

THE CONVERSATION

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Older people abuse drugs because they're in pain

By

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It should be no surprise that older adults are the largest users of prescription medication. After all, older adults are far more likely to have chronic health conditions than are younger people. It follows, then, that the misuse or abuse, of prescription and over-the-counter medications is a significant problem among older adults.

The medications they misuse include painkillers, especially opiates; sleep aids and anti-anxiety agents, especially benzodiazepines, and various psychiatric medications such as anti-depressants and anti-psychotics.

For the most part, older adults are not using these drugs to get high. They are using them in the hopes of quelling pain, sleeplessness, anxiety, or depression. And they may also be given them to reduce dangerous, disruptive, or annoying behavior, especially among those older adults who have severe mental disorders, including dementia (often called, accurately or not, Alzheimer's disease).

Overuse of medications that may be useful in the right dose for certain specific conditions creates a variety of serious problems including:

- Increased risk of falls – a major cause of disability and premature mortality among older people.
- Drug related cognitive impairment including memory loss that can be confused with dementia.
- Discord in important relationships.
- Inactivity.

- Social isolation.
- Loss of independence.

Certain medications also create significant risks of illness and premature mortality among people older than 65. For example, anti-psychotic medications create **increased risks** of obesity, diabetes, high blood pressure, heart disease, and more. Anti-depressant medications also are associated with health risks including higher rates of death, attempted suicide, falls, fractures, upper gastrointestinal bleeding, and heart attacks.

So what can be done to reduce the risk of misuse or abuse of medications by older adults? To some extent, misuse of medications results from the ignorance of older adults, their caregivers, and of those who prescribe medication for them about the appropriate use of medication. This includes ignorance about dosage, which is generally less for older adults than for younger people, the potential side-effects, the value of limiting prescriptions, alternative treatments and the dangers of using medication to control “difficult” behavior.

It is widely believed that better public education and professional training would result in significantly less misuse of medications.

Legal and regulatory constraints

Reducing abuse of prescription painkillers and other drugs has become a major item on the public health agenda in the United States. In part, public health officials have tried to educate patients and providers.

But in large part they have pressed for legal and regulatory constraints that discourage providers from prescribing these medications. The impact has been measurable but not remarkably high.

Unfortunately, there has been little attention paid to reducing the demand for the medications that are too often and easily over-used. People take painkillers because they are in pain. People take sleep aids and anti-anxiety agents because they cannot sleep or because they live in fear. People take anti-depressants because they are depressed. (Actually they are often prescribed by physicians for people who are not depressed, but are sad or sleepless.)

Overcoming medication misuse and abuse by older adults will not be easy because the problems these medications treat are serious and very troubling to those who have them. They want and need the drugs to avoid suffering and to be able to lead lives that they find at least tolerable.

The point is that **we need a major push to help people with pain, sleeplessness and anxiety without excessive reliance on medications** that are dangerous when they are misused, as they too often are. This will take far greater research to find effective alternatives to dangerous medications.