SUBSTANCE ABUSE AMONG OLDER ADULTS

An Invisible Epidemic

Presented by:
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OBJECTIVES

- How to recognize substance abuse trends in the older adult population
- The current impact of the problem, what is projected for the future and how this is a special population
- How to address older adults’ unique vulnerabilities
- Comorbidities associated with substance abuse in older adults
- How to intervene and what should a treatment plan encompass
DRUG-FREE AMERICA

AGE 0-4
AMOXICILIN

4-12
RITALIN

12-18
APETITE
SUPPRESSANTS

18-24
NO-DOZ.

24-38
PROZAC

38-65
ZANTAC

65—
EVERYTHING

OTHER

AURORA
BEHAVIORAL HEALTH SYSTEM
INVISIBLE EPIDEMIC?

- Abuse of alcohol and prescription drugs by those over 60 is a rapidly growing problem
  - It is
    - Underestimated
    - Under-identified
    - Under-diagnosed
    - Undertreated
ISSUES OF CONCERN

- Alcohol
- Prescription medication misuse
- Over-the-counter (OTC’s) medications
- Illicit drug use
FACTS

- Alcohol and prescription drug problems affect up to 23% of older Americans
- The rate of alcohol-related hospitalization is roughly equal to that of heart attacks
- Number one substance being abused by seniors is Alcohol
- The percentage of older Americans who reported having abused illicit or prescription drugs has double from 2.7% (2011) to 6.2% (2012)
THE SIZE OF THE PROBLEM-ALCOHOL

- 3-25% of elderly are “heavy users” in community samples
- 2.2-9.6% diagnosed with “alcohol abuse”
- 15% of men and 12% of women drink in excess of daily recommended limit
  - One drink per day
  - Two drinks allowed on “celebration“ days

Just a couple of beers ...
DEMOGRAPHICS

- Living Arrangements:
  - 56% alone
  - 22% with spouse
  - 8% in group setting
- 69% are women
- Median age=76
- Race
  - 76% Caucasian
  - 17% African American
  - 6.7% Multiracial
  - 14% Hispanic
PREVALENCE RATES

- Alcohol problems among older adults
  - 2%-10% of community-based
  - 6%-11% of hospital admissions
  - 14% in Emergency Departments

Prescription Drugs
- 17% of hospitalizations of older adults are related to an adverse drug reaction—a rate of 6 times greater than for entire population

OTC
- Over 65 consume more than any other age group

Illicit drug use
- Low rate, but increasing trend
ONE PATIENTS MEDICATION
CURRENT BINGE, AND HEAVY ALCOHOL USE

Percent Using in Past Month

Age in Years

- 12-13
- 14-15
- 16-17
- 18-20
- 21-25
- 26-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65+

- Current Use (Not Binge)
- Binge Use (Not Heavy)
- Heavy Alcohol Use

AURORA BEHAVIORAL HEALTH SYSTEM
OLDER ADULTS AND ALCOHOL USE

- Increased risk of:
  - Stroke (overuse)
  - Impaired motor skills
  - Injury
  - Sleep disorders
  - Suicide
  - Interaction with dementia symptoms
OLDER ADULTS AND USE

- Other effects:
  - Higher blood alcohol concentrations
  - More impairment
  - Medication effects:
    - Potential interactions
    - Increased side effects
    - Compromised metabolizing
SIGNS OF POTENTIAL ALCOHOL PROBLEMS

- Anxiety, depression, excessive mood swings
- Blackouts, dizziness, idiopathic seizures
- Disorientation
- Falls, bruises, burns
- Headaches
- Incontinence
- Memory loss
- Unusual response to medications
SIGNS OF POTENTIAL ALCOHOL PROBLEMS, CONTINUED…

- New difficulties in decision making
- Poor hygiene
- Poor nutrition
- Sleep problems
- Family problems
- Financial problems
- Legal difficulties
- Social isolation
- Increased alcohol tolerance
ALCOHOL AND AGING

- Three age related changes significantly affect the way an older person responds to alcohol
- Stem from the physiological effects of the aging process
  - Decreased in body water
  - Increased sensitivity and decreased tolerance to alcohol
  - Decrease in the metabolism of alcohol in the gastrointestinal tract
CHRONIC ALCOHOLISM

