

Hidden Epidemic: Substance Abuse in the Elderly

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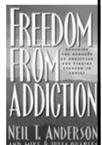
“Alcohol and drug use has robbed many older-adults of hope, dignity, and the ability to cope. With awareness, education and treatment, older-adults have an opportunity to develop a satisfying way of life free from alcohol and drugs and become happily and usefully whole.”

Substance Abuse

- ❑ Refers to the use of any chemical substance, whether legal or illegal, in ways that cause physical, mental, emotional or social harm to a person or people close to him/her. (DSM-IV)
- ❑ Preoccupation with drugs and an abiding desire to acquire a supply.
- ❑ Manifests itself in escalating use despite negative consequences.

Addiction

- Defined as a condition that robs the person of the choice and dictates the frequency, the quantity, and the nature of alcohol/drug use.
- Difference between addiction and abuse is the lack of freedom of choice/control.



Negative Consequences

Causes major interruptions in major life functions such as:

- ❑ Deteriorating biological/physical health
- ❑ Decompensation in mental health
- ❑ Conflict with family relationships, friendships or end of relationships
- ❑ Involvement with legal system
- ❑ Negative impacts on employment
- ❑ Interruption in education/school



Chemical Dependency “Medical Model”

Bio/psycho/social disease which is chronic, progressive, relapsing, incurable and without intervention can become potentially fatal.

Early vs. Late Onset

Early Onset

- ❑ Lifelong pattern of drinking, has probably been alcoholic all their life, and are now elderly.
- ❑ More likely to have chronic alcohol-related medical problems such as cirrhosis, organic brain syndrome, and co-morbid psychiatric disorders.

Early vs. Late Onset

Late onset

- ❑ Become alcoholic in their drinking pattern for the first time late in life.
- ❑ Often triggered by a stressful life event.
- ❑ Generally represented by milder cases with fewer accompanying medical problems.
- ❑ More amenable to treatment, more likely to have spontaneous recovery, but also more likely to be overlooked by health care professionals. (Liberto & Oslin, 1995)

Alcohol Facts



- ☑ Hidden epidemic, often goes undetected among adults 60 and older.
- ☑ Affects 10% of older-adult population
- ☑ 2.5 million older-adults have alcohol abuse disorders
- ☑ Highest rate among widowers over the age of 75.

Alcohol Facts



- ☑ 17% of older-adults misuse alcohol and prescription drugs.
- ☑ By 2020, the number of older-adults with substance abuse problems is expected to double.
- ☑ 70% of hospitalized older-adults have some problem with alcohol.

Alcohol Facts



- ☑ Surveys indicate that 6 to 11% elderly patients admitted to hospitals exhibit symptoms of alcoholism as do 20% of elderly patients in psychiatric wards and 14% elderly patients in emergency rooms.
- ☑ 1.8 million older women are addicted to or abuse alcohol; 2.8 million abuse or are addicted to psychoactive prescription drugs; and 4.4 million smoke cigarettes.

Alcohol Facts



- ☑ Study of suicides in older-adults, alcohol abuse was identified in 35% of men and in 18% of women.
- ☑ 70% of hospitalizations related to alcohol based illness or injury, compared with 25% for the population at large.
- ☑ Increases the risk for depression, dementia, anxiety disorders, heart disease, liver disease, cancer and suicide.



Binge Drinking



- Defined as having five or more drinks on one occasion, on at least one day in the past month.
- Survey of nearly 11,000 Americans, 23% of men between 50 and 64 admitted to binge drinking in the past month, as did 9% of women.
- Among adults age 65 and older, more than 14% of men and 3% of women reported bingeing.

American Journal of Psychiatry



Combining Medications and Alcohol

- ❑ Alcohol reacts negatively with more than 150 medications.
- ❑ Prolonged sedation from Benzos combined with the sedative effects of alcohol, can increase the risk of falls and fractures.



Combining Medications and Alcohol

- ❑ Older-adults may become confused, take extra doses or other medications, causing accidental overdose or death.
- ❑ Laxatives can cause chronic diarrhea, lead to sodium and potassium imbalance and cause heart rhythm irregularities.



