PAIN-RELATED MEDICATION USE IN ADULTS 65 YEARS AND OLDER WITH CHRONIC PAIN

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INTRODUCTION / AIM

Little is known about prescription drug use in older adults with chronic pain. We aimed to describe pain-related drug use in a matched sample with and without chronic pain using administrative data.

METHODS

We conducted a retrospective cohort study from 2000 to 2011. Ontarians ≥65 years with and without chronic pain were identified from the Canadian Community Health Survey and linked to administrative healthcare data. Cases were matched to controls on demographics and comorbidity using propensity methods. Prescriptions for opioids, NSAIDs, acetaminophen, muscle relaxants and gabapentinoids from the Ontario Drug Benefit (ODB) database were reviewed for one year following each subject’s survey date.

RESULTS

There were 6,078 pairs of older adults with and without chronic pain. Average age was 75 years and 66% were female. For cases, 37% had at least 1 prescription for an opioid compared to 17% of controls. The proportion receiving at least 90 days’ supply of opioids was 13% for cases and 3% for controls. Those with at least 1 prescription for other drugs were as follows: NSAIDs, 40% versus 24%; acetaminophen, 10% versus 5%; muscle relaxants, 1% versus 0.4%; gabapentinoids, 2% versus 1% (all p < 0.01).

DISCUSSION / CONCLUSIONS

More people in the chronic pain group had prescriptions for pain-related drugs and the number of people with at least 90 days of opioid use was larger in the chronic pain group. The prevalence of opioid use in adults ≥65 years is higher than reported for adults, and comparable to that reported in knee osteoarthritis patients.

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