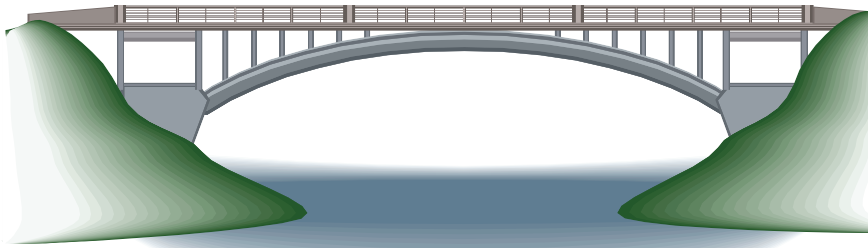


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"Building Bridges Between Mental Health and Aging"

## The Invisible Epidemic

(Substance Abuse Among Older Adults)

This is the fastest growing health problem facing the country. It is underestimated, underidentified, underdiagnosed, and undertreated. Alcohol and prescription drug misuse is usually not discussed in either substance abuse or the gerontological literature.

Because of insufficient knowledge, limited research data, and hurried office visits, health care providers often overlook substance abuse and misuse among older adults.

Diagnosis may be difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among this population, such as diabetes, dementia, and depression.

Lack of attention to substance abuse include the current older cohort's disapproval of and shame about use and misuse of substances, along with a reluctance to seek professional help for what many consider a private matter.

Ageism also contributes to the problem and to the silence. There is an unspoken but pervasive assumption that it is not worth treating older adults and that this is a waste of health care resources.

SAMHSA TIPs #26

### *CAGE Questionnaire*

* *Have you felt the need to **Cut** down on your drinking?*
* *Have people **Annoyed** you by criticizing your drinking?*
* *Have you ever felt bad or **Guilty** about your drinking?*
* *Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (an **Eye** opener)?*

Two or more "yes" answers is considered clinically significant.

*Source: Ewing 1984*

## *Did You Know?*

### Age-Appropriate Consumption Levels

Recommendations for low-risk drinking for people over the age of 65:

**No more than one drink per day***

**Maximum of 2 drinks—special occasions (New Year's Eve, Weddings)**

**Somewhat lower limits for women**

*A standard drink is 12 oz. of beer or ale; 1.5 oz. of hard liquor, 5 oz. of wine, or 4 oz. of sherry, liqueur, or aperitif.

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## Screening for Substance Abuse

Ideally, all adults age 60 and over should be screened for alcohol and prescription drug abuse as part of a regular physical examination. Rescreening should take place if the physical symptoms listed below develop or if the older person is undergoing major life changes or transitions.

### Physical Symptom Screening Triggers

* Sleep Complaints—fatigue, sedation
* Cognitive impairment, confusion
* Seizures, malnutrition, muscle wasting
* Liver function abnormalities
* Persistent irritability, altered mood
* Depression, anxiety
* Unexplained complaints—chronic pain
* Incontinence, urinary retention
* Poor hygiene, self neglect
* Unusual restlessness and agitation
* Blurred vision or dry mouth
* Unexplained nausea, vomiting
* Changes in eating habits
* Slurred speech
* Tremor, uncoordination, shuffling gait
* Frequent falls, unexplained bruising

### Treatment

* Age-specific, non confrontational, and supportive group treatment that aims to build or rebuild the client's self-esteem.
* A focus on coping with depression, loneliness, and loss.
* A focus on rebuilding the client's social support network.
* An appropriate pace and content of treatment
* Staff members who are interested and experienced in working with older adults.
* Linkages with medical services, services for aging, institutional settings for referral into and out of treatment, and case management.