- Alcohol-Related Dementia (ARD)
- Alzheimer’s disease
- Wernick-Korsakoff syndrome
ALCOHOL INTERACTIONS WITH PRESCRIPTION MEDICATIONS

- Individuals over 65
  - Consume 33% of all prescription drugs
  - Average person takes 4.5 prescription drugs
    - 30% take eight or more
  - Consume 40% of all OTC drugs
    - Average of 2
ALCOHOL INTERACTIONS WITH PRESCRIPTION MEDICATIONS

- Acetaminophen (Tylenol)
  - Hepatotoxicity
- Anticoagulants (Coumadin)
  - Increased or decreased effect
- Aspirin
  - Increased risk of GI hemorrhage
- Benzodiazepine (Valium, Xanax, Lunesta)
  - Increased central nervous system depression
THE SIZE OF THE PROBLEM ILLICIT DRUGS

- **Illicit Drugs**
  - Heroin
  - Marijuana
  - Cocaine

- **Prescription Medications**
  - Benzodiazepines
  - Opiates

- The use of illegal drugs is uncommon among elderly people, but this may change as baby boomers age
PRESCRIPTION DRUGS

- Benzodiazepines and opiates are the types of prescription drugs most likely to be abused by seniors
- Approximately 20% of the senior population use benzodiazepines
- Benzodiazepine abuse more common in females
- Even when taken as prescribed there is a danger that tolerance, dependence and toxicity may develop
- Longer acting benzodiazepines can increase risk of falls and hip fracture
- Slurred speech, ataxia and delirium may result
UNRECOGNIZED EPIDEMIC

- Providers overlook substance abuse or misuse
  - Mistake it for dementia, depression, other common ailments of the elderly

- Older adults more likely to conceal abuse
- Older adults less likely to seek help
- Elders/Relatives are ashamed of the problem
- Ageism
PROFESSIONAL MAY NOT CATCH IT

- Low index of suspicion
- Nonspecific symptoms of substance abuse confused with serious physical problems
- Time spent with patient decreases with age
- Substance abuse problems compete with other problems
- May believe that orders do not benefit as much from treatment
BARRIERS TO TREATMENT

- Transportation
- Shrinking social support
- Time
- Lack of expertise
- Financial
DIFFICULTIES IDENTIFYING ELDERLY SUBSTANCE ABUSERS

- Substance abuse by senior citizens goes undetected because they often are:
  - No longer active in mainstream society
  - Less likely to get in trouble with the law
  - Retired- so less chance of drinking/drug abuse causing loss of job or other negative consequences
CHALLENGES

- More likely than younger folks to hide substance abuse problems and less likely to seek professional help. Stigma and shame are greater in the older generation.
FAMILY

- Family members are often ashamed and embarrassed
- Family complicity:
  - “Grandma’s cocktails are the only thing that makes her happy.”
  - “What difference does it make? He won’t be around much longer anyway.”
- There is a prevalent belief that it can’t be treated
WARNING SIGNS

- Excessively worrying about whether prescription psychoactive drugs are “really working”
- Displaying detailed knowledge about a specific psychoactive drug and attaching great significance to its efficacy and personal impact
- Worrying about having enough pills or whether it is time to take them
ALCOHOL USE/MISUSE

- Elderly adults are likely to be hospitalized without an alcohol related diagnosis
- Hospital staff less likely to recognize alcoholism in the elderly
- May lead to serious withdrawal during hospitalization
WARNING SIGNS

- Continuing to use and to request refills when the physical or psychological condition for which the rug was originally prescribed has or should have improved
- Complaining about doctors who refuse to write prescriptions for preferred drugs
- Self-mediating by increasing doses of prescribed psychoactive drugs that aren’t “helping anymore”
RISK FACTORS

- Prior history of alcohol abuse
- Family history of alcoholism
- New onset medical problems
- Loss of a spouse
- Recent retirement
- Social isolation
WARNING SIGNS

- Withdrawing from family, friends, and neighbors
- Withdrawing from normal social practices
- Minor traffic accidents
- Sleeping during the day
- Bruises, burns, fractures
- Changes in personal grooming and hygiene
- Empty liquor, wine, or beer bottles or cans in the garbage or concealed under the bed, closet, etc.
PHYSICAL SYMPTOMS SCREENING
TRIGGERS

