



Review

Treatment for opioid use and outcomes in older adults: a systematic literature review



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ABSTRACT

Background: Historically, issues relating to problem substance use among older people have received little attention, and have only recently been recognised.

Methods: A literature review of relevant material was conducted in November 2015 to assess current outcome research among older adults treated for opioid dependence. Multiple electronic databases were searched and results were supplemented by grey literature, library and online searches, and relevant references within selected articles. Retrieved articles were assessed for relevance against the inclusion and exclusion criteria. Results were reviewed to identify major findings and recommendations.

Results: A total of 76 titles were included in the review. Most research conducted on older adults involves alcohol and prescription medications. Older drug users are growing in number and have a unique profile, with many presenting for treatment for the first time aged 50–70 years. Findings reveal (1) opioid treatment numbers are decreasing, however the average age of treatment admissions is increasing, (2) there is no consensus on what old is (3) two distinct types of older opioid substance users exist (early/late onset), (4) older clients achieve better treatment outcomes than younger counterparts, and (5) older women achieve better treatment outcomes than men.

Conclusions: Findings suggest that little is known about treatment outcomes among older people. Problematic drug use (of which opioids make up the largest proportion) had been incorrectly assumed to end as patients age. Defining an age limit for 'older' is important. Addiction and healthcare services must anticipate and prepare for increased demand by this group.

1. Introduction

Although generally associated with young people, drug use and problematic drug use have no age limits and are neglected subjects among older people (Beynon et al., 2007; Crome et al., 2011b; Institute of Medicine, 2012). The assumption that drug users 'mature out' of drug use has proved incorrect. In reality, the number of older drug users has been increasing internationally for the last 40 years and older drug users have a unique profile, different from their younger counterparts (Rosen et al., 2011; Taylor and Grossberg, 2012). Historically, issues relating to problematic substance use among older people have received little attention and these issues have only recently been recognised. Research on older adults is predominately from the United States and involves alcohol and prescription medications (Crome et al., 2015; Taylor and Grossberg, 2012). The literature calls for more attention to be given to this topic (Beynon, 2009; Beynon et al., 2010; Crome et al., 2011b; European Monitoring Centre for Drugs and Drug Addiction, 2010; Fahmy et al., 2012; Gossop, 2008; Institute of

Medicine, 2012), and notes insufficient addiction treatment research relating to older people (Bhatia et al., 2015; Crome et al., 2015).

The burden of disease due to drug use is highest for heroin and other opiates compared to any other illicit drugs (Darke, 2011; Degenhardt and Hall, 2015), and the use of heroin has emerged as an international public health concern within the past decade (Teesson et al., 2015). Long term heroin users have the highest risk of mortality with the average age of death in the early thirties (Darke et al., 2006a) and heroin overdose deaths have been reported among older people in their 50's and 60's (Darke et al., 2006b). Yet, heroin use among the older population has not been comprehensively investigated (Doukas, 2011; Morral et al., 1997; Rosen et al., 2011), and little is known about the characteristics of the ageing opioid treatment population (Han et al., 2015). Little research has been undertaken on the epidemiology of older dependent opioid users, or on the discussion of appropriate treatment services for this group (Han et al., 2015).

The proportion of older adults in the population is increasing, as is the proportion of ageing drug users. Ageing drug users are likely to

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experience an accelerated aging process and have complex needs due to accumulated health effects of their drug use. International trends demonstrate large numbers of opioid users are living longer. This is likely due to a number of factors: (1) demographic changes and increased life expectancy in the general population, (2) ageing baby-boom and post-baby-boom cohorts (50 years-and-older age group) who experienced increasing levels drug availability over time along with higher rates of illicit drug use during their youth, (3) developments in and improved access to healthcare, harm reduction and drug treatment services leading to increased longevity among drug users (Australian Injecting Illicit Drug Users League, 2011; Beynon, 2009; Burns et al., 2009; Colliver et al., 2006; Crome et al., 2015; European Monitoring Centre for Drugs and Drug Addiction, 2010; Gfroerer et al., 2003; Han et al., 2009; Hartnoll et al., 2010; Hartnoll, 1986; Institute of Medicine, 2012; Johnson and Sung, 2009; Pirona et al., 2015; Simoni-Wastila and Yang, 2006; Substance Abuse and Mental Health Services Administration, 1998, 2007, 2015; Vincent and Velkoff, 2011). There is an ageing cohort of heroin users in treatment (United Nations Office on Drugs and Crime, 2015). Trends in the methadone treatment population show this group is growing in number and are also ageing (Rosen, 2004), with many presenting for the first time aged 50–70 years (Doukas, 2011, 2014). European trend analysis shows increasing mean ages of first heroin use and first treatment in Western European countries (Barrio et al., 2013). Given the increasing prevalence of drug use by older people (Colliver et al., 2006; Gfroerer et al., 2003; Simoni-Wastila and Yang, 2006; Vincent and Velkoff, 2011) and the need to develop health care responses, epidemiological research is required (Bhatia et al., 2015).

