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T78. Prevalence of Fentanyl Among Middle and Older Adults With Nonfatal Opioid Overdose

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Aim: Middle and older adults (MOAs) experienced a four-fold increase in the rate of fatal opioid-related overdoses between 2000-2020, despite having the lowest rates of overdose among all age cohorts. Nonfatal overdoses presenting to the emergency department (ED) provide practitioners with unique opportunities for intervention. Therefore, we aimed to investigate patterns of non-fatal opioid-related overdoses among MOAs.

Methods: The Toxicology Investigators Consortium (ToxIC) Fentalog Study is an ongoing project with ten participating institutions throughout the United States. Adults aged 18+ years old presenting to the ED with suspected opioid overdose are included if serum samples were available during routine clinical care. Clinical data is extracted by chart review. Blinded toxicological analysis is performed by the Center for Forensic Science Research and Education to identify drugs and metabolites present. This analysis considered only MOAs aged 50+ years old who presented to the ED with an opioid-related non-fatal overdose between September 21, 2020 and August 15, 2023 (N=380).

Results: Of patients aged 18 years old and older, 28.5% were MOAs, with an average MOA age of 61.2 years old (range: 51-89, SD=7.0). Majority were male (76.1%), and 41.6% were non-Hispanic Black, 31.8% non-Hispanic White, and 17.1% Hispanic. Fentanyl and fentanyl analogs were most commonly detected (76.6%), followed by prescription opioids (39.7%) and illicit/non-fentanyl opioids (11.58%). Approximately 56.8% of overdoses with fentanyl and/or fentanyl analogs contained1+ analogs(mean=1.1,range=1-3), while the most commonly reported prescription opioid was methadone (21.6%) and the most common illicit/non-fentanyl opioid was heroin (10.6%).

Conclusions: Fentanyl was the most commonly detected drug among MOA ED patients with confirmed non-fatal opioid overdose. Future research is needed to identify effective, age-friendly harm reduction strategies that can easily be initiated in EDs post non-fatal overdose.

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