alarm to wake you up during the night so you don’t “miss” a dose; if you’re comfortable enough to stay asleep, you’re fine.

5. Listen to Your Body—and Speak Up If Something’s Off

Let’s go back for a moment to those instructions to take a dose every six hours as needed. If you take a pill at 12 p.m. and are still in agony at 2 p.m., it’s pretty tempting to zone in on the “as needed” part of your instructions and reach for another right then. Don’t do it.

“Physicians usually give sufficient doses of opioids or other pain medication, so if you have uncontrolled pain, there might be something else going on, like an infection or bleeding,” Dr. Cheng says. In other words, pain that doesn’t quit is a warning sign. If the treatment your doctor prescribed isn’t working, you need to check in with your doctor as soon as possible to find out why.

6. Don’t Mix Them with Other Sedatives

It would be great if you had one doctor monitoring all of your medications and weighing in on the combo, and maybe you do. But it’s not unusual to see a slew of specialists—perhaps your internist for checkups, a sleep specialist for your [insomnia](#), and a rheumatologist for your [arthritis](#)—who never talk to one another.

That means it’s crucial for you to take matters into your own hands and review a list of all your current medications, including prescriptions, over-the-counter drugs, and supplements, with one of your doctors or a pharmacist to ensure that you aren’t at risk for a dangerous drug interaction. Even better, [bring the medications with you](#) so your doctor or pharmacist can see the labels and read the instructions.

“If you’re on opioids for chronic pain and also taking a sleep aid or an anxiety medication like a benzodiazepine, you have an increased risk for mortality because you’re combining different sedatives,” says Dr. Dave, who notes that alcohol is a sedative too.

7. Be Smart About Storing and Disposing of Your Meds

Whatever your reason for needing an opioid, you should consider taking some steps to keep these drugs away from others, including visitors like grandchildren. The American Academy of Family Physicians suggests that opioids be stored inside a locked cabinet or at least in a safe place that can’t easily be accessed—intentionally or accidentally. Opioid overdoses in children ages 1 to 17 years doubled between 2004 and 2015, according to a recent study in *Pediatrics*.

Meanwhile, don't let unused opioids linger in your medicine cabinet. If your hip replacement surgery was months ago and you're no longer using your pain medication, get rid of it safely. Find an authorized disposal location near you [here](#), or ask your local pharmacy or hospital if they have a drug take-back program.

If those aren't options, the U.S. Food and Drug Administration suggests mixing pills with dirt, kitty litter, or used coffee grounds, then putting the mixture in a zip-close bag before tossing it in the garbage. To dispose of a fentanyl patch, fold it in half with the sticky sides together, and flush down a toilet—even used patches can endanger children or pets.

Important: If you or someone you love takes opioids, [know the signs of opioid overdose](#) and call 911 immediately if their lips or fingernails turn purple or blue, their breathing or heartbeat slows or stops, or they cannot be awakened or are unable to speak.

The Opioid Crisis in America

- **Part 1:** Opioid Safety: What Every Older Adult Needs to Know
- **Part 2:** [Opioid Use: Signs of Trouble](#)
- **Part 3:** [Is Your Child or Grandchild Addicted to Opioids?](#)

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