In light of the dearth of evidence available for treating older adults, the aim of this study was to conduct a review of opioid dependence and associated treatment outcomes among ageing opioid users. The study objectives were (1) to identify and distil key literature on ageing among people treated for opioid use, and (2) to investigate outcomes of their treatment(s) (e.g., immediate treatment outcomes, such as retention, and post-treatment outcomes, such as abstinence).

2. Methods

ASSIA, CINAHL, MEDLINE, PsycINFO, Pubmed, and Cochrane Library databases were searched up to the end of October 2015 using subject headings and keywords (and their variants) under the following concepts: addiction (substance-related disorders; addict; drug use; drug dependent; problematic use; etc.); opioid drugs (e.g.; opiate alkaloids; opioid; heroin; methadone; etc.); intervention (e.g.; treatment; therapy; intervention; rehabilitation; etc.); treatment outcomes (e.g.; immediate treatment outcomes such as retention and post-treatment outcomes; such as abstinence); study type (cohort studies; longitudinal; follow up; prospective; evaluation etc.). Targeted searches were supplemented with manual searches. Grey literature databases, library databases and general online searches (e.g.; websites of the university library; government organisations and Google) were searched for books and grey literature; including policy documents; reports and conference documentation. References included in relevant articles retrieved were screened for additional references to supplement the review.

2.1. Inclusion and exclusion criteria

The search was restricted by subject type (humans) and English language publications. No restrictions were applied to publication dates to ensure all relevant research was captured.

The search included:

- any opioid use disorder, including disorders related to prescription medications, and illicit drugs;
- any intervention, including psychosocial interventions and/or pharmacological interventions.

The search and selection criteria excluded:

- disorders related to alcohol, nicotine, prescription medications, and illicit drugs other than opioids;
- substance abuse disorder/s comorbid with other mental disorder/s where mental disorder/s were the primary focus
- interventions not administered to the person with substance abuse disorder
- studies not reporting primary research data, with the exception of relevant systematic reviews.

2.2. Study selection

Papers explicitly involving individuals who received addiction treatment for their opioid use were candidates for inclusion. As studies of a longitudinal nature follow people over time during which people grow older, no age restrictions were made to the search criteria to avoid inadvertently excluding appropriate studies. Results were filtered to include studies examining age or proxies for age such as length of drug career. Search results were managed in EndNote software. Abstracts were assessed against inclusion/exclusion criteria and following this process, full papers were retrieved for review. A systematic review of relevant primary material was conducted using the PRISMA approach and the PRISMA flow chart (Fig. 1) outlines the process by which literature was selected for inclusion (Moher et al., 2010).

3. Results

The search resulted in the identification of 15,509 titles. After excluding duplicates, 7,519 records were eligible for title/abstract screening and a further 6,561 were excluded as they did not fulfil the eligibility criteria. Full texts of the remaining 958 records were examined and 882 were excluded as the study design and/or disorder were not relevant. Seventy-six papers were included in the review (see Fig. 1).

Papers were reviewed to identify major findings and recommendations. Information was extracted and thematically compiled for synthesis. Table 1 outlines opioid treatment studies among older people. Results were organised into two themes based on the study objectives (1) ageing among people who use opioids, and (2) treatment outcomes and ageing.

3.1. Defining ageing based on current literature

Traditionally, opioid misuse has been perceived as a problem largely among those aged 40 years and younger. As people who use opioids are surviving longer than 40 years, the cut-off point of 40 years has been used to define the 'older' population (Crome et al., 2009). There is no consensus in the literature on what 'old' is; it ranges from 37 to 55, 40+, 45+, 50+, 60+, 65+, 49 to 61, 50 to 59, and 50 to 74 (Beynon et al., 2010; Beynon et al., 2007; Boeri et al., 2011; Crome et al., 2011b; Doukas, 2011; European Monitoring Centre for Drugs and Drug Addiction, 2010; Han et al., 2009; Han et al., 2015; Institute of Medicine, 2012; Lofwall et al., 2008; Outlaw et al., 2012; Raffoul et al., 1981; Roe et al., 2010; Rosen et al., 2011; Schonfeld et al., 2000; Wu and Blazer, 2011).

3.2. Ageing among older people who use opioids

Epidemiological surveys and admissions to addiction services in developed countries indicate a growing proportion of older opioid users along with decreased numbers of younger users, and this trend is likely to continue for the next two decades (Australian Injecting Illicit Drug Users League, 2011; Beynon et al., 2007; Crome et al., 2011a; Crome et al., 2011b; Frances, 2011; Gossop, 2008; Han et al., 2009; Han et al., 2015; Wu and Blazer, 2011). Reasons for the growing trend of older

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