Substance Use Disorder in Older Adults

Danielle Hansen, DO, MS, MHSA

LECOM
INSTITUTE FOR BEHAVIORAL HEALTH

Disclosure

LECOM
INSTITUTE FOR
BEHAVIORAL HEALTH

- none

Learning Objectives

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

Know and understand:

- The extent of the problem of substance use among older adults
- How to identify substance use problems
- Strategies for treating substance use problems in older adults

Drug Overdose Deaths in Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Intentional drug overdose death rates increased >50% among:
  - Older men ages 75-84 increased from 0.7 per 100,000 in 2001 to 1.6 in 2019
  - Older women ages 75-84 increased from 0.8 per 100,000 in 2001 to 1.7 in 2019
- Opioid overdose deaths rates increased from 0.90 per 100,000 in 1999 to 10.70 per 100,000 in 2019 among ages 55+

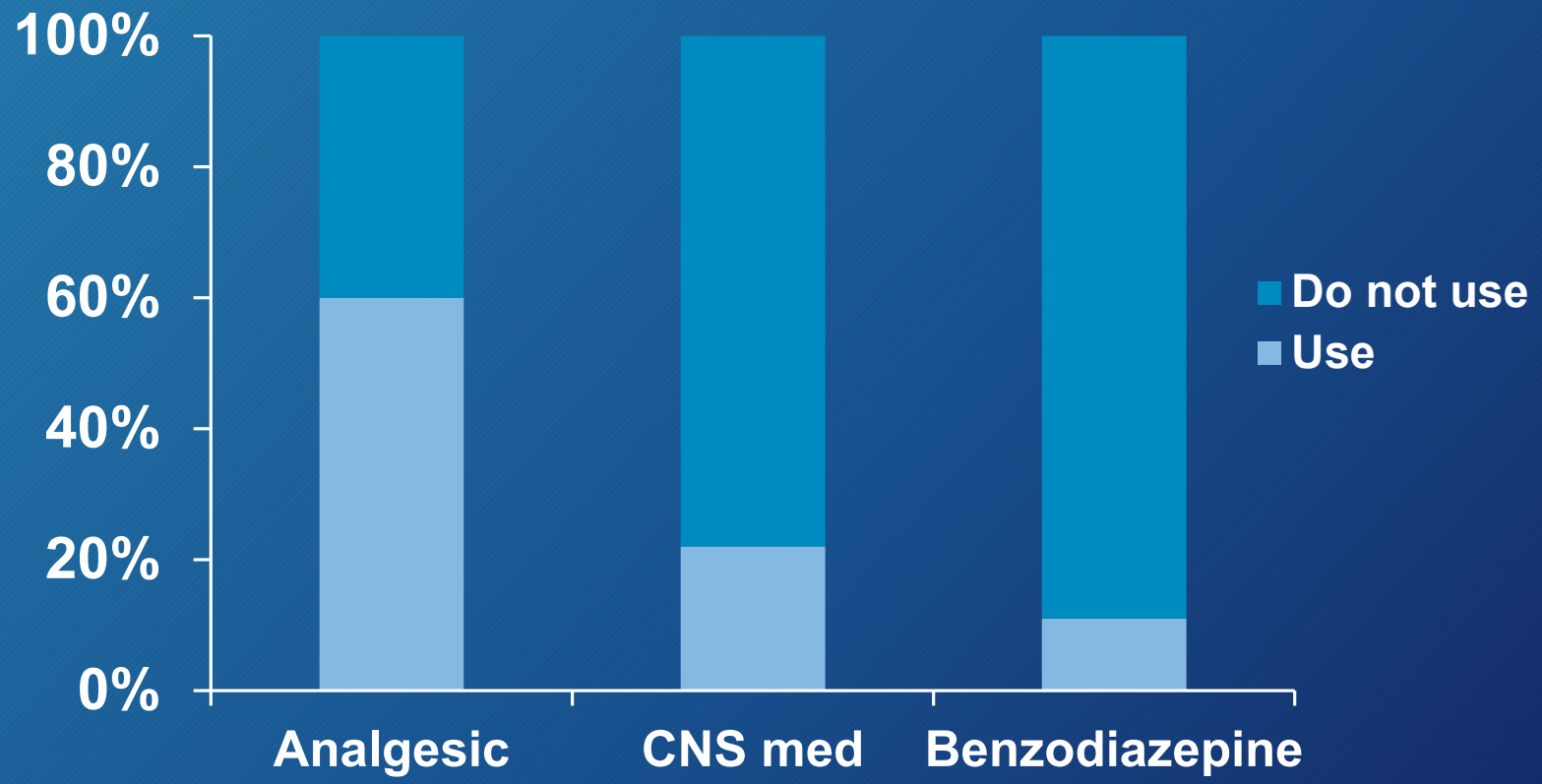
Inappropriate use of Medications

