

452 - Physical and Psychiatric Multimorbidity Associated with Prescription Opioid Use in Community-Dwelling Older Adults

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Background: Opioid use is particularly concerning among older adults. In Canada, those aged 65 years and older have the highest hospitalization rates due to opioid poisonings. Despite the current opioid crisis and the aging population, few studies have evaluated the factors associated with opioid use among seniors.

Objective: To examine the factors associated with prescription opioid use among community-dwelling older adults.

Methods: The sample includes 1657 people aged 65 and over recruited in primary care clinics from 2011 to 2013 in a large health administrative region of Quebec (Canada) and participating in the ESA-Services study, a longitudinal study on aging and health service use. The presence of chronic diseases was identified through self-reported health survey data and physician diagnostic codes (ICD-9/-10) from health administrative data. Psychological distress was measured using the Kessler Psychological Distress (K10) scale and dichotomised into low (scores 10 - 15) versus moderate, high, and very high distress (scores 16 - 50). Opioid prescriptions were identified using the provincial pharmaceutical drug registry for those covered under the public drug insurance plan. Sociodemographic variables were collected from the ESA-Services survey. Logistic regression analyses were carried out to examine the factors associated with opioid use up to a 4-year period following the baseline interview.

Results: 31.9% of participants used opioids in this sample. Factors associated with opioid use included: female sex (OR=1.24, 95%CI: 1.01-1.53), annual household income of <\$25,000 (OR=1.25, 95%CI: 1.01-1.55), level of social support (OR=0.85, 95%CI: 0.73-0.99), and presence of pain/discomfort (OR=1.66, 95%CI: 1.34-2.04). Furthermore, participants with ≥ 3 chronic physical conditions also reporting anxiety and/or depression were 3.63 (95%CI: 1.83-7.18) times more likely to use an opioid than those with 0-2 chronic physical conditions and no anxio-depressive disorder. Moreover, those with moderate, high, and very high psychological distress were more likely to use an opioid than those with low psychological distress.

Conclusion: Our findings suggest that, among other factors, physical and psychiatric multimorbidity is strongly associated with prescription opioid use among community-dwelling older adults.