SAMHSA TIPs # 26

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**Resources:**

AARP—www.aarp.org

National Center on Addiction and Substance Abuse at Columbia University—www.casacolumbia.org

SAMHSA National Clearinghouse for Alcohol and Drug Information—www.samhsa.gov

National Institute on Aging—http://www.nih.gov/nia/

National Coalition on Aging—www.ncoa.org

Agency on Aging—http://www.aoa.gov/naic

**Upcoming Events:**

**September 19, 2008—**13th Annual and 3rd Regional Behavioral Health, Aging & Wellness Conference—Fairview Heights Sheraton. Contact: 618-877-4420 Ext. 3013

**October 27-31, 2008—**2008 IAODAPCA Conference at Rend Lake.

**November 13, 2008**—Alzheimer Awareness Family Caregiver Conference

**November 14, 2008**—13th Annual SIU Conference on Alzheimer Disease & Related Disorders—Springfield, IL Crowne Plaza

# Levels of Treatment Services
## Inpatient vs. Outpatient Detoxification Treatment

Does an older adult need detoxification management? If so, should it be in an inpatient hospital-based setting or managed on an outpatient basis? Generally, outpatient detoxification for older adults is seen as medically riskier. Medical safety and potential access to the abused drugs are primary considerations when deciding whether an older patient's withdrawal from prescription drugs requires supervision in a hospital. There is a high potential for developing dangerous abstinence symptoms such as a seizure or delirium because the dosage of alcohol or drug has been particularly high or prolonged and has been discontinued abruptly or the patient has experienced the following serious symptoms at any time previously:

- suicidal ideation or threats,
- presence of other major psychopathology,
- unstable or uncontrolled comorbid medical conditions requiring 24 hour care,
- parenterally administered medications for renal disease or diabetes,
- mixed addictions such as alcohol, sedative/hypnotic drugs,
- lack of social supports at home or living alone with continued access to the abused substance(s), or
- failure to respond to outpatient treatment.

Older patients detoxifying from psychoactive prescription drugs on an inpatient basis should not be stabilized on high doses of benzodiazepines or barbiturates with a long or intermediate half-life. These drugs can accumulate and result in toxicity and some persisting cognitive impairment after hospital discharge which can interfere with functional capabilities in general and also hamper any immediate participation in continuing treatment. Alcoholic patients require supplemental doses of thiamine, folate, and multivitamins to counteract the vitamin depletion that is often associated with excessive alcohol use.

SAMHSA TIPs # 26

# Motivational Counseling

Reactions to alter or give up longstanding or previously pleasurable behaviors depend on the person's readiness to change. A confirmation of the negative effect on personal health may prompt an immediate commitment to abstain or begin tapering off. For others, the revelation must be processed over time before they can effect any changes. Some others may be unconvinced they need to make any changes. Counselors need to "meet people where they are" which has proved effective with older adults. This helps to identify the negative consequences of drinking or prescription drug misuse, helps to shift perceptions about the impact of drinking or drug-taking habits, empowers the client to generate insights and solutions, and expresses belief in the person's capacity for change. Listen respectfully, avoid labels, avoid confrontation, accept ambivalence, invite clients to consider alternative ways of solving problems and place responsibility for change on the individual. This process helps offset the denial, resentment and shame invoked during intervention and is a prelude to cognitive-behavioral therapy.

SAMHSA TIPs # 26

## *Questions or Comments?*

If you have questions or comments regarding this newsletter or MHASI you may contact the Gero-Psych Specialist in your area.

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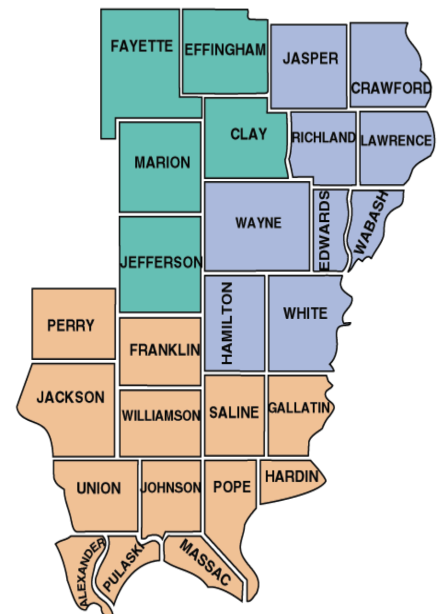


Mental Health and Aging Systems Integration (MHASI)
A Program Funded by the DHS/DMH Region 5 South