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Family Caregiver Resources

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Medication Concerns

Surprising but true: adults over age 65 are candidates for drug overuse and abuse. It's not common among elders. And it is often unintentional. But the misuse of prescription drugs poses exceptional dangers. Learn more about the three most commonly misused medicines. And gain some clarity about nondrug options for chronic pain and opioids for serious illness.

Drug Misuse



Older adults are prescribed more drugs than are any other age group.

Roughly 80% of those over age 65 have multiple chronic conditions.

These health issues can be emotionally, socially, and physically challenging. Drugs are one way to cope. Hearing, vision, and memory problems also contribute to unintentional mix-ups in drug use.

The top three categories of the most commonly misused and addictive drugs are

- **painkillers.** Pain is a common problem for older adults. There are many different types of medication that can help. Some pain medicines create a pleasant state of euphoria. This may lead to the desire to take more or to take them longer than necessary for the pain. Pain medicines also have side effects that can increase the risk of confusion, falls, fractures, and delirium.
- **tranquilizers.** Often prescribed to address anxiety, this class of drugs can also be used for sleep problems. Insomnia is a huge issue for older adults. The calming effect of tranquilizers, however, can lead to cloudy thinking, slower reflexes, and unsteady walking. This increases the risk of falls and can make dementia symptoms worse.
- **stimulants.** These medications promote alertness and energy and can bring on euphoria. They put the heart at risk, though, by increasing blood pressure and heart rate.

If your loved one is taking any of these potentially addictive drugs, watch for signs of trouble:

- **The prescription running out early.** This may indicate overuse.
- **Multiple prescribing doctors or pharmacies.** This is especially common with opioids.
- **A sudden increase in problems with balance, sleep, and/or memory.** These can be side effects of the medications themselves or signs of drug misuse.

If you're concerned, ask each prescribing doctor to do a review of all prescription and over-the-counter drugs.



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Managing Chronic Pain



“Chronic pain” is pain that lasts for 12 weeks or more. The cause is usually nervous system misfiring, like a faulty car alarm system. Often there is no specific trigger, which makes treatment difficult.

Chronic pain is common, affecting 50%–66% of adults age 50 and older. Opioid drugs are recommended for pain control in serious illnesses such as cancer. For chronic pain, however, the opioid epidemic has taught us that a mix of pain relief strategies is better.

With chronic pain, a full recovery to “no pain” may not be realistic. Instead, it’s a matter of finding ways to help your loved one adjust so he or she can continue activities that bring meaning to life *despite* the pain.

Pain is physical, and the experience of pain can be reduced with physical changes. Pain is also highly affected by mental perception. In other words, how negatively we think about it. These two qualities open the door for many nondrug strategies of pain management. For instance:

- **Physical therapy.** Exercises to gain strength and flexibility can improve overall comfort.
- **Occupational therapy.** Learning new ways to accomplish daily tasks may reduce pain.
- **Exercise.** Low-impact physical activity—walking, swimming—releases endorphins, the body’s natural pain killer.
- **Quality sleep.** Lack of sleep makes pain worse. Good rest supports resilient coping with pain.
- **Relaxation techniques.** Special techniques can train the mind and body to interrupt the pain cycle (in which pain triggers fear and tension, which brings more pain).
- **Meditation.** Mindfulness practice can help your loved one cope by “seeing” the pain from a new perspective.
- **Counseling.** Counseling can help your relative identify and change the thoughts, feelings, and actions that amplify pain. Cognitive behavioral therapy is often the most helpful. It can also address depression and anxiety, which then lowers pain.

Pain in Serious Illness

Morphine, hydrocodone, fentanyl . . . with the opioid crisis in our country, it can be scary to hear that a frail or seriously ill relative needs this type of medicine. What are the risks of addiction?

Fortunately, addiction is rarely an issue for individuals dealing with cancer or a painful terminal condition.

Understanding addiction. People who are “addicted” have such an intense desire for a drug, they do whatever it takes to get more of it. Their craving overpowers their concerns about relationships and their ability to function in the world. People with a painful, serious illness rarely behave this way.

The need for more medication. Over time, the body develops a “tolerance.” This means that a higher dose of the drug is needed to achieve the same relief. This is just a biological truth. A legitimate need for more medication is a far cry from an addictive craving that sparks irrational behavior.

Breakthrough pain. It is also very common with cancer and other conditions to have pain spikes in between doses. A booster dose of the medication is then essential. It is not a sign of addiction. Simply part of the unpredictability of pain.

Possible signs of addiction

- Going to multiple doctors for pain medicine
- Going to multiple pharmacies to fill prescriptions
- Using up a prescription early
- Taking ALL the breakthrough doses

If you are worried. Ask your relative’s health provider if they are concerned. If your loved one has a history of substance abuse, let the doctor know early on. Ask about trying different types of pain medication. Perhaps the opioid can be used in rotation with others. Spiritual distress can also be a source of physical pain. If medication is not enough, ask if a visit with a chaplain—a medical member of the clergy—is possible.

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