

Older adults with functional impairments linked to prescription drug use/misuse

20 May 2021, by Michelle Brubaker



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According to the Centers for Disease Control and Prevention, approximately 22 percent of older adults in the United States suffer from a functional impairment, defined as difficulties performing daily activities, such as bathing or getting dressed, or problems with concentration or decision-making affected by physical, mental or emotional conditions.

In a new study published in the May 20, 2021 online edition of the *American Journal of Preventive Medicine*, researchers at University of California San Diego School of Medicine found that functional impairments among adults aged 50 and older are associated with a higher risk of medical cannabis use; and prescription opioid and tranquilizer/sedative use and misuse.

"Our study implies that there may be a link between functional impairments and use and misuse of these prescribed drugs. It is important to recognize that any psychoactive substance may be risky for this vulnerable population," said Benjamin Han, MD, first author of the study and a clinician-researcher in the Division of Geriatrics,

Gerontology, and Palliative Care in the Department of Medicine at UC San Diego.

"Many [older adults](#) use these substances due to [chronic pain](#), insomnia or anxiety—conditions that can affect daily functioning. These symptoms can be challenging to manage, especially in the setting of multiple chronic conditions and other prescribed medications."

Joseph Palamar, Ph.D., senior author of the study and a drug epidemiologist and associate professor at New York University Grossman School of Medicine, said: "It is important to recognize that prescription opioids and benzodiazepines can be risky among this demographic as effects can increase chances for falls, and overuse can lead to overdose or even addiction."

The study analyzed data from participants age 50 and older from the 2015-2019 National Survey on Drug Use and Health. Through a computer-assisted interview process, participants were asked about use of cannabis and prescription opioids and tranquilizers/sedatives in the past year, as well as the presence of any functional impairments.

Those reporting cannabis use were asked if it had been recommended by a doctor, and those reporting opioid or tranquilizer/sedative use were asked about misuse, defined as using prescription drugs in any way not directed by a doctor, including use without a prescription or use in greater amounts or longer than prescribed.

The study found that adults age 50 and older reporting medical cannabis use, prescription opioid use and misuse, or prescription tranquilizer/sedative use and misuse were more likely to report having an impairment.

"Our findings suggest the symptoms of this patient population are not always being fully addressed or that something else is going on, such as a

substance use disorder or a mental health issue like depression and anxiety," said Han. "As health care providers, we need to take a closer look at chronic symptoms among older patients with functional impairments. Managing these conditions often requires a multidisciplinary approach."

Palamar said further research is needed to identify and minimize the risks of psychoactive substance use in this population—and more fully elucidate the role of cannabis.

"Cannabis may have benefits for this population, but we need to ensure that risks don't outweigh the benefits. It's great if cannabis can lessen your grandmother's anxiety, but not if she's already at an [increased risk](#) for falling down," said Palamar.

Han said patients should work closely with their [health care providers](#) to develop appropriate treatment plans with realistic expectations.

"It is also vital to communicate the risks of medications with older adults with functional impairments and the importance of balancing these risks with the potential benefits," Han said.

More information: Benjamin H. Han et al, Cannabis and Prescription Drug Use Among Older Adults With Functional Impairment, *American Journal of Preventive Medicine* (2021). [DOI: 10.1016/j.amepre.2021.01.042](#)

Provided by University of California - San Diego

APA citation: Older adults with functional impairments linked to prescription drug use/misuse (2021, May 20) retrieved 3 June 2022 from <https://medicalxpress.com/news/2021-05-older-adults-functional-impairments-linked.html>

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