

Neurocognitive disorder and exposure to medication for opioid use disorder

Introduction



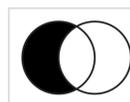
Opioid overdose is rising in adults age 65+.



Medication for opioid use disorder (MOUD) is severely underutilized in adults 65+.



Older adults face a higher prevalence of age-related conditions (geriatric syndromes).

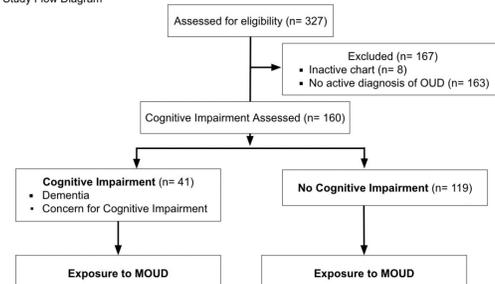


There are unique needs at the intersection of opioid use disorder (OUD) and aging.

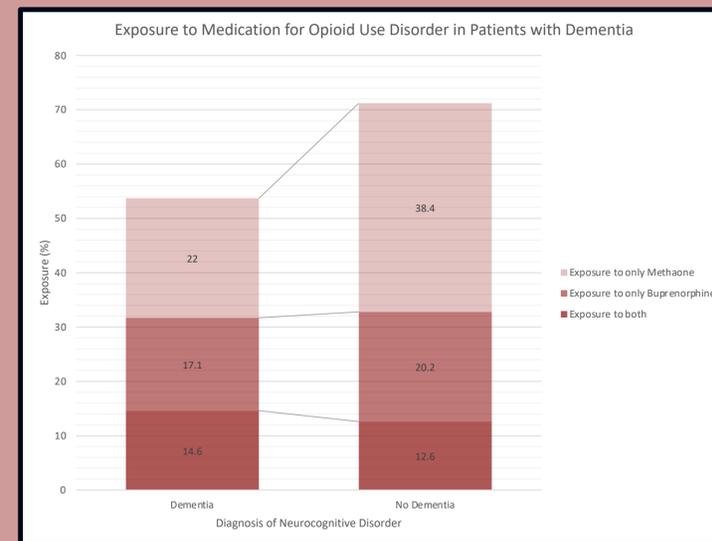
Methods

- Retrospective chart review of patients 65+ with opioid use disorder following in a primary care or geriatric clinic.
- Charts were evaluated for patient exposure to MOUD and if exposed, the duration on MOUD within the study window.
- Patient charts were also assessed for geriatric syndromes.

Figure 1. Study Flow Diagram



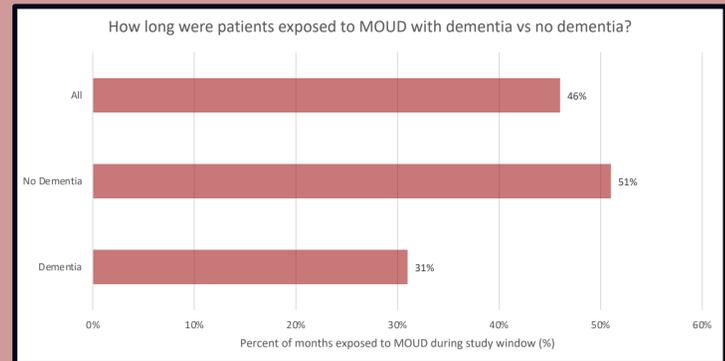
Results



Dementia is associated with **decreased utilization of medication for opioid use disorder.**

There was **no** difference in buprenorphine exposure, but **significantly less methadone exposure.**

Duration on MOUD was limited for all.



No other geriatric syndrome was associated with MOUD exposure.

Table 1. The correlation of geriatric syndromes and exposure to medication for opioid use disorder using Pearson Chi-Square test.

Geriatric Syndromes	Total Sample N (%)	Geriatric syndrome present, MOUD exposure N (%)	No geriatric syndrome present, MOUD exposure N (%)	Value	p-value
Cognitive impairment, n (%)	41 (25.6%)	22/41 (53.7%)	92/119 (77.3%)	8.328	0.004
Urinary incontinence, n (%)	64 (40.0%)	45/64 (70.3%)	69/96 (71.9%)	0.046	0.831
Depression, n (%)	76 (47.5%)	51/76 (67.1%)	63/84 (75.0%)	1.214	0.271
Falls, n (%)	86 (53.8%)	61/86 (70.9%)	53/74 (71.6%)	0.009	0.923
Fractures, n (%)	33 (20.6%)	26/33 (78.8%)	88/127 (69.3%)	1.153	0.283
Uses motility aid, n(%)	110 (68.8%)	80/110 (72.7%)	34/50 (68.0%)	0.375	0.540
BMI underweight, n (%)	29 (18.1%)	21/29 (72.4%)	93/131 (71.0%)	1.498	0.473

Conclusion



Dementia is associated with **decreased MOUD exposure.**



There were higher rates of MOUD exposure in this study than prior, though still suboptimal.



Chart review limits conclusions due to limited documentation.



These older adults have **unique healthcare needs** and require further study to ensure they have access to **lifesaving medication** treatment for OUD.

References

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