Formulate a Clinical Question Based On Clinical Problem

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**Description of Clinical Issue**

Long-term pain is among the top conditions experienced by family nurse practitioners (FNPs), specifically among geriatrics. Most people above the age of 65 years suffer long-term pain that notably affects their daily activities and impose a considerable weight on healthcare (Ali et al., 2018). They are at increased risk of chronic pain resulting from musculoskeletal disorders, such as arthritic conditions and degenerative spine. Generally, the conditions linked to long-term pain in old age affect most of the body systems. Examples include tendonitis, cancer, neuropathies, post-herpetic neuralgia, cystitis, Paget’s disease, gout, advanced chronic obstructive pulmonary disease, advanced heart diseases, irritable bowel disease, and pressure ulcers. Pain is linked to substantial impairment from isolation, sleep impairment, anxiety, and depression, falls, avoidance of activity, and reduced mobility. While different pain management options, including non-opioid and non-pharmacological intercessions, exist, most elderly persons may encounter coexisting conditions and severe disorders that demand opioid therapy to minimize pain and improve functionality (Ali et al., 2018). Nevertheless, opioid prescription also increases the chance of medication misuse and abuse that can lead to opioid misuse disorder (OUD). This demands the establishment of competencies among practitioners to evaluate and manage long-term pain in elderly persons.

**Relevant Population**

The relevant group for this evidence-based project is elderly persons above the age of 65 years, irrespective of gender and ethnicity.

**Significance of the Problem**

The US currently faces an opioid epidemic, and as is frequently the case, prescribed drug abuse significantly donates to the multifactorial origin of this epidemic. Prescription drug abuse is a grievous and increased public health concern. While opioid use disorders (OUDs) were common among younger persons, the rate of occurrence of the issue among geriatrics is increasing. Long-term pain, a highly common affliction for the elderly group, has been followed by a notable increase in opioid use (Grey & Hall, 2016). According to Dean (2017), overdose-related demise attained a record high in 2015. The daily number of deaths from drug abuse is estimated to be 91 in the US, while about six-hundred opioid-related deaths have been reported since the year 2000 (Carter, Yang, Davenport, & Kabel, 2019). Mental health conditions related to age also increases their risk of prescription drug abuse. Elderly persons, mainly those with grievous health problems, frequently encounter functional, cognitive, physical, emotional, and social changes that may make them to turn to drugs to subsist. On the other hand, prescribed drug abuse also increases their risk of poor mental health outcomes. In a study to establish the link between depressive manifestation and opioid potency among older persons, Brooks, Petersen, Kelly, and Reid (2019) found that high-potency opioid use increased the risk of grievous depressive manifestations. This may significantly affect the treatment outcomes, as well as the quality of life of the affected persons.

**Current Approach to the Problem and the Needs to Address the Issue**

When managing long-term pain, FNPs should examine non-opioid pharmacological and non-pharmacological approaches before prescribing opioids (Sterling, 2018). Examples of non-pharmacological intercessions include physical therapy, electrical nerve stimulation, cold massage, psychiatric therapy, and relaxation techniques. Examples of non-opioid formulations that one may prescribe include regional anesthesia, tranquilizers, antiarrhythmics, and antidepressants. Providers should implement opioid use only when pain alleviation and improvement of functions outweigh the dangers to the client (Sterling, 2018). FNPs should be keen when giving and dispensing opioid drugs to elderly adults. Prudent dispensing is feasible, but universal measures should be employed to minimize the chances of opioid misuse, abuse, and dependency. Education and provision of directions in universal measures for dispensing opioids can help reduce the risk of prescribed OUD among elderly persons.

**PICO Questions**

1. In elderly persons with chronic pain, does prescribed opioid approaches compared to non-opioid interventions increase the risk of drug dependency?
2. In elderly persons with prescribed opioid therapy, does patient education compared to no education increase the risk of opioid misuse and abuse?

**Search Terms**

The search terms and phrases that will be utilized include the rate of occurrence of OUD among the elderly, prescribed opioid misuse among geriatrics, the impact of opioid abuse in elderly patients, and age-related factors that increase the potential of medication abuse.

Reference

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