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## Bree Collaborative | Opioid Prescribing in Older Adults Workgroup

September 8, 2021 | 3:00 – 4:30 p.m.

Virtual

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### MEMBERS PRESENT

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Gary Franklin, MD, MPH (Co-chair), Washington State Department of Labor and Industries

Judy Zerzan-Thul, MD, MPH (Co-Chair), Washington State Health Care Authority

Elizabeth Eckstrom, MD, MPH, Oregon Health Sciences University

Mark Sullivan, MD, PhD, University of Washington

Carla Ainsworth, MD, MPH, Iora Primary Care – Central District

Pamela Stitzlein Davies, MS, ARNP, FAANP, University of Washington

Rose Bigham, Patient Advocate, Co-Chair Washington Patients in Intractable Pain

Siobhan Brown, MPH, CPH, CHES, Community Health Plan of Washington

Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine

Clarissa Hsu, PhD, Kaiser Permanente Washington Research Institute

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

Gina Wolf, DC, American Chiropractic Association

### STAFF AND MEMBERS OF THE PUBLIC

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Nick Locke, MPH, Bree Collaborative

Ginny Wier, MPH, FHCQ

Monica Salgaonkar, MHA, Washington State Medical Association

Diana Vinh

### WELCOME

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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. Dr. Franklin also reviewed August minutes.

**Action:** To adopt the minutes

**Result:** Unanimously approved

After adopting the minutes the workgroup discussed next steps. In October the workgroup will review draft language from the non-pharmacologic pain management draft language and intermittent prescribing piece that Dr. Franklin will briefly look into.

### Report out on Non-Opioid Pharmacologic Pain Management Workgroup

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Pamela Stitzlein Davies, MS, ARNP, FAANP, presented the literature on non-opioid pharmacologic pain management. The presentation included:

- Evidence Limitations and Beers Criteria:
  - There is a lack of studies on non-opioid pharmaceuticals, especially those that compare a non-opioid pharmaceutical to opioids.
  - Most of the evidence for non-opioid pharmaceuticals for older adults comes from the Beers Criteria – which lists “potentially inappropriate” medications that are usually best avoided by older adults.

- The Beers Criteria recommends:
  - Avoiding concurrent gabapentinoids, CNS-active drugs, or benzodiazepines with opioids.
  - Avoid SNRIs for people with a history of falls
  - Avoid TCAs due to anticholinergic activity
  - Avoid NSAIDs due to effects on hypertension
  - Avoid skeletal muscle relaxants for anticholinergic activity.
  - Avoiding concurrent CNS-active drugs
- The workgroup discussed: the difficulties of prescribing medication with older adults when many currently available medications are considered potentially harmful. We may need to consider other options in addition to pharmaceuticals – dose reduction, multimodal care options. Unfortunately, insurers often require trials of TCA or NSAIDs as opioid alternatives, and it is hard to change the landscape.
- Pamela Stitzlein Davies discussed preliminary recommendations for non-opioid medications:
  - Goal is improvement in function of life and quality. Healthcare should consider comprehensive medication reviews and reconciliation considering rational polypharmacy
  - First line drugs (safest in older adults) include acetaminophen and topical analgesics
  - Drugs that can be used with caution include NSAIDs, SNRIs, and Gabapentinoids
  - Drugs to avoid include TCAs and muscle relaxants
  - Health care systems should provide decision support tools and expand access/payment for topical medications and non-pharmacological support therapies.
- The workgroup discussed the presentation and initial recommendations:
  - What other non-opioid pharmaceuticals have we not mentioned? Should we include a statement on medical CBD (“as this product is not FDA approved, we cannot comment on effectiveness or safety”).
  - Some members expressed concerns about the placebo effect for topical analgesics.
  - We should consider the importance of deprescribing across medications, not just opioids
  - Medication review may be important “at every visit” for older adults.
- Workgroup members had some lingering questions for future iterations of recommendations.
  - How do we guide providers and patients on which potential risks are acceptable? Can we include information about shared decision making?
  - How do you choose between opioids and non-opioids if both bring risks?

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Dr. Franklin opened up space for public comment then thanked all for attending and adjourned the meeting. Next month will focus on reviewing draft recommendations for non-pharmaceutical treatment options.