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Many medications used by older people have the potential to induce:
  - Tolerance or withdrawal syndromes
  - Harmful medical consequences such as cognitive changes, kidney disease, falls, and liver disease
- Increased morbidity and mortality is associated with misuse of prescription and nonprescription medications

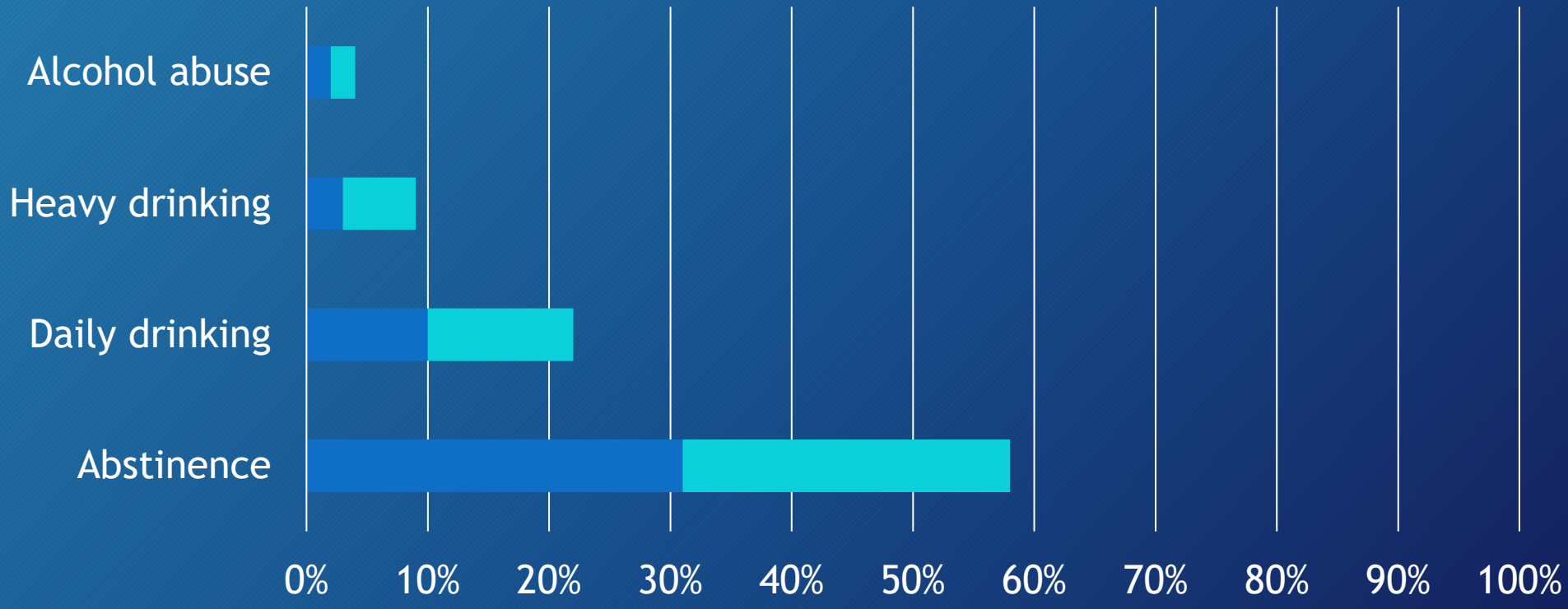
OA Taking Abusable Medications

LECOM INSTITUTE FOR BEHAVIORAL HEALTH



Use of Alcohol by Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH



Demographic Factors in Substance Use

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Prevalence of alcohol-related problems older men > older women
  - Similar patterns are seen with illicit drug use
  - Exception: benzodiazepines more commonly used by older women
- Conclusions are less clear from the few studies addressing the effect of race and ethnicity
- More relevant risk factors:
  - Increased leisure time
  - Higher disposable income

