Published in final edited form as:

Arch Intern Med. 2011 June 27; 171(12): 1127–1128. doi:10.1001/archinternmed.2011.262.

A Painful Setback: Misinterpretation of Analgesic Safety in Older Adults May Inadvertently Worsen Pain Care

Dr Ula Hwang, MD, MPH, Dr R. Sean Morrison, MD, Dr Lynne D. Richardson, MD, and Dr Knox H. Todd, MD, MPH

Department of Emergency Medicine (Drs Hwang and Richardson), Brookdale Department of Geriatrics and Palliative Medicine (Drs Hwang and Morrison), Department of Health Evidence and Policy (Dr Richardson), Mount Sinai School of Medicine, New York, New York; Geriatrics Research, Education and Clinical Center, James J. Peters VA Medical Center, Bronx, New York (Dr Morrison); and Department of Emergency Medicine, The University of Texas MD Anderson Cancer Center, Houston (Dr Todd)

Observational findings by Solomon et al¹ of safety events associated with opioid and nonsteroidal anti-inflammatory drugs (NSAIDs) have made headline news and are now at risk of misinterpretation and potentially worsening overall pain care for older adults. The studies have significant limitations that may preclude the implications investigators and journal editors hope to convey. While propensity scores were used to methodologically adjust for the limitations of Medicare and pharmacy claims data, sizeable confounders, including the severity of pain experienced by subjects, the type of medications used (including over-the-counter analgesics), and more importantly, the dose and duration of medication use could not be accounted for.¹ Despite these shortcomings, the results have received considerable attention. The general public and medical communities have been quick to caution against the use of opioids and analgesics in older adults. Alarmist headlines with phrases such as “Narcotic Painkillers” and “Hazards in Elderly” were found in national headlines^{2–4} and medical Web sites^{5–7} immediately after results were released.

With the continued prevalence of inadequate pain care in many health care settings, despite over a decade of heightened awareness and initiatives by regulatory bodies,^{8–10} study limitations must be emphasized. Clinicians who are overly concerned that analgesic risks might outweigh benefits may now withhold medications and inadvertently setback any advances made to improve pain management. An example of this is in the emergency department (ED), where Web site headlines for the largest emergency medicine specialty organization, the American College of Emergency Physicians, have warned against the use of opioids in elderly patients.⁷ Older adults with acute pain have poorer reduction of their pain when compared with younger counterparts and concurrently receive less opioids and more NSAIDs when in the ED.⁹ While such findings may be misconstrued as beneficial by Solomon et al,¹ older adults with acute pain in the ED nonetheless have decreased reduction of their pain. This scenario will only worsen if clinicians incorrectly conclude that opioids are not safe and that NSAIDs are safer—a causal association *not* demonstrated by the article by Solomon et al,¹ as investigators themselves point out.

© 2011 American Medical Association. All rights reserved.

Correspondence: Dr Hwang, Department of Emergency Medicine, One Gustave L. Levy Place, PO Box 1620, New York, NY 10029 (ula.hwang@m MountSinai.org).

Financial Disclosure: None reported.

Although the article by Solomon et al¹ was well intentioned and could have better advocated a balanced approach in understanding the risks *and* benefits of all analgesic treatments, the findings are now obscured by misinterpretations by the general public and medical community. Pain care in older adults must continue to be aggressively addressed. Any excuses to not treat pain in elderly patients cannot be tolerated.

Acknowledgments

Funding/Support: Dr Hwang is supported by a National Institute on Aging (NIA) career development award (K23 AG31218) "Geriatric pain care in the emergency department setting." Dr Morrison is supported by a NIA mid-career development mentoring award (K24 AG22345) "Patient-oriented research in geriatric palliative care."

References

1. Solomon DH, Rassen JA, Glynn RJ, Lee J, Levin R, Schneeweiss S. The comparative safety of analgesics in older adults with arthritis. *Arch Intern Med*. 2010; 170(22):1968–1976. [PubMed: 21149752]
2. Meier B. Narcotic painkiller may pose danger to elderly patients, study says. *New York Times*. Dec 14, 2010 :B3.
3. Mann, D. [Accessed May 4, 2011] Oxycontin, similar drugs up fracture, heart attack risk. *CNN Health*. Dec 3, 2010 <http://news.health.com/2010/12/13/opioids-fracture-heart-attack/>
4. Burton, TM. [Accessed May 4, 2011] Study shows higher risks of opioid pain drugs. *Wall Street Journal*. Dec 14, 2010 <http://online.wsj.com/article/SB10001424052748703727804576018023111860368.html>
5. Dotinga, R. [Accessed May 4, 2011] Oxycontin, other opioid painkillers tied to higher health risks: but other factors may explain link seen in two studies involving Medicare patients, expert says. *Health Day*. Dec 13, 2010 <http://consumer.healthday.com/Article.asp?AID=647428>
6. Walsh, N. [Accessed May 4, 2011] Opioids pose hazards in the elderly. *Medpage Today*. Dec 13, 2010 <http://www.medpagetoday.com/Geriatrics/PainManagement/23888>
7. American College of Emergency Physicians. Leading the News: Older patients with arthritis who take opioids may face increased risk of bone fracture, heart attack, death. *Emergency Medicine Today*. Dec 14, 2010
8. Cousins MJ, Brennan F, Carr DB. Pain relief: a universal human right. *Pain*. 2004; 112(1–2):1–4. [PubMed: 15494176]
9. Hwang U, Richardson LD, Harris B, Morrison RS. The quality of emergency department pain care for older adult patients. *J Am Geriatr Soc*. 2010; 58 (11):2122–2128. [PubMed: 21054293]
10. Gilson AM, Maurer MA, Joranson DE. State policy affecting pain management: recent improvements and the positive impact of regulatory health policies. *Health Policy*. 2005; 74(2): 192–204. [PubMed: 16153479]