# Care Homes ECHO Schedule

**3rd Thursday of each month**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC (Medication Safety Series)</th>
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<tbody>
<tr>
<td>Jan 2023</td>
<td>Managing Anxiety and Depression</td>
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<td>Feb 2023</td>
<td>Managing Insomnia</td>
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<td>Mar 2023</td>
<td>Managing Psychotropic Medications</td>
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<td>Apr 2023</td>
<td>Managing Pain</td>
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* Topics and speakers subject to change*
Long-COVID & Older Adults

COVID UPDATES
April 2023

REFERENCE: Long COVID and older people - The Lancet Healthy Longevity
What is Long-COVID?

According to the WHO, 2021

- Occurs among people with probable or confirmed SARS-CoV-2 infection within 3 months of onset with symptoms lasting for >2 months, not explained by other diagnosis.
- COVID-19 infection can also worsen or trigger other chronic conditions such as diabetes, heart disease, lung disease, stroke, or clotting problems during the year after COVID infection.

Common symptoms: chronic fatigue, shortness of breath, cognitive decline, cough, headache

Other problems: anxiety, depression, sleep, joint or muscle pain, ADLs, and functional decline.
How Long Can it Last?

• Symptoms can either PERSIST or be of NEW ONSET after initial recovery. Symptoms of post-COVID-19 condition can also change or RELAPSE over time.

• While most people recover from long-COVID, some may have persistent or episodic symptoms after 30 months.
Prevention & Treatment

• Higher risk > 65 years old
• Up-to-date Vaccination reduces risk
• Paxlovid may reduce long-COVID (JAMA March 23, 2023)

• May trigger/worsen chronic conditions such as heart disease and clotting events. Don’t just dismiss complaints- Have a doctor Evaluate.
• Review medications with side effects.
• Screen and Monitor the 4Ms because of the increased risk for cognitive and functional decline
• Address physical, psychological, and functional concerns that come up to improve their quality of life.
Exercise & Rehabilitation

• Too much exercise may make symptoms like fatigue, dizziness, heart racing worse.

• Careful increase in exercise seems to be helpful:
  • Start slowly, a few minutes a day,
  • Take breaks. Even a couple days of rest if needed.
  • Increase gradually
Medication Safety Series: Managing Pain
Polypharmacy= Taking Too Many Medications

• Older Adults are taking MANY medications for their MANY medical problems
• All Medications have side effects
• More medications → more side effects and more interactions,
• More medications → difficult to swallow and challenging to take them all correctly!
Problems in Older Adults

• With aging, it takes longer for medications to wash out of the body. (Kidneys and liver don’t work as effectively)

• Especially watch out for drugs that increase risk for falls, confusion, dehydration, low sugars, bleeding, etc.
High-Risk Medications

• The American Geriatrics Society developed a list of medications that are dangerous and may be inappropriate for use in older patients, known as the “Beers Criteria”

• In this Medication Safety Series, our goal is to make you aware of these high-risk medications so you can help monitor safety, and work together with the doctors to reduce their use and prevent bad events.
What are some Problem Medications?

Especially Drugs that affect the brain…

Depression  Anxiety  Sleep  Agitation (antipsychotics)  Pain
Case Scenario: Mrs. C

• 82 year-old woman is constantly complaining. She has aches and pains everywhere. She has a history of gout, shingles (left shoulder), arthritis (knees) and osteoporosis and kyphosis (back pain), and constipation. She has trouble sleeping at night and doesn’t want to get out of bed in the morning. She takes sleeping pills every few days. She asks for Tylenol every day but says it doesn’t really help her. She wants to try the oxycodone she took a few years ago after her hip fracture.

• What should you do?
**Types of Pain**

- **Muscle and Joint Pains**
  - Aching
  - Sore
  - Sharp
  - Ex: arthritis, fracture, LBP

- **Nerve Pain**
  - Burning, Tingling, shooting
  - Comes and goes
  - Ex: shingles, post-stroke

- **Visceral Pain**
  - (Bladder, stomach, colon)
  - Cramping
  - Sharp
  - Ex: constipation
Types of Pain

**Acute**
*Starts Suddenly*
- Often due to a disease, injury or inflammation
- Get a diagnosis and treat the underlying cause
- Can sometimes turn into chronic pain

*Ex: Fracture, Surgery*

**Chronic**
*Lasts a long time*
- Duration of pain goes beyond normal time for healing.
- Can cause severe problems that impact function

*Ex: Arthritis*
How much Pain?

• Faces Pain Scale (can be confused for mood)

• Number Rating Scale (abstract concept)
  • “On a scale of 1-10, with 10 being the worst possible pain, how much pain do you have?”

