

QUESTIONS for PCSS-MAT sponsored webinar Managing Pain in the Older Adult: Focus on Safety

Correct answers are in **bold**

1. Persistent pain in the older adult is
  - a. Less common than in younger adults
  - b. **Very common in nursing home residents**
  - c. Occurs infrequently in community dwelling older adults
  - d. Decreases as the individual ages
2. The primary reason for the under-treatment of pain in older adults is
  - a. **Provider's failure to assess pain**
  - b. Difficulty in assessing pain in cognitively impaired older adult
  - c. Older adult's reluctance to report pain
  - d. Presence of multiple co-morbidities
3. Which of the following statements is true regarding the pharmacokinetic changes that occur with aging?
  - a. Absorption of oral medications is impaired by the increased gastric Ph.
  - b. Increased hepatic blood flow increases metabolism of opioids
  - c. **Decreased renal blood flow impairs excretion of medications**
  - d. Elevated serum protein increases therapeutic doses
4. Which of the following statement accurately describes addiction?
  - a. Addiction and physiological dependence are synonymous terms
  - b. Primary acute illness that occurs infrequently in older adults
  - c. Primary chronic illness of few older adults
  - d. **Characterized by inability to abstain, impaired ability to control behavior and craving for substance**
5. Universal precautions for opioid therapy for chronic or persistent pain include
  - a. **Discussion of risks and benefits of opioid therapy and informed consent**
  - b. Oral agreement to treatment and use of opioid therapy
  - c. Reassessment of protocol on an irregular basis
  - d. Agreement to the plan with significant others and primary care provider
6. The most effective biologically based method for determining presence or absence of most drugs is
  - a. Blood toxicity screen
  - b. **Urine drug testing**
  - c. Saliva drug testing
  - d. Brain scan
7. Comment elements of treatment include all of the following **except**
  - a. Clearly written goals of therapy
  - b. Random testing requirements
  - c. **Specification of multiple approve prescribers**
  - d. Agreement for pill or patch counts when requested

8. Best practices of prescribers include stratifying patients according to risk for opioid abuse. For patient who is determined to be of high risk
  - a. **It is best practice to seek opioid treatment under specialty care only**
  - b. A primary care provider with consultation with a specialist can safely prescribe opioids
  - c. The patient should under no conditions receive an opioid
  - d. The primary care provider should institute urine drug testing at every visit
9. Prescription drug monitoring programs commonly
  - a. Require prescribers in all states to check before prescribing an opioid
  - b. Allow prescribers to access information on a colleague's patient
  - c. Allow prescribers to access information about opioid prescriptions throughout USA.
  - d. **Are useful to check prior to prescribing to your patient and intermittently during their treatment**
10. In order to reduce opioid prescription drug abuse, it is important that providers
  - a. **Educate the older adult on safe storage and disposal of opioid medications**
  - b. Avoid prescribing opioids whenever possible
  - c. Encourage the older adult to reduce doses of opioids quickly
  - d. Provide information on when it is acceptable to share opioids with a family member