SUBSTANCE MISUSE IN OLDER ADULTS

eing Population

- Estimates indicate by 2025 more than 25% of UKôs population will be over 60 years old
- A generation which will have grown up in a period when drug use and alcohol use was more prevalent ï baby boomers.
- Research on substance misuse amongst older people in the UK has been reported as ñunder-recognisedò, ñunder-reportedòor hidden
- High rates of mental health problems in older people and high prevalence of cognitive disorders result in complex psychiatric co morbidity when combined with a substance misuse disorder (Royal College of Psychiatrists 2011).

recent data on alcohol consumption among OA

- A report compiled for the National Harm Reduction Strategy (2009) showed a significant increase in alcohol consumption among middle and older age groups.
- There has been an increase in alcohol related hospital admissions in the over 65s (NHS Information Centre 2011). In 2002 there were 197,00 in 2010 there were 461,400
- People aged 65+ form over 55% of admissions partly attributable to alcohol showing a steady increase with advancing age (RC Psych 2013)
- Statistics from the NHS Information Centre (2007) revealed that 20% of older men and 11% of older women drank alcohol on 5 or more days in the previous week
- Alcohol is the most commonly abused substance in all age groups

- There has been an increase in admissions for alcoholic liver disease in the over 60ûs. In 1998 there were 3151, in 2010 there were 8560 (Hospital Episode Statistics 2012)

- Most older people drink at home (Omnibus Survey 2008)

- Between 1991 and 2005 mortality from alcohol related deaths was highest amongst men and women in the 55-74 age group (Office for National Statistics 2007).

- The Community Mental Health Survey (2011) found older adults are the group least likely to be asked about their alcohol use ï especially older women.

- There has been a disproportionate rise in alcohol related hospital admissions for older people with mental health problems in the decade 2002 -2012 (DoH 2012)

nchester CMHT Service Audit for Alcohol Misuse

- 90 service users were screened with the AUDIT screening tool in 2011
- 30% scored 8 +
- 11% were drinking alcohol at dependence levels
- The most common co morbidities were dementia and depression
- A significant number of service users had excessive consumption that had not been detected by the referrer

Characteristics of Older Problem Drinkers

- More likely to be male
- Lower levels of social support
- Suicide attempts
- More likely to have contact with the Police

Å The majority of problem drinkers are not engaged with services. Alcohol services work with those who engage on the basis that they want to change. The clients who most concern older peoples services are those who do not want to change

Å

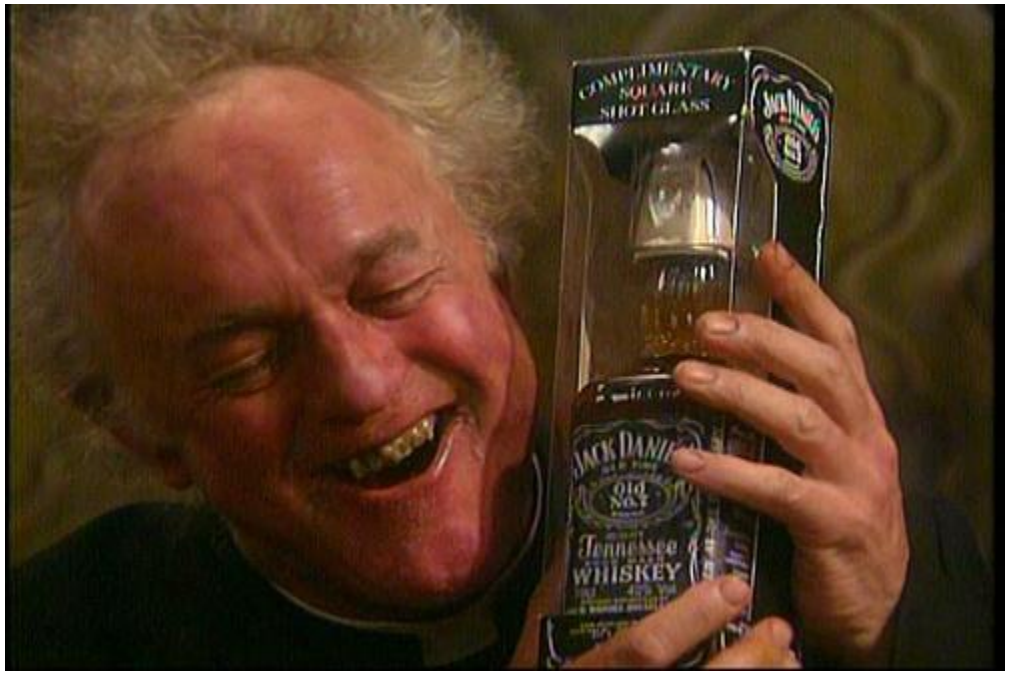
It is estimated that 15% of problem drinkers are engaged with Alcohol Services ï where are the other 85%?

