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
Substance Abuse in the Aging: Impact, Recognition, Assessment and Treatment

What’s New in Mental Health Services for Older Iowans
Iowa Communication Network
June 22, 2010

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Alcohol and Aging

- Substantial differences between older and younger adults in response to alcohol
- Stem from the physiological effects of the aging process
  - Decrease in total body water
  - Increased sensitivity and decreased tolerance
  - Decrease in metabolism of alcohol in the gastrointestinal tract
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
Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2008

Percent Using in Past Month

Age in Years


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

National Survey on Drug Use and Health 2009
Alcohol Interactions with Prescription Medications

- Individuals >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 over-the-counter drugs
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
- MANY OTHERS
The Size of the Problem
Illicit Drugs/Prescription Medications

- Blame it on the Boomers

- Illicit Drugs
  - Heroin
  - Marijuana
  - Cocaine

- Prescription Medications
  - Benzodiazepines
  - Opiates
Figure 1. Past Year Illicit Drug Use among Persons Aged 50 to 59: 2002-2007

Source: 2002 to 2007 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Figure 3b. Past Year Marijuana Use, by Selected Birth Cohorts: 2002 to 2007

Note: The value near each data point indicates the age of the selected cohort in that survey year.

Source: 2002 to 2007 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Figure 3c. Past Year Nonmedical Use of Prescription Drugs, by Selected Birth Cohorts: 2002 to 2007

Note: The value near each data point indicates the age of the selected cohort in that survey year.

Source: 2002 to 2007 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Past Month Illicit Drug Use among Persons Aged 12 or Older, by Age: 2008

National Survey on Drug Use and Health 2009
Unrecognized Epidemic

- Providers overlook substance abuse or misuse
  - Mistake it for dementia, depression, other common ailments of the elderly
  - Rushed office visits
- Older adults more likely to conceal abuse
- Older adults less likely to seek help
- Elders/Relatives are ashamed of the problem
- Ageism
Professionals 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 elders do not benefit as much from treatment
Barriers to Treatment

- Transportation
- Shrinking social support
- Time
- Lack of expertise
- Financial
A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one or more of the following occurring in a 12 month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- Recurrent substance use in situations in which it is physically hazardous.
- Recurrent substance-related legal problems.
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
DSM-IV Diagnostic Criteria for Substance Dependence

- A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring in a 12 month period:
  - Tolerance
    - Need for markedly increased amounts
    - Markedly diminished effect with same amount
  - Withdrawal
    - Characteristic withdrawal for the substance
    - Substance is taken to relieve or avoid withdrawal
Substance Dependence Diagnostic Criteria, Continued

- Taking the substance in larger amounts or over longer period than intended
- Persistent desire or unsuccessful efforts to cut down or control substance abuse
- Spending a great deal of time to obtain or use the substance or recover from its effects
- Giving up social, occupational, or recreational activities because of substance use
- Continuing the substance use with the knowledge that it is causing physical or psychological harm
Screening for Alcohol and Prescription Drug Abuse

- **Who should be screened?**
  - Every person $\geq 60$ years old, yearly
  - Elderly with symptoms that can be consistent with alcohol and substance abuse
  - Elderly undergoing life changes or transitions

- **Who should identify those at risk?**
  - Primary Care Providers
  - Home health care providers
  - Friends and family
  - Staff at senior center
Screening for Alcohol and Prescription Drug Abuse

- Must be done in a sensitive manner
  - Denial is common
  - Questions and suggestions may be viewed as intrusive, threatening and offensive
  - Stigma associated with diagnosis
- Provide information
- Respect person’s autonomy
- Provide support
Risk Factors for Alcohol Abuse

- Gender
- Loss of Spouse
- Other Losses
- Substance Abuse Earlier in Life
- Comorbid Psychiatric Disorders
- Family History of Alcohol Problems
- Concomitant Substance Use
- Smoking
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
- Continuing to use and to request refills when the physical or psychological condition for which the drug was originally prescribed has or should have improved
- Complaining about doctors who refuse to write prescriptions for preferred drugs
- Self-medicating by increasing doses of prescribed psychoactive drugs that aren't "helping anymore"
Warning Signs

- Withdrawing from family, friends, and neighbors
- Withdrawing from normal and life-long social practices
- Cigarette smoking
- Involvement in minor traffic accidents
- Sleeping during the day
- Bruises, burns, fractures, or other trauma, particularly if the individual does not remember how and when they were acquired
- Drinking before going to a social event to "get started"; gulping drinks, guarding the supply of alcoholic beverages, or insisting on mixing own drinks
- Changes in personal grooming and hygiene
- Expulsion from housing
- Empty liquor, wine, or beer bottles or cans in the garbage or concealed under the bed, in the closet, or in other locations.
Physical Symptom Screening Triggers