Combining Medications and Alcohol

- Antihistamines (Benadryl) can cause confusion; cold medications can elevate the blood pressure and lead to strokes.
- Caffeine, frequently added to OTC medications, can cause anxiety and insomnia.

Illicit Drug Facts



- ❑ 1% of the older-adult population uses illicit drugs. (American Journal of Public Health)
- ❑ Rate of illicit drug use increased from 2.7% in 2002 to 5.0% in 2007 among persons aged 50 to 59.
- ❑ Researchers report that rates may be higher among Baby Boomers.

Prescription Facts



- ❑ Older-adults constitute 13% of the U.S. population, but account for 30% of prescription drugs and 40% of over-the-counter medications sold in the U.S. (Salom & Davis, 1995)
- ❑ Older-adults consume more prescribed and over-the-counter medications than any other age group.

Prescription Facts



- ❑ Average person over 65 takes 2 to 7 prescription medications daily.
- ❑ 90% take non-prescription drugs making alcohol-medication interactions especially common.
- ❑ Older-adults spend over \$500 million yearly on medications.



Prescription Facts

Annual costs of drug-related illness and death estimated at more than \$177 billion. (2000)

Most common types of medication misuse include:

- ☑ Taking the incorrect dose
- ☑ Taking a dose at the wrong time
- ☑ Forgetting to take a dose
- ☑ Stopping medicine too soon





- ❑ 77 million babies born during “boom” years of 1946-1964.
- ❑ In 2011, the oldest baby boomers will turn 65, on average expect to live to 83.
- ❑ 1 in 4 Americans (25-28%) is a baby boomer, largest population group in U.S. history.

US Dept. of Health & Human Services



- ❑ Due to heightened exposure to alcohol and illegal drugs, increased acceptance about using substances to ‘cure’ things.
- ❑ Drink alcohol and/or use illicit drugs at greater rates after age 65 than previous generations.
- ❑ Pre-existing histories of illicit drug use.



- ❑ Have higher rates of lifetime alcohol and drug use than the previous generation, and evidence suggests that these higher rates will persist as the group ages. (NHSDA, 2000)
- ❑ By 2020, the amount of baby boomers using illicit drugs is expected to rise by 5.8 million.
- ❑ More alcohol/drug use means more problems.



“A significant number of baby boomers continue to use both illicit drugs and prescription drugs non-medically as they age.”

Charles G. Curie, administrator, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, Rockville, Md.

NIAAA Recommends that people older than 65 consume no more than one drink per day.



Substance Abuse Among the Elderly



- ✓ Underrecognized, underdiagnosed, misdiagnosed, and under-treated.
- ✓ Often mistaken for other conditions associated with the aging process, particularly depression and dementia.

Substance Abuse Among the Elderly



- Due to age related changes in body composition, (decreased metabolism) equivalent amounts of alcohol produce higher blood alcohol concentrations. (Reid & Anderson, 1997)
- Changes in the body increases sensitivity to alcohol, and it may take relatively few drinks to cause intoxication or feed an addiction.

Substance Abuse Among the Elderly



- Mental health conditions, depression, mood and anxiety disorders, may be exacerbated by alcohol or drug use.
- Alcohol/drug use mimics symptoms similar to Alzheimer's disease: confusion, short-term memory loss, diminished verbal fluency, and loss of problem solving skills.
- Develop memory trouble after having a drink or taking medication.

Substance Abuse Among the Elderly



- 15% of older alcoholic patients also abuse or are dependent on other substances, particularly benzodiazepines. (Finlayson, Hurt, et.al., 1988)
- At increased risk for cognitive impairment leading to possible falls, causing hip and thigh fractures, as well as vehicle accidents. (DUI)

Substance Abuse Among the Elderly

Mixing alcohol, illicit/prescription drugs and OTC medications affects cognitive and motor functions, increases risks of accidents, falls, hip fractures (25% die within 5 years, some die soon after), decreases bone density, and impairments of ADLs.



Substance Abuse Among the Elderly



- Negative consequences: reduced health-related quality of life, chronic pain, fear to leave home due to fear of falling again.
- Multiple falls may lead to chronic subdural hematomas. (TBI, 60-80% mortality rate)
- 40% of all nursing home admissions are the result of falls.

