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## Start Low, Go Slow (Part 2)

In [Part 1](#) we discussed differences and similarities between older and younger patients in regard to experiencing pain and metabolizing and eliminating analgesics. We also discussed general side effects of analgesics as they affect elders. In Part 2 we will discuss specific classes of analgesics as used in our older patients.

### Non-opioid analgesics

Acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs) are the primary non-opioid analgesics. Acetaminophen and several brands of NSAIDs are available without prescription. In general, these medications are safe when taken as directed. However, many medications, especially for pain or cold symptoms, contain acetaminophen. It is very important to educate elders who are taking acetaminophen regularly to avoid additional sources of acetaminophen. Elders should generally be instructed to take no more than 2- grams per day, which is less than the upper dose limit (4 grams) for younger adults.

NSAIDs have well-known gastrointestinal (GI) toxicities, which may be more frequently experienced or more severe in elders than in younger adults. In addition, as kidney function becomes less efficient, NSAID elimination is decreased, further increasing the risks of GI toxicity. Traditional (non-selective) NSAIDs should be recommended/prescribed with great caution for seniors. COX-2 inhibitors may have somewhat less GI toxicity than non-selective NSAIDs, but all NSAIDs also carry cardiovascular risks.

### Opioid analgesics

Most opioids are as safe and effective for elders as for younger adults. However, the dictum “start low, go slow” sometimes leads clinicians to prescribe the so-called “weak opioids.” This includes propoxyphene (Darvon, Darvocette), which is a very weak analgesic but with significant cardiac and neurological toxicities, especially in patients with decreased renal function. The American Geriatrics Society recommends it not be used by elders.

Opioids with a long elimination half-life (e.g., methadone, levorphanol) are generally not recommended as first line for elders because of their unpredictable pharmacokinetics. Extended release formulations (e.g., MS Contin, Duragesic) should not be prescribed for opioid naïve patients.

Short-acting opioids (morphine, hydromorphone, oxycodone) can be prescribed at starting doses approximately 50% lower than would be expected for younger adults. As with other patients, titrate to effect as rapidly as tolerated. Typically, elders do not escalate as rapidly or as high as other patients, but dosing should always be individualized. Individualization also includes taking into account concurrent medications that will effect opioid metabolism or have additive toxicities. Elders do not experience opioid side effects more frequently than other populations, but the toxicities tend to be more severe.

## News

- Registration for individuals and teams is now open for the [2008 Connecticut Challenge](#). This annual bicycle ride is the major fund-raiser for the [Connecticut Challenge Survivorship Clinic](#) at Yale Cancer Center. This family-friendly event

features rides of 12, 25, 50, and 100 miles plus a supervised “Kids Ride.” The 2005-2007 rides raised a total of \$1.3 million for the Clinic.

- A slightly [increased risk of suicidality](#) has been linked to several antiepileptic/anticonvulsant drugs, which are widely used as primary or adjuvant treatment for neuropathic pain.
- Check out a *New York Times* essay, [Second Opinions, Through a Patient’s Eyes](#).
- [Noncancer-Related Deaths Predominate in Older Breast Cancer Patients](#)

## Journal Watch

- Davies B, et al. Barriers to Palliative Care for Children: Perceptions of Pediatric Health Care Providers *Pediatrics* 2008;121(2):282-288
- Hatfield L, et al. Analgesic Properties of Oral Sucrose During Routine Immunizations at 2 and 4 Months of Age. *Pediatrics* 2008; 121:e327-e334. (Published online ahead of print)
- Syrjala KL, et al. Patient training in cancer pain management using integrated print and video materials: A multisite randomized controlled trial. *Pain* Mar 2008;135(1-2):175-186.
- Grant M. et al. Disseminating end-of-life education to cancer centers: overview of program and of evaluation. *Journal of Cancer Education*. 22(3):140-8, 2007.
- Bradley CT, Brasel KJ. Core competencies in palliative care for surgeons: interpersonal and communication skills. *American Journal of Hospice & Palliative Care*. 2007 Dec-2008 Jan;24(6):499-507

## Books

- Ferrell BR, Coyle N. (2008) [The Nature of Suffering and the Goals of Nursing](#). Oxford: Oxford University Press.
- Lynn J, et al. (2007) [Improving Care for the End of Life A Sourcebook for Health Care Managers and Clinicians](#) (2<sup>nd</sup> Ed). Oxford: Oxford University Press.

## Resources on the Web

- [The Stupid Cancer Show](#)—online radio program for young adult cancer survivors. A feature of the “[I’m Too Young for This](#)” support program.
- [RT Answers](#)—a resource for patients being treated with radiation therapy.

- [Pain Knowledge](#)—award-winning professional resource.

## Palliative Care Calendar & CE

### Yale

- Schwartz Center Rounds: Monthly multidisciplinary forum where caregivers discuss difficult emotional and social issues that arise in caring for patients. 12:00 Noon, YNH East pavilion, 9<sup>th</sup> Floor Conference Room. CME.
  - Mar 17 – Setting Limits: Behavioral Contracts in Medicine
- [End-of-Life Issues Studies Group \(Interdisciplinary Center for Bioethics\)](#) monthly meeting. Institution for Social & Policy Studies (ISPS), 77 Prospect Street. All meetings start at 5:30pm. Contact [ashley.simmons@yale.edu](mailto:ashley.simmons@yale.edu).
  - Feb 26 – Kathy Foley, M.D. – *The Mockery of Public Health: The Oregon Public Health Division’s Reports on Physician Assisted Suicide*
  - Mar 4 – Margaret Pabst Battin, Ph.D. – *Slippery Slope*
  - Apr 8 – Summation of Previous Presentations
- May 20 – 21. 2<sup>nd</sup> Annual Cancer Survivorship Conference, featuring Jimmie Holland, MD. Stay tuned.

### Connecticut

- Mar 28, 8:00am – 4:00pm. 5<sup>th</sup> Annual Conference of the [Connecticut Coalition to Improve End-of-Life Care](#); Cromwell. The Integration of End-of-Life Care in Acute Care Settings. ([Brochure](#)) [info@ctendoflifecare.org](mailto:info@ctendoflifecare.org).

### Elsewhere

- Mar 15, 8:00am – 5:00pm. [Emerging Issues in the Art and Science of Pain and Symptom Management](#). Dept of pain Medicine & Palliative Care, Beth Israel Medical Center. Marriott Marquis, NYC. For more information, [bmastrod@chpnet.org](mailto:bmastrod@chpnet.org) or 212-420-4713
- Apr 18 – 19. [APPEAL: A Progressive Palliative Care Educational Curriculum for the Care of African Americans at Life’s End](#) Pittsburgh
- Apr 25 – May 2. [Being with Dying: Professional Training Program in Compassionate End-of-Life Care](#). Upaya Institute, Santa Fe, NM.

### Online

- [Integrative Pediatric Pain and Palliative Care: The Biopsychosocial Model Modules](#)
- [End-of-Life Care in the Setting of Cancer: Withdrawing Nutrition and Hydration](#)
- A summary of the new American College of Physicians palliative care guidelines is available as a short [CME/CNE offering](#) on Medscape.