- Sleep complaints
- Cognitive impairment
- Seizures, muscle wasting
- Liver function abnormalities
- Chronic pain
- Incontinence
- Blurred vision
- Slurred speech
- Tremor, shuffling gait
- Frequent falls
EARLY ONSET

- 70% of elderly alcoholics
  - 14% of male population
  - 1.5% of female population
- These patients have problems with alcohol most of their lives
- Likely to have a family history of alcoholism
LATE ONSET

- 30% of elderly alcoholics
  - Onset is usually after 50
  - Triggered by a major life stressor
MOST LATE ONSET EFFECTED BY:

- Retirement
- Social Isolation
- Physical Health Problems
- Grief and Loss Issues (Losses for older people tend to be more irreversible, leading to a sense of hopelessness, fatalism)
- Housing Issues (Moving out of a home occupied for decades)
- Marital problems
- Mental health problems- particularly depression
LATE ONSET DRINKERS USUALLY HAVE:

- Fewer medical and mental health problems
- Stronger societal connections
- Less likelihood of having been in a correctional facility
- Less likelihood of having been in alcohol or drug treatment
- A better prognosis for recovery—since they have not suffered the physical and psychological ravages of long term substance abuse
Figure 2. Admissions Aged 50 or Older, by Age Group and Primary Substance of Abuse: 2005

Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).
Alcohol and drug use in the geriatric population is associated with increased risk of medical illness, injury, psychiatric disorders, socioeconomic decline- all placing an increased burden on healthcare.

Currently, 23% of Medicare payments for hospital care are substance-abuse related problems.

Conclusion- Substance abuse in the elderly is a significant public health problem.
SCREENING AND BRIEF INTERVENTION

- S-MAST-G
  - Short-Michigan Alcoholism Screening Test-Geriatric Version

- AUDIT
  - Alcohol Use Disorders Identification Test—Recommend for screening in ethnic minorities
  - SCID-only trained clinician

- CAGE
  - Lacks specificity (too many false positives)
SMAST-G

- 10 times
- Includes risk factors appropriate to elders
- Yes/no response format
- Scoring 2 or more “yes” responses are indicative of an alcohol problem
1. When talking with others, do you ever underestimate how much you actually drink?
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?
3. Does having a few drinks help decrease your shakiness or tremors?
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?
5. Do you usually take a drink to relax or calm your nerves?
6. Do you drink to take your mind off your problems?
7. Have you ever increased your drinking after experiencing a loss in your life?
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?
9. Have you ever made rules to manage your drinking?
10. When you feel lonely, does having a drink help?
AUDIT TOOL

- How often
- How many
- Tolerance
- Morning drinking
- Guilt
- Cognition
- Injury
- Concern from others
INTERVENTION WITH OLDER ADULTS

1. Preventive education for abstinent, low-risk drinkers
2. Brief, preventive intervention with at-risk and problem drinkers
3. Alcoholism treatment for abusing/dependent drinkers
BRIEF PROTOCOLS WITH OLDER ADULTS

- Brief intervention/motivational enhancement are effective approaches
- Accepted well by older adults
- Can be conducted at home or in clinic
- Reduces alcohol use
- Reduces alcohol-related harm
- Reduces health care utilization
WE AREN’T JUST OLD

A-A-R-P! I wanna join the A-A-R-P!

The Retirement Village People
TEN COMPONENTS

1. Identify future goals (health, activities, etc.)
2. Customize feedback
3. Define drinking patterns
4. Discuss pros/cons of drinking (motivation to change)
5. Discuss consequences of heavier drinking
6. Identify reasons to cut down or quit drinking
7. Setting sensible limits, devising strategies
8. Develop a drinking agreement
9. Anticipate and plan for risky situations
10. Summary of the brief session
OTHER TREATMENT APPROACHES

- Cognitive-behavioral therapy
- Group-based counseling
- Individual counseling
- Medical/psychiatric approaches
- Marital and family involvement/family therapy
- Case management/community-linked services & outreach
- Formalized substance abuse treatment
QUESTIONS?

SO TELL ME...

HOW DOES THAT MAKE YOU FEEL?
REFERENCES

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  http://www.samhsa.gov/
- TIP 26: Substance Abuse Among Older Adults