



Co-prescribing of Opioids and Psychotropic Medications Among Medicare-enrolled Older Adults on Long-term Opioid Therapy

Maharjan S¹, Bhattacharya K, PhD^{1, 2}, Yang Y, PhD¹, Bentley JP, PhD^{1, 2}, Ramachandran S, PhD^{1, 2}

¹ Department of Pharmacy Administration, University of Mississippi; ² Center for Pharmaceutical Marketing & Management, University of Mississippi

THE UNIVERSITY OF
MISSISSIPPI
Department of
Pharmacy Administration

Background

- Co-prescribing of opioids with psychotropic (COOP) medications is a growing concern.
- Several agencies have recommended caution against COOP due to the potential risk of adverse outcomes.
- The problem is particularly pronounced in older adults, however evidence of the extent of the problem is lacking.

Objective

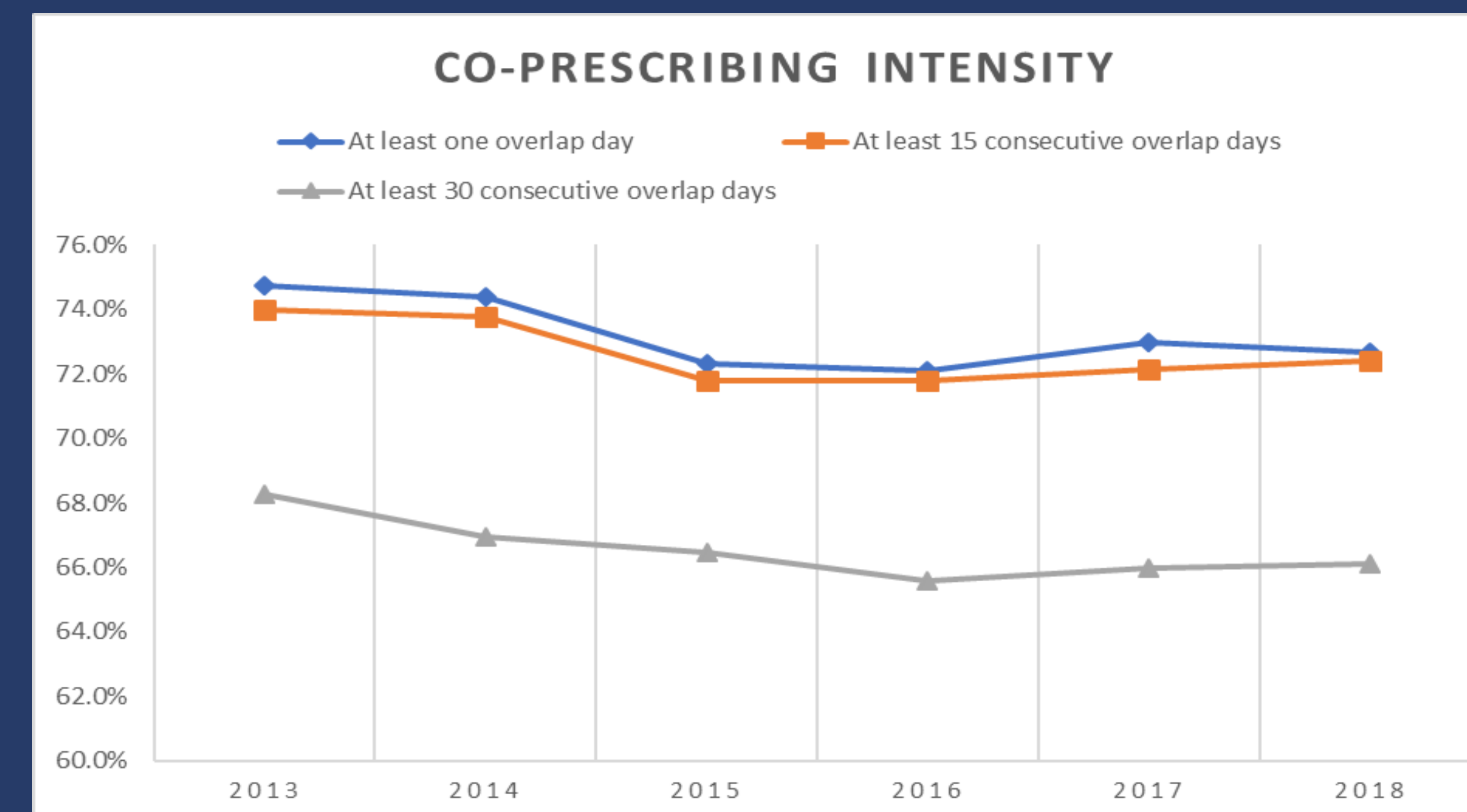
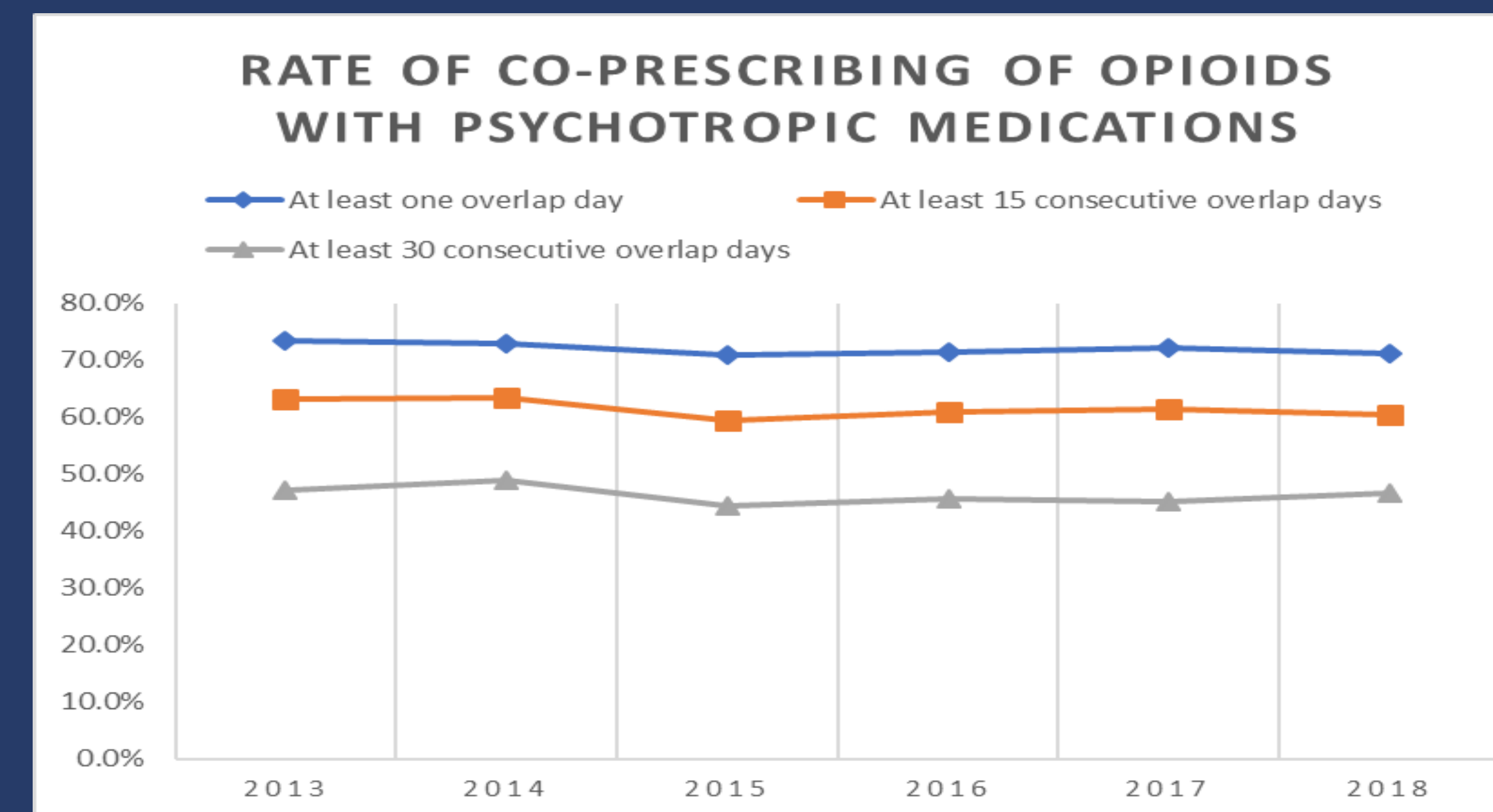
- Assess trends in COOP and characterize COOP patterns among Medicare-enrolled older adults with chronic non-cancer pain (CNCNCP) on long-term opioid therapy (LTOT).