Prevalence in Clinical Settings

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Prevalence rates of alcohol problems in hospital populations are substantially higher than for community dwellers
  - For patients who are hospitalized for an elective surgery or condition unrelated to the substance problem, remain vigilant for any evidence of withdrawal
- High prevalence rates for problems related to drinking are becoming more common in retirement communities
- Data from a Veterans Affairs nursing home demonstrated that 35% of the patients interviewed had a lifetime diagnosis of alcohol abuse

Consumption Limits in OA

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Negative health consequences of alcohol, psychoactive medications, illicit drugs, and nicotine have been demonstrated at consumption levels previously thought of as light to moderate
- Recommended upper limit of alcohol consumption for older adults:
  - No more than 1 standard drink per day
  - No more than 2 episodes of binge drinking (≥4 drinks/day) in a 3-month period
- Older adults are particularly vulnerable to the cognitive and physical effects of these substances
- Treatment leads to reductions in substance use and improvement in general health

Risks Associated with Substance Abuse

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Excess physical disability
- Mental health problems
- Social and relationship problems
- Economic problems

Excess Physical Disability from Alcohol

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Consumption > 1 drink/day:
  - -Increased risk of stroke caused by bleeding
  - -Impaired driving skills
  - -Increased rate of injuries such as falls, fractures
- Risk of breast cancer in women who consume 3–9 drinks/week is ~50% over that of women who have <3 drinks/week
- Harmful interactions between alcohol and medications (prescribed and OTC)
  - Benzodiazepines, Antidepressants
  - Interferes with metabolism of Warfarin
- Most common physical problems associated with alcohol dependence:
  - Alcoholic liver disease
  - Chronic obstructive pulmonary disease
  - Peptic ulcer disease
  - Psoriasis

Excess Physical Disability from Other Substance Abuse

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Benzodiazepines can cause:
  - Increased rates of falls
  - Driving-related impairment
- Smoking causes:
  - Increased rates of pulmonary disease, especially cancer

Mental Health Problems from SUD

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Older adults with alcohol abuse/dependence are nearly 3 times more likely to have a lifetime diagnosis of another mental disorder
- Alcoholism has been implicated in:
  - -Mood disorders
  - -Suicide
  - -Dementia
  - -Anxiety disorders
  - -Sleep disturbances
- Moderate alcohol use has been shown to have negative effects on the treatment of late-life depression
- Comorbid depression and alcohol use: abstinence $\rightarrow$ better depression outcomes

Alcohol-related Dementia

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Alcoholism is known to lead to a syndrome of dementia independently
- Clinical features of Alcohol-Related Dementia:
  - End-organ damage
  - Cognitive stabilization or improvement after abstinence
  - Evidence of cerebellar atrophy in brain imaging
- Patients with alcohol-related dementia who become abstinent do not show a progression in cognitive impairment comparable to that of people with Alzheimer disease

Risk Stratification in OA

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- **Low-risk or moderate use:** Within the recommended guidelines for consumption and no associated with problems
- **At-Risk use:** Quantity or frequency greater than a recommended level
- **Problem substance use:** Any amount of an abusable substance that results in at least one problem related to this use
  - For example, use of benzodiazepines by a patient who has an unsteady gait

SUD Risk Factors in Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Less likely to receive screening
- More likely to have co-morbid medical conditions that can be adversely affected by substances
- More likely to be taking medication that can fatally interact with substances
- More likely to experience negative effects of substances:
  - Falls
  - Cognitive impairment
  - Cardiovascular & pulmonary impairment