• Verbal Descriptor Scale:
  • No pain
  • MILD pain (3)
  • MODERATE pain (5)
  • SEVERE pain (7)
  • The WORST pain ever (10)

Easiest to understand
Strategies for Pain Management

1. Non-Medication
2. Non-Opioid Medications (Over-the-Counter)
3. Opioid Medications
Non-Medication Strategies

- Hot or Cold Packs
- Diet
- Biofeedback techniques
- Electrical Stimulation
- Massage Therapy
- Meditation
- Physical Therapy & other Rehab
- Psychotherapy
- Acupuncture
- Chiropractic
- Surgery
Non-Opioid Medications: OTC

• Acetaminophen (Tylenol)
• NSAIDS
  • Ibuprofen (e.g. Advil, Motrin)
  • Naproxen (e.g. Alleve)
  • Aspirin
• Topical Skin Products
  • Diclofenac gel (e.g. Voltaren gel 1%)=NSAID, best if pain is not deep.
  • Capsaicin Cream (0.025%, 0.075%, 0.1%), or Capsaicin patch
  • Lidocaine gel or Patch (e.g. Salon-Pas, Icy Hot, or Aspercreme with Lidocaine 4%)
Non-Opioid Medications: Prescription

• Other NSAIDS
  • Celecoxib (Celebrex)
  • Voltaren gel

• Antidepressants
  • Ex: Duloxetine

• Anti-seizure medications
  • Ex: gabapentin, pregabalin
  • Ex: Lidocaine patch 5%

• Capsaicin Patch
  • (e.g. capsaicin patch 8% applied 30-60 min every 3 months)
The Risks with “Opioids”

• Addiction!
• Drowsiness, confusion, forgetfulness, difficulty talking or swallowing
• Accidents (like drunk driving)
• Falls and hip fractures
• Worse when combined with benzo’s, sleeping pills, or alcohol
• Overdose can lead to:
  • Hard to wake up/Unconscious, heartbeat very slow or stopped, low blood pressure
  • Breathing slow/shallow or breathing stops
Naloxone Nasal Spray
(Narcan)

• Naloxone reverses opioid overdose

• OVERDOSE start CPR, give Naloxone
  • One spray into a nostril, then call 911. May repeat after 2-3 minutes. Only lasts 30-90 min.

• May cause withdrawal symptoms (nausea, vomiting, sweating, muscle pain)
Obtaining Naloxone Nasal Spray (Narcan)

• PRESCRIPTION: Can get a prescription from their doctor,
  OR

• OVER THE COUNTER (OTC):
  • The FDA Approved OTC Narcan on 3/29/2023
  • OTC purchase from the pharmacy- No doctor’s prescription needed!
Using Opioids Safely

• Find out who is at risk (use the Opioid Risk Tool)
• Start slow, Go slow
• In older adults, do not use long-acting opioids for people who have never taken opioids
• Monitor for sedation, confusion, falls, fractures and constipation
**Opioid Risk Tool**

This tool should be administered to patients upon an initial visit prior to beginning opioids for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

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<tr>
<td>Alcohol</td>
<td>1</td>
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<td>Illegal drugs</td>
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**FIRST, check for Risk for Addiction!**
Your Turn! Mrs. C

• 82 year-old woman is constantly complaining. She has aches and pains everywhere. She has a history of gout, shingles (left shoulder), arthritis (knees) and osteoporosis and kyphosis (back pain), and constipation. She has trouble sleeping at night and doesn’t want to get out of bed in the morning. She takes sleeping pills every few days. She asks for Tylenol every day but says it doesn’t really help her. She wants to try the oxycodone she took a few years ago after her hip fracture.

• What would you do next?
What TYPES of pain does she have?

- Somatic- arthritis, osteoporosis and kyphosis
- Neuropathic- shingles
- Visceral- constipation
What is the SEVERITY at each site?

- Knees: none at rest, “mod” 5-6/10 with standing and walking
- Back: “mod” 6/10 pain, worse with position change, worse at night.
- Shingles: “mild”; 3/10
- Constipation: “moderate”, uncomfortable, sometimes may go BM every 3-5 days
How much does it IMPACT her function?

• Knees- avoids walking long distances.
• Back-trouble sleeping at night  (WORST)
• Shingles- just annoying
• Constipation- intermittent due to cramping and diarrhea with milk of magnesia.
Non-Opioid Strategies:

• Knees- use walker, topical cream (Lidoderm, capsaicin, salon-pas, etc)
• Back- treat back pain (not sleeping pill). Standing does Tylenol. Consider hot pack, consider tramadol at bedtime.
• Shingles- just annoying
• Constipation- avoid opioids
Before Starting an Opioid, complete the ORT

Opioid Risk Tool

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But What if She Scores Higher?

- Discuss goals, benefits, harms, and discontinuation
- Sign an Opioid “Contract”
- Offer Naloxone
- Let them know they will be monitored (PDMP)
- Partner with Mental Health

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### Opioid Risk Tool

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Using Opioids Safely

• Find out who is at risk (use the Opioid Risk Tool)
• Start slow, Go slow—Start with half-tablet of Tramadol at bedtime, adjusting dose every few days based on side effects.
• In older adults, do not use long-acting opioids for people who have never taken opioids
• Monitor for sedation, confusion, falls, fractures and constipation—keep track of sleeping, involvement in activities, constipation.
Thank You!
Announcement:

The Alzheimer’s Association is Starting a Special Care Homes Support Group!

SAVE THE DATE!

May 25, 2023
2pm

Two facilitators: Calvin Hara, Kuunani Dimante