Alcohol Concern Blue Light Project 2014

# of drinking patterns in Older People

- Early-onset drinking
- No periods of safe or controlled drinking
- Likely to have ‘alcohol dependency syndrome’
- Late onset-drinking
- Drinking changed in response to life triggers
- Had long periods of safe or controlled drinking

Source: Acquire (2002)



ers to Detection and Treatment

A report by Age Concern (2007) suggested reasons are:

1. Ageist assumptions by healthcare staff, carers, family.
2. The problem is often hidden ie; less likelihood of public antisocial behaviour, social isolation.
3. Older people are less likely to admit to drinking problematically or to ask for help.
4. Many older people have a poor awareness of safe drinking limits/ unsafe drug use
5. Lack of awareness among health and social care professionals
6. Stereotyping ï assumptions related to sex, culture, socioeconomic status

What about drug misuse?

- It remains a low priority for OPMHS due to lack of national data
- 1/3 of all prescribed drugs are used by people aged 65+ (Gossop, Moos et al 2008)
- Benzodiazepine use/dependence and use of opiate analgesia is common.
- 1:4 OA use psychoactive medications with abuse potential (Simoni -Wastila and Yang 2006)
- Problematic misuse includes dependence, borrowing/swapping, recreational use
- Many OA are carers for people with substance dependence

Patterns of Drug Misuse in Older Adults

- More common in females
- Usually obtain legitimate prescriptions
- Motivation is therapeutic
- Non compliance is often unintended
- Simultaneous use of multiple medication

Classes of medication most liable to misuse in the elderly are

- Opioid analgesia – for pain
- Anxiolytics – anxiety
- Hypnotics/sedatives – insomnia

Co codamol is the most commonly prescribed opiate analgesia in the UK

- Illicit drug use is relatively uncommon at present (but it happens!)

- Estimates suggest that the numbers of people aged 50+ needing treatment for illicit drug misuse will increase in the next 2 decades because many chronic users will grow old and the large size of the baby boomer cohort.

- Currently 10% of those in methadone programmes in the USA are 50+ (Gossop et al 2007). There is anecdotal evidence (but no data) to suggest that this applies to the UK

- There are no validated screening instruments for diagnosing drug abuse in the OA population

Identification of Drug Misuse

- Excessive worry about whether medication is working
- Display of attachment to a particular medication
- Continued use or requests for a medicine when it should have been discontinued
- Excessive sleeping
- Withdrawal from family, friends and social activities

Why is detection difficult?

Older adults can present with complex physical and/or mental health problems which can mask underlying alcohol and drug misuse such as:

cardiovascular disease
GI problems
confusion
Falls
depression
Poly pharmacy
Less likely to admit there is a problem

Risks specific older people

- Falls and accidents
- Vulnerability, social isolation
- Interference with vitamin absorption
- Interaction with medication (OTC or prescribed)
- Long-term health conditions
- Indirect nutritional deficiencies
- Alcohol related brain damage
- Increased confusion in those with a diagnosis of dementia

Alcohol Drugs and Memory Impairment

- Excessive use of alcohol increases vascular risk factors and risk of Vascular Dementia and other mental health problems
- Excessive use of alcohol and illicit drugs/prescription drugs slow cognitive functioning and make existing memory problems worse
- Studies indicate that long term cannabis use causes memory impairment
- Accurate memory testing is problematic for those who are intoxicated
- Alcohol and drug misuse reduce the efficacy of memory treatment and treatment for co existing mental health problems