Alcohol Withdrawal

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Early symptoms: tachycardia, diaphoresis, tremulousness, and hypertension
- May progress to overt delirium, psychosis, seizures
- Interventions:
  - Oral benzodiazepine is the most common intervention
  - IV lorazepam (off-label), followed by oral taper, is the most expedient intervention

SUD Screening Challenges in Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Older adults are less likely to reveal a problem with substances or ask for help
  - More likely to drink at home alone
- Ageism: providers more likely to think older adults' substance use problems are not worth addressing
- Provider lack of knowledge regarding screening tools
- Symptoms of substance use disorder in older adults may be mistaken for other problems (i.e. dementia, pain, anxiety, depression)

SUD Screening in Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Screen for alcohol, tobacco, prescription drug, and illicit drug use in all older clients at least annually
- Screen for comorbid mental health disorders
- Formal training may be required for certain instruments
- SUD screening triggers
  - Diabetes, ulcer, HTN, insomnia unresponsive to treatment
  - Staph infections on face, arms, legs
  - Unexplained weight loss
  - Frequent falls
  - Abnormal labs

SUD Screening Tools for Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Alcohol
  - AUDIT-C (Alcohol Use Disorders Identification Test)
  - MAST-G/SMAST-G (Short Michigan Alcoholism Screening Test – Geriatric)
  - SAMI (Senior Alcohol Misuse Indicator)
  - CAGE
- Cannabis
  - CUDIT-R (Cannabis Use Disorder Identification Test – Revised)
- Multiple Substances
  - ASSIST (Alcohol, Smoking, & Substance Involvement Screening Test)
  - Brief Addiction Monitor
  - CAGE-AID
  - NIDA (National Institute on Drug Abuse) Quick Screen

SUD Screening Results in Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Negative Results
  - Reinforce patient's choices for healthy lifestyle
  - Consider inquiry whether current status is lifelong vs recent recovery
  - Set expectation for at least annual repeat screening
- Positive Results
  - Immediate Brief Assessment (when scores low risk)
  - Reschedule for a full assessment (when results unclear)
  - Refer to SUD provider for assessment
- Keys to successful screens & assessments
  - Gentle, respectful, empathetic, nonjudgmental
  - Absence of stigmatizing language: "Addiction", "Alcoholism", or "Alcoholic"
  - Use of motivational interviewing

SUD Assessment in Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- SBIRT
  - Screening, Brief Intervention & Referral to Treatment
  - Explain screening results
  - Assess desire for change
  - Provide targeted advice
  - Set goals, 10-15min, limited repeat sessions
- Full Assessment
  - Histories: medical, biopsychosocial, substance, family, vocational, etc.
  - Exam: physical & mental, labs
  - Medications
  - Fall Risk
  - Social Determinants of Health (SDOH)

Brief Interventions

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Low-intensity, brief interventions are cost-effective, practical approaches to at-risk and problem drinking
- Two randomized, controlled trials of advice protocols in primary care settings showed that:
  - Older adults can be engaged in brief intervention protocols
  - Protocols are acceptable to this population
  - Substantial reduction in drinking among the at-risk drinkers receiving the interventions compared with a control group

Intervention & Treatment

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Spectrum of interventions:
  - Prevention and education for people who are abstinent or low-risk
  - Minimal advice or brief structured interventions for at-risk or problems
  - Formalized treatment for OA who meet criteria for abuse or dependence
- Formal treatment options:
  - Psychotherapy
  - Education
  - Rehabilitative and residential care
  - Psychopharmacologic agents
- Older adults engaged in treatment have been shown to have very robust improvement, especially in comparison with younger cohorts

Prevention Intervention: Reduce Inappropriate use of Medications

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Monitor medication use carefully
- Avoid prescribing:
  - -Potentially hazardous combinations of drugs
  - -Medications with a high risk of adverse effects
  - -Ineffective or unnecessary medications
- Reevaluate use every 3–6 months
- Maintenance treatment should only be continued in those who have:
  - -Specific target symptoms
  - -Documented response to treatment