Sleep complaints; unusual fatigue; malaise; daytime drowsiness; apparent sedation
Cognitive impairment, memory or concentration disturbances, disorientation or confusion
Seizures, malnutrition, muscle wasting
Liver function abnormalities
Persistent irritability (without obvious cause) and altered mood, depression, or anxiety
Unexplained complaints about chronic pain or other somatic complaints
Incontinence, urinary retention, difficulty urinating
Poor hygiene and self-neglect
Unusual restlessness and agitation
Complaints of blurred vision or dry mouth
Unexplained nausea and vomiting or gastrointestinal distress
Changes in eating habits
Slurred speech
Tremor, motor un-coordination, shuffling gait
Frequent falls and unexplained bruising
Screening Tools

CAGE Questionnaire

Appropriate for use by non-medical caregivers, aides or volunteers

C = Have you felt the need to Cut down on your drinking?
A = Have people Annoyed you by criticizing your drinking?
G = Have you ever felt Guilty about your drinking?
E = Have you ever taken a morning Eye-opener?

Scoring: Item responses are scored 0 for “no” and 1 for “yes” answers, with a higher score an indication of alcohol problems. One positive response should lead to referral to clinician
Michigan Alcoholism Screening Test - Geriatric Version (MAST-G)

Asterisks = Short MAST-G

1. After drinking have you ever noticed an increase in your heart rate or beating in your chest?

*2. When talking with others, do you ever underestimate how much you actually drink?

3. Does alcohol make you sleepy so that you often fall asleep in your chair?

*4. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?

*5. Does having a few drinks help decrease your shakiness or tremors?

*6. Does alcohol sometimes make it hard for you to remember parts of the day or night?

7. Do you have rules for yourself that you won't drink before a certain time of the day?

8. Have you lost interest in hobbies or activities you used to enjoy?

9. When you wake up in the morning, do you ever have trouble remembering part of the night before?

10. Does having a drink help you sleep?

11. Do you hide your alcohol bottles from family members?

12. After a social gathering, have you ever felt embarrassed because you drank too much?
Michigan Alcoholism Screening Test - Geriatric Version (MAST-G)
Asterisks = Short MAST-G

14. Do you like to end an evening with a nightcap?

15. Did you find your drinking increased after someone close to you died?

16. In general, would you prefer to have a few drinks at home rather than go out to social events?

17. Are you drinking more now than in the past?

*18. Do you usually take a drink to relax or calm your nerves?

*19. Do you drink to take your mind off your problems?

*20. Have you ever increased your drinking after experiencing a loss in your life?

21. Do you sometimes drive when you have had too much to drink?

*22. Has a doctor or nurse ever said they were worried or concerned about your drinking?

*23. Have you ever made rules to manage your drinking?

*24. When you feel lonely, does having a drink help?

Scoring 5 or more “yes” responses is indicative of an alcohol problem.
Scoring 2 or more on Short MAST-G

http://www.naatp.org/pdf/secad/05speakers/13MAST-G.pdf
Drug Abuse Screening Test (DAST-10)

These questions refer to the past 12 months

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you unable to stop using drugs when you want to?
4. Have you had "blackouts" or "flashbacks" as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

Communicating Screening Results

- Positive Result
  - Describe the impact of substance abuse on the older adult’s health
  - Immediately state that it is treatable
  - Present options for addressing the problem
    - Know what resources are available
      - 1-800-662-4357
      - http://findtreatment.samhsa.gov/
      - http://www.idph.state.ia.us/bh/substance_abuse.asp
    - Are they accessible and affordable?
  - Recommend immediate admission if necessary
  - MAY NEED REPEATED CONTACTS

- Negative Result
  - Reinforce healthy practices
Assessment

- Needed to confirm positive screen
- Should include clinical judgment and validated assessment instruments
  - Structured Clinical Interview for DSM Disorders (SCID)
  - Diagnostic Interview Schedule (DIS-IV)
- Functional Abilities
- Comorbid Disorders
  - Physical Comorbidities
  - Psychiatric Comorbidities
Treatment

- Older adults are more compliant and have outcomes at least as good as younger patients
- Least intensive treatment options first
  - Brief Intervention
  - Intervention
  - Motivational Counseling
- More likely to be effective in late-onset drinkers or prescription drug abusers with strong social supports
Treatment

- If admission to a treatment program is necessary
  - Inpatient
    - Detoxification
    - Inpatient Rehabilitation
    - Residential Rehabilitation
  - Outpatient
    - Detoxification
    - Case managed care
Treatment

- Admissions of aging adults (50 or older) is increasing
  - 143,900 to 184,400 from 2001 to 2005
    - 8-10% of all admissions

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Figure 2. Admissions Aged 50 or Older, by Age Group and Primary Substance of Abuse: 2005

Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).
Important Aspects of Older Adult Treatment

- Age-specific group treatment
- Focus on coping with depression, loneliness, and loss
- Focus on rebuilding social support
- Pace and content appropriate for older person
- Staff experienced in working with older adults
- Linkages with medical services
Conclusions

- The problem is likely to increase dramatically
- Recognition can be difficult
- Treatment is effective and should be tailored to the elder adult

For additional information

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- TIP 26: Substance Abuse Among Older Adults