Wernickes Encephalopathy

- Thiamine (vitamin B1) deficiency can lead to Wernickes Encephalopathy commonly associated with chronic alcoholism.
- People most at risk are those with poor nutritional status and in lower socio economic groups
- It is poorly recognized but can be easily treated with I/M or I/V thiamine
- Symptoms include confusion, ataxia and opthalmoplegia.
- Untreated WE can lead to ARBI and WKS.
- Predictions that up to 1:10 cases of dementia could be alcohol related in the next decade (Gupta and Warner 2008).

Alcohol Related Brain Damage

Cognitive impairments differ from other dementias and are more affiliated with brain injury - 5 minute memory, confabulation

More commonly diagnosed in people under 65

National data is scarce for England. Prevalence rates are likely to be 5 x higher than current estimates

Å Better prognosis than common types of dementia **with abstinence**

Å Recovery can take up to 2 years and abstinence is crucial

¼ recover fully
¼ good recover
¼ minimal recovery
¼ no recovery ï but stable symptoms

NICE Recommendations
Prevention

Professionals in both NHS and non-NHS settings should routinely carry out **alcohol identification and brief advice** as an integral part of practice:

- with relevant physical conditions (such as hypertension and gastrointestinal or liver disorders)
- with relevant mental health problems (such as anxiety, depression or other mood disorders)
- who have been assaulted
- at risk of self-harm
- who regularly experience accidents or minor traumas

ır Invisible Addicts (RCPsych 2011)

- The first national document about substance misuse amongst older people

- Led to the governments alcohol strategy making recommendations for routine screening of 40-74 year olds in primary care

hol Use Disorders Identification Test (AUDIT)

- Most Alcohol Screening Tools (ASTs) available were not designed for or validated in older adult populations.
- AUDIT and its variations have been shown to be the most effective AST for use with older adults because it does not only focus on dependence
- National guidance recommends AUDIT
- A score of **8-15** indicates consumption is at increasing risk, **15-20** indicates consumption is harmful to health, **20+** indicates probable dependence.

Criteria: DSM-IV Alcohol Dependence (3 criteria for over 1 year)

Tolerance (increased drinking to achieve same effect)

Alcohol withdrawal signs or symptoms

Drinking more than intended

Unsuccessful attempts to cut down on use

Excessive time related to alcohol (obtaining, hangover)

Impaired social or work activities due to alcohol use

Continuing to drink despite physical or psychological consequences

Promoting Change

- Brief Interventions A-FRAMES (assessment, feedback, responsibility, advice, menu, empathy, self efficacy)
- Use of motivational techniques ï Transformational Model of Change (Prochaska and Di Clemente)
- Management of cravings
- Working with ambivalence ï good things /bad things
- Consider referral to Alcohol or Drug Services

Trans-theoretical Model of Change

Adapted from Prochaska and Di Clemente's cycle of change model.

Decisional Balance Sheet

	Disadvantages	Advantages
No Change		
Change		

...native pathway - for those who do not want to change

- The 2 broad approaches are **containment** and **protection**

- Do nothing - constructive disengagement
- Harm reduction
- Identify and treat mental health problems if possible (Dual Diagnosis)
- Restrain behaviour if possible
- Involve others ï Social Network and Behaviour Therapy (Copello et al 2002).
- Build motivation to make changes
- The Blue Light Project (Alcohol Concern)

Harm Reduction

- Vitamin B therapy to prevent brain injury
- Consider if alcohol is reducing the effectiveness of drugs
- How does the person fund their habit?
- Are there dangerous drug combinations?
- Personal hygiene
- Hydration and diet
- Type of alcohol consumed ï will the person change to lower strength?
- Consider personal safety ï driving, drinking in isolation, falls, fire safety

Containment and Protection

- Mental Health Act
- Mental capacity Act
- Antisocial behaviour orders
- Alcohol Treatment Regime (Probation)
- Drink banning orders
- Drug treatment orders
- Power of attorney
- Appointeeships
- Child Protection

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