Chronic Pain Treatment & OUD

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Pain Components
  - CNS (Central Nervous System) – Opioid targets
  - Psychological
  - Peripheral (i.e. musculoskeletal, Inflammatory)
- Analgesic Ladder
  - Acetaminophen
  - NSAIDs
  - Regional anesthesia
  - Steroid injections
  - Non-opioids with pain modulating properties (Amitriptyline)
  - Opioid Treatments
- Nonpharmacological Treatments
  - Meditation
  - Relaxation
  - Cognitive behavioral therapy
  - Exercise therapy
  - Physical therapy

Anxiety/Insomnia Treatment & Benzos

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- If benzodiazepines seem to be indicated for an anxiety condition
  - Avoid the long-acting preparations
  - Favor shorter-acting agents that do not have active metabolites (eg, lorazepam)
    - Reduces the risks of adverse events such as falls
- If benzodiazepines seem to be indicated for insomnia
  - Sleep hygiene & CBT are first line insomnia treatments
  - Lowest effective dose, short duration

Non-Pharmacologic Interventions

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Motivational Interviewing – FRAMES
  - Feedback: specific, nonjudgmental, about drinking
  - Responsibility: of the patient to make changes
  - Advice: by provider, recommendation to reduce drinking
  - Menu: multiple options for change for patient's choice
  - Empathic Communication style, respectful, supportive
  - Self-Efficacy: Highlight patient's abilities for change
- Psychotherapy
- Groups for OA
  - Peer-specific group activities are superior to mixed-age group activities
  - Address issues of leisure time and social activity

AUD (Alcohol Use Disorder) Treatment – Pharmacologic Interventions

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Severe withdrawal from alcohol use can be life threatening
- Patients with severe symptoms of dependency or withdrawal potential and patients with significant medical or psychiatric comorbidity can require inpatient hospitalization for acute stabilization
- Acamprosate (Campral)
  - Kidney clearance
- Naltrexone
  - Liver clearance
  - Opioid antagonist (blocks opioid action)
- Disulfram (Antabuse)
  - May benefit well-motivated patients, but cardiac and hepatic disease limits its use by the older person

OUD (Opioid Use Disorder) Treatment – Pharmacologic Interventions

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Patients with severe symptoms of dependency or withdrawal potential and patients with significant medical or psychiatric comorbidity can require inpatient hospitalization for acute stabilization
- Methadone
  - Opioid agonist (full opioid action)
  - Risk of overdose, dispensed daily
  - Maintenance has proven efficacy in opioid dependence
  - Older patients can be initiated and maintained following the same principles of use as in younger patients
- Buprenorphine
  - Opioid partial antagonist (mild opioid action, but blocks full agonists)
  - Less risk for overdose, dispensed weekly/monthly
- Naltrexone
  - Liver clearance
  - Opioid antagonist (blocks opioid action)
  - Less useful in patients with chronic pain

SUD Recovery in Older Adults

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Case & Care Management
  - Provider network navigation
  - Appointment reminders
  - Medication management
  - Connection to benefit & community resources
  - Housing, financial, vocational service support
- Caregiver/Family Involvement
  - Often make first contact with treatment services
  - Motivation for patient to commit to treatment
  - Provides collateral information & history
  - May need help themselves due to stress of role
- Recovery Support Groups
  - AA/NA

Summary

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- Older adults are particularly vulnerable to the effects of alcohol, psychoactive medications, illicit drugs, and nicotine
- Misuse of prescription and OTC medications is common among older adults
- Cognitive impairment from chronic alcoholism in the older adult may improve with sustained abstinence
- Older adults involved in treatment have very robust improvement, especially compared with younger cohorts
- Clinicians should be vigilant for signs of alcohol withdrawal in older people hospitalized for elective surgery or a condition unrelated to substance abuse

Resources

LECOM INSTITUTE FOR BEHAVIORAL HEALTH

- SAMHSA “Treating Substance Use Disorder in Older Adults” TIP 26, 2020
- **https://www.asam.org/search?searchtext=older%20adults**
- **https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-011%20PDF%20508c.pdf**
- https://journals.lww.com/journaladdictionmedicine/fulltext/2020/04001
- AGS Geriatric Review Syllabus: Addiction