Substance Abuse Among the Elderly



- Elevated liver enzymes, hepatitis, pancreatitis, hypertension, arrhythmia, and a variety of pulmonary problems.
- More likely to be prescribed long-term and multiple prescriptions, which could lead to unintentional misuse, abuse or accidental overdose.

Substance Abuse Among the Elderly



Older adults may lack social indicators associated with substance use disorders such as:

- History of DUI
- Employment problems (retired/unemployed)
- Legal history
- Past treatment history (late-onset)
- Credit/debt problems

Unique Treatment Issues for Older Women

- More apt to abuse prescription drugs, experience stress of a late-life divorce, widowhood, or poor health.
- Economic support: Lack of, or limited financial resources, and/or insurance.
- Visibility: less likely to drink in public
- Isolation: tend to live alone/drink alone
- Medications: psychoactive prescriptions

Source: SAMHSA 2000

Unique Treatment Issues for Older Women

- In general, fewer women drink, but of those who drink heavily, the consequences appear sooner and are more severe than their male counterpart.
- Become intoxicated more rapidly from smaller amounts of alcohol.(BAC/DUI)
- Vulnerable to abuse, domestic violence, neglect and financial exploitation.

Unique Treatment Issues for Older Women

- Lower total body water content than men of comparable weight and reduced stomach enzymes responsible for metabolizing alcohol, results in higher BAC.
- Develop drinking problems later in life than men, less likely to be diagnosed for alcoholism or receive treatment.

Warning Signs

- Anxiety
- Depression
- Disorientation
- Apathy
- Panic attacks
- Falls/Bruises
- Mood swings
- Changes of appetite
- Sleep problems
- Financial problems
- Over-medicated

Warning Signs

- Paranoia & hallucinations
- Tremors
- Failing memory.
- Conflicts at work
- Irritability/anger
- Conflicts with family members
- Planning the day around drinking
- Going from doctor to doctor seeking prescriptions

Warning Signs

- Unexplained chronic pain
- Poor hygiene/grooming
- Trouble concentrating
- Lack of interest in usual activities
- Isolation: staying alone much of the time, difficulty staying in touch with family or friends

Triggers

- ✓ Stressful situations: adjusting to changes/losses associated with aging. (Highest suicide rates, 1 every 90 minutes)
- ✓ Intense feelings of depression, loneliness, boredom, helplessness, loss and isolation can both aggravate and be aggravated by substance abuse.
- ✓ May be an pre-existing, re-occurring or new disorder (Relapse)



Triggers



- ✓ Reduced mobility: difficulty using public transportation, walking, or driving. (Loss of independence)
- ✓ Multiple chronic illness (physical/MH) contribute to impaired sensory capabilities (hearing & sight) and contributes to isolation and declining physical health.
- ✓ Self-medicating (grief, pain, bipolar/depression)



Barriers to Identifying & Treating Older Adults



- Ageism
- Limited family and social support
- Lack of awareness or denial
- Co-morbidity, Dual diagnosis
- Multiple disorders
- Clinician behavior/attitude
- Lack of or insufficient insurance coverage



Barriers to Identifying & Treating Older Adults



- May not seek treatment or ask for help because they view their drinking with shame and guilt.
- Sensitive about confrontation. (invasions of privacy)
- Lack of, or limited number of alcohol/drug treatment centers, that address the unique issues of older- adults.



Real Life Scenario

In her early years, Eva would probably have been called a "teetotaler." Except for an infrequent sip of wine on special occasions, she never drank alcoholic beverages. But after her children moved away and her husband and many of her close friends died, Eva turned to the bottle for escape and companionship.

Now in her late 70s, Eva is an alcoholic.



Issues to Consider When Conducting Brief Interventions with Older Adults

- Level of drinking necessary to be considered risky behavior is lower than for younger individuals.
- Older adult problem drinkers find it hard to identify their own risky drinking.
- Intervention strategies should be non-confrontational and supportive due to increased shame and guilt.



