

Volume 2 No 1

January 2008

Thomas E. Quinn, APRN, MSN & Ken Miller, MD, Editors

Start Low, Go Slow (Part 1)

Common advice when teaching about prescribing medications for elders is “start low, go slow.” There is a wide range of “normal” responses to many medications, but the physiologic changes that come with normal aging may make these effects even more unpredictable than in younger patients. This is further complicated by the changes that cancer and its treatments may cause, as well as the potential interactions of the multiple drugs that are likely to be prescribed for an elder with cancer, including long-term survivors.

Alterations that can impact drug effects include changes in body structure, metabolism, and elimination. Elders tend to have relatively more body fat, less water content, and less muscle mass. Kidney function begins to progressively deteriorate as early as age 40, and becomes clinically apparent by the mid-60’s. Decreased hepatic function may slow the metabolism of some medications, and certain medication combinations can increase or decrease the metabolism of one or both drugs. It is important to note, however, that physiologic and functional decline are quite variable across patients, and thorough individual assessment and monitoring plans are essential.

In a recent article (see reference list at end of newsletter) Mercadante and Arcuri listed required skills for successful pharmacologic management of pain:

- Objectively assess functional age
- Understand the impact of coexisting conditions

- Carefully manage the number and types of medications taken concurrently
- Adequately communicate with patients and relatives.

Research provides contradictory or unclear information about how elders respond to pain and to analgesics. Dose escalation of opioids tends to be slower in elders than in younger patients, but this does not mean that elders experience less pain; higher pain thresholds or changes in pain perception have not been demonstrated. This includes patients who cannot reliably report pain, such as those with moderate to advanced dementia.

There is an increasing incidence of adverse effects from traditional (nonselective) NSAIDs as age increases, undoubtedly related to renal toxicity in patients with renal insufficiency. The incidence of side effects from opioids is the same as for younger patients, but when they occur they tend to be more severe. There is somewhat less risk of accumulation of toxic metabolites from hydromorphone than from morphine, but it has not been demonstrated that hydromorphone should be the preferred first-line opioid for elders. In fact, the significantly higher potency of hydromorphone suggests that this is not an appropriate “start low” strategy for opioid-naïve elders. Mercadante & Arcuri appear to favor oxycodone as a first line choice because it’s pharmacokinetics are relatively “independent of age, renal function, and serum albumin.”

Whatever analgesic regimen is chosen, close monitoring and dose escalation appropriate to the patient’s needs and response are mandatory.

News

- The Federation of State Medical Boards is distributing a new book, [Responsible opioid Prescribing: A Physician's Guide](#). The *Guide* offers physicians effective strategies for reducing the risk of addiction, abuse and diversion of opioids that they prescribe for their patients.
- New warnings on bisphosphonate use. Last year the FDA published an [“Early Communication”](#) about the potential association of bisphosphonates and atrial fibrillation. This month the FDA posted [“Information for Healthcare Professionals”](#) about the potential for serious and “incapacitating” musculoskeletal pain in patients taking bisphosphonates. A major new review article (see below) and several case reports on bisphosphonate-related osteonecrosis of the jaws were also published this month.

Journal Watch

- Smith EM, et al. The total neuropathy score: a tool for measuring chemotherapy-induced peripheral neuropathy. *Oncology Nursing Forum*. 2008 Jan;35(1):96-102.
- Goldstein NE, Fischberg D. Update in palliative medicine. *Annals of Internal Medicine*. 2008 Jan 15;148(2):135-40
- Qaseem A, et al. Evidence-Based Interventions to the Palliative Care of Pain, Dyspnea, and Depression at the End of Life: A Clinical Practice Guideline from the American College of Physicians. *Annals of Internal Medicine*. 2008 Jan 15;148(2):141-146.
- Lorenz KA, et al. Evidence for improving palliative care at the end of life: a systematic review. *Annals of Internal Medicine*. 2008 Jan 15;148(2):147-59.
- Ruggiero SL, Woo SB. Bisphosphonate-related osteonecrosis of the jaws. *Dental Clinics of North America*. 2008 Jan;52(1):111-28.
- Diel IJ, et al. Adverse Effects of Bisphosphonates: Current Issues. *Journal of Supportive Oncology*. Dec 2007;5(10):475-482.

Resources on the Web

[Initiative for Pediatric Palliative Care](#)—includes 5-module curriculum (free PDF's for download). Supplemental videos can be ordered for a fee.

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, YNHH East pavilion, 9th Floor Conference Room. CME.
 - Feb 18 – Second Opinions
 - Mar 17th 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.
 - Feb 19 – Robert Burt, JD. – *Death in the Practice of Medicine*
 - 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*

Connecticut

- Mar 28, 8:00am – 4:00pm. 5th Annual Conference of the [Connecticut Coalition to Improve End-of-Life Care](#); Cromwell. **The Integration of End-of-Life Care in Acute Care Settings.** 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.
- Apr 25 – May 2. [Being with Dying: Professional Training Program in Compassionate End-of-Life Care](#). Upaya Institute, Santa Fe, NM.

Online

- [End of Life Online Curriculum](#)—Stanford U.
- Feb 14, 1:30-2:30pm. [Dialogue with the Palliative Care Leadership Centers](#). FREE AUDIO CONFERENCE. Ask questions and gain insight from the faculty of the Palliative Care Leadership Centers (PCLC) on successful strategies for program development.
- [The Etiology and Management of Intractable Breathlessness in Patients With Advanced Cancer: A Systematic Review of Pharmacological Therapy](#)—Medscape

Treating Cancer Pain in the Elderly

Pain Management Today. Oct 2007;7(1). [Contains several articles on treating pain in the elderly patient]. http://www.painedu.org/Downloads/NIPC/b166_newsletter_4.pdf

Buera E. Aging, pain & cancer: The role of geriatrics, oncology and palliative care. *Cancer Pain Release*. 2004;17(1-2). http://www.whocancerpain.wisc.edu/contents/17_1-2/index.html#

Dale O, Kaasa S. Biology and pharmacology of the elderly: start low – go slow. *European Journal of Palliative Care*. 2005;12(2 – Supp):28-31.

Delgado-Guay MO, Bruera E. Management of Pain in the Older Person With Cancer Part 1: Pathophysiology, Pharmacokinetics, and Assessment. *Oncology*. Jan 2008;22(1):56-61. <http://cancernetwork.com/showArticle.jhtml;jsessionid=MXI5PLSIN02D2QSNL0SKH0CJUNN2JVN?articleId=205900696>

Finestone AJ, et al. Not Geropharmacotherapy 101. *Clinical Interventions in Aging*. 2007;2(4):715-8.

McCleane G. Pharmacological pain management in the elderly patient. *Clinical Interventions in Aging*. 2007;2(4):637-43.

Mercadante S, Arcuri E. Pharmacological management of cancer pain in the elderly. *Drugs & Aging*. 2007;24(9):761-76.

Schmader KE, et al. Effects of geriatric evaluation and management on adverse drug reactions and suboptimal prescribing in the frail elderly. *American Journal of Medicine*. 2004 Mar 15;116(6):394-401.

Teno J. Aging, pain and long-term care. *Cancer Pain Release*. 2007;17(1-2). http://www.whocancerpain.wisc.edu/contents/20_3/index.html