Bree Collaborative | Opioid Prescribing in Older Adults Workgroup
July 14, 2021| 3:00 – 4:30 p.m.
Virtual

MEMBERS PRESENT

Gary Franklin, MD, MPH (Co-chair), Washington State Department of Labor and Industries
Elizabeth Eckstrom, MD, Oregon Health Sciences University
Blake Maresh, MPA, CMBE, Washington State Department of Health
Darcy Jaffe, Washington State Hospital Association
Mark Sullivan, MD, PhD, University of Washington
Carla Ainsworth, MD, MPH, Iora Primary Care – Central District
Pam Davies, MS, ARNP, FAANP, University of Washington
Rose Bigham, Patient Advocate
Siobhan Brown, MPH, CPH, CHES, Community Health Plan of Washington
Shelly Gray, PharmD, School of Pharmacy, University of Washington
Jason Fodeman, MD, Washington State Department of Labor and Industries
Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine
Jaymie Mai, PharmD, Washington State Department of Labor and Industries
Angie Sparks, MD, Kaiser Permanente Washington
Steven Stanos, DO, Swedish Medical Center
Michael Parchman, Kaiser Permanente Research Institute
Kushang Patel, MD, Anesthesiology and Pain Medicine, University of Washington
Kara Shirley, PharmD, Oregon Health Authority
Gina Wolf, DC, American Chiropractic Association

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative
Monica Salgaonkar, MHA, Washington State Medical Association
Terri Lewis
Diana Vinh
Yuliya Shirokova, University of Washington

WELCOME

Gary Franklin, MD, MPH (Co-chair), Medical Director, Washington State Department of Labor and Industries welcomed members to the workgroup and ran through roll and introductions.

Action: To adopt the minutes
Result: Unanimously approved

Dr. Franklin asked members about discontinuing the topic of different opioid treatments (like non-acting, short acting, and intermittent treatment). Members discussed:

- Interest in pursuing guidelines for using opioids to treat intermittent pain.
- Lack of literature in this field makes clear guidelines difficult
- In chat: "come clean on intermittent opioids and say that there is no literature on this or evidence, but common-sense advice is that as patients age you should reconsider the dose prescribed for intermittent use because of the risks of falls, etc."
- To table this topic for now, but review the available literature and guidelines to include language about prescribing for "flare-up" pain or intermittent pain.

Non-pharmacologic Treatment of Pain in Older Adults

Kushang Patel, MD, Anesthesiology and Pain Medicine at the University of Washington discussed extra non-pharmacologic treatment of pain topics including aerobic exercise and strength training. Members discussed:

- The benefits and limitations of a large systematic review on the effects of noninvasive and nonpharmacological treatment for chronic pain.
    - Benefits: the study had a strict and well-defined inclusion criterion for a number of conditions ranging from low back pain to knee osteoarthritis.
    - Drawbacks: the frequency and scope of harms were not well defined, the inclusion criteria had rigid standards for follow-up, and some categories lacked trials on participants with a mean age above 60.
- Limitations of exercise to manage chronic pain
    - Exercise can lead to harms, fatigue, especially with older adult populations
    - Access and coverage issues related to exercise and strength training can become an equity issue for older adults managing pain.
- Key Takeaways
    - Most studies demonstrated that strength and aerobic training led to improvements in pain and function. The strength of association ranged from low to moderate.
    - Older adults require multiple modalities to manage chronic pain, such as prescription drugs, strength training, and mindfulness. RCTs do not readily capture the nuance of treatment plans.
    - When considering exercise as treatment, also important to think about motivation

While discussing multimodal care, including non-pharmacologic treatment options, several workgroup members raised concerns about accessibility of alternative treatment mechanisms, especially from an affordability and insurance coverage perspective. Several members expressed interest in continuing this conversation through comments and via the chat box.

Co-Prescribing with Opioids for Older Adults

The co-prescribing with opioids subgroup presenting their recommendations, organized into categories for providers and health care systems. Members discussed:

- The evidence for co-prescribing guidelines come from literature that is not specific to opioids but draws from similar literature about medication review.
- The main goal is to prevent co-prescribing with opioids and CNS medication
- Language about gabapentinoids should be separate from language about CNS-active medications, specifically benzodiazepines
- Adding a box with tips about side effects to look out for if patients are taking both opioids and CNS-active medications
- Include information about reaching out to support from behavioral health teams when de-prescribing CNS-active medications like benzodiazepines

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Franklin opened up space for public comment at the end of the meeting. Those present discussed:

- Pharmacogenetic assessment for potential interaction effects between prescription drugs, over-the-counter drugs, and any opioid prescriptions.

Dr. Franklin thanked all for attending and adjourned the meeting. Next month will focus on heat therapy and ACT.