Addressing a Problem

“Your trouble sleeping, the difficulty in controlling your blood pressure, and the recent problems at home with your family make me concerned that alcohol may be the main problem. I would like to discuss this possibility with you some more.”



Challenges in Assessment & Diagnosis

- ☑ Older-adults are more likely to hide their substance abuse and less likely to seek professional help.
- ☑ Symptoms may be masked by other aging or MH related conditions.
- ☑ Family members often don't want to confront elderly parents.
- ☑ Friends and neighbors don't want to interfere.



Challenges in Assessment & Diagnosis

- ☑ The presentation of older-adults with alcohol use disorders may be atypical (such as falls, confusion, depression) or masked by co-morbid physical or psychiatric illness, which makes detection more difficult.
(Reid, Anderson, 1997)
- ☑ Healthcare and social service providers often do not have time to ask questions necessary to identify older-adults experiencing substance abuse problems.



Challenges in Assessment & Diagnosis

- ☑ Family members, caregivers, and clinicians' complicity in the abuse process can contribute to the perpetuation of substance abuse.
- ☑ Family members may be ashamed and embarrassed and uncertain about what to do. (Private matter)
- ☑ Denial, enabling, co-dependency issues.



Challenges in Assessment & Diagnosis

- ☑ Lack of Health and Social Service providers motivated to work with older adults.
- ☑ Current alcohol/drug treatment facilities lack appropriate pace and content for older- adults.

Real Life Scenario

An adult child suspects that a parent is drinking a bit too much, their attitude is "Why bother to change things now?" or "A little alcohol won't hurt, and it may make the days a little kinder for mom"

Denying or dismissing this problem is an unfortunate response to an otherwise treatable problem.



CSAT Recommends that everyone age 60 and older should be screened for alcohol, illicit drug, and prescription drug use and abuse as part of their regular health care services.

Center for Substance Abuse & Treatment



Effective Treatment Strategies

- ☑ Good news: older adults tend to comply with requests to go to treatment, and they finish treatment at a greater rate than younger adults.
- ☑ Healthcare and social service providers who work with older-adults would benefit from increasing their knowledge of geriatric health problems related to substance abuse.
- ☑ Increase awareness by providing substance abuse information and referral for family members, caregivers, etc..



Effective Treatment Strategies

Healthcare providers should talk with their elderly patients about substance abuse and make referrals for evaluation to treatment providers who could administer simple screening tests, recommend treatment options, and have experience working with older-adults.



Effective Treatment Strategies

- ☑ Studies have shown that elderly people may derive most benefit from psychological counseling and treatment for substance abuse in same age settings. (Kofoed, Tolson, Atkinson, Toth, & Turner, 1987)
- ☑ Create a safe environment for asking questions. Keep explanations simple, rephrase, repeat.



Effective Treatment Strategies

- Research insurance coverage, identify options.
- Assess literacy and language needs
- Assess sensory needs: visual aids/amplification
- Assess transportation needs



Effective Treatment Strategies

- ☑ A family's attention to the elderly family member's daily life can be extremely helpful in identifying medical and social problems.
- ☑ Develop a medication inventory of prescribed and OTC medications and bring to a local pharmacist where a drug interaction list can be generated.



Effective Treatment Strategies

- ☑ Support and self-help groups: Seniors in Sobriety (SIS), 12-Step, grief group.
- ☑ Increase activity level and social interactions of the elderly family member.
- Participation in Senior Centers and volunteer work are examples of ways to increase companionship, self esteem and decrease boredom.



Websites

- csat.samhsa.gov
- nih.gov
- www.hazelden.org
- www.dhhs.nh.gov/DHHS/ATOD/default.htm
- cdc.gov
- www1.dshs.wa.gov/dasa
- www.northwestresources.org
- www.counselingseattle.com/acronyms/ADATSA.htm



U.S. Substance Abuse and Mental Health Services Administration

http://pathwayscourses.samhsa.gov/aaac/aaac_intro_pg1.htm

Offers a wide range of information and resources to help identify, treat, and prevent substance abuse among older adults. The pamphlet "How to Talk to an Older Person Who Has a Problem With Alcohol or Medications" is available on the Hazelden Web site or a free printed copy can be obtained by calling 1-800-257-7810