Methods

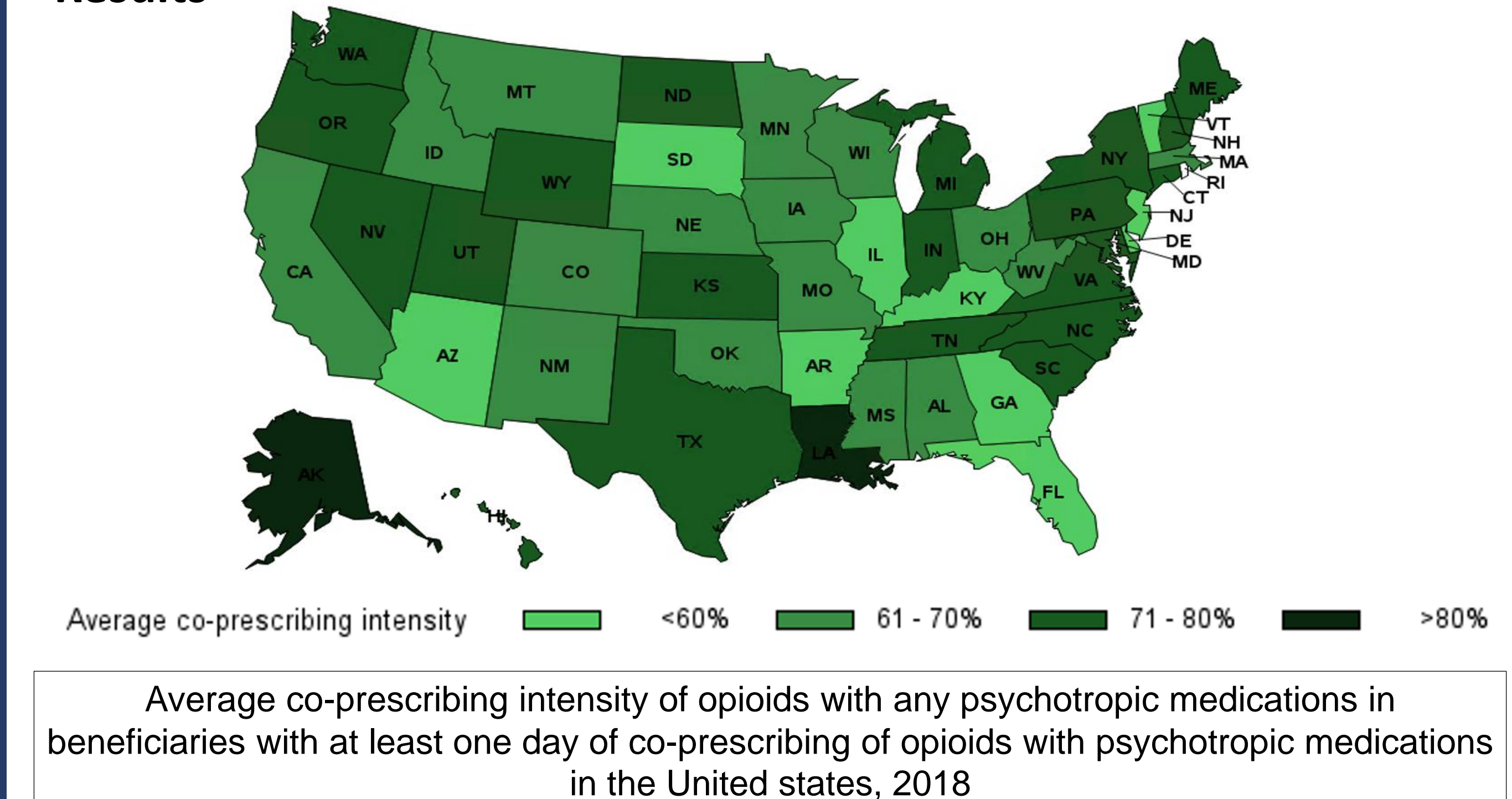
Data source: 2012-2018 5% Medicare administrative claims data

- Inclusion criteria: ≥ 65 years, continuously enrolled with LTOT use (≥ 3 prescriptions for opioids with ≥ 45 cumulative days' supply during any 90-day period), ≥ 2 claims with diagnoses for CNCNCP conditions within a 30-day period, and no claims with diagnosis of cancer or hospice use in the 12 months prior to the LTOT initiation.
- COOP was defined as an overlap between opioids and any class of psychotropic medication based on their prescription fill dates and days of supply following index date in a given year.
- The rate of COOP, and the co-prescribing intensity (co-prescribing days/total opioid prescription days) for each class of psychotropic medications was calculated for each calendar year.

High rates of co-prescribing of psychotropic medications were identified among older adults on long-term opioid therapy



Results



- Among psychotropic medications, antidepressants had the highest rates of co-prescribing (46.09%), followed by benzodiazepines (32.32%), and skeletal muscle relaxants (15.48%) in 2018.
- Antidepressants also had the highest co-prescribing intensity (50.33%), followed by benzodiazepines (19.95%), and nonbenzodiazepine hypnotics (9.96%) in 2018.

Conclusions

- High rates of COOP among older adults with CNCNCP who initiated LTOT were observed.
- Future research should investigate the driving factors of COOP and safety associated with various patterns of use.

SCAN ME



Key references

- Musich S, Wang SS, Slindee LB, Ruiz J, Yeh CS. Concurrent Use of Opioids with Other Central Nervous System-Active Medications Among Older Adults. *Popul Health Manag.* 2020;23(4):286-296. doi:10.1089/pop.2019.0128
- Barry DT, Sofuoglu M, Kerns RD, Wiechers IR, Rosenheck RA. Prevalence and correlates of co-prescribing psychotropic medications with long-term opioid use nationally in the Veterans Health Administration. *Psychiatry Res.* 2015;227(2-3):324-332. doi:10.1016/j.psychres.2015.03.006