

Substance Abuse Among the Elderly Population

The slide features a dark teal background with several decorative elements. The title is centered in white text. Below the title, there are five teal circles: three solid circles on the left and two outlined circles on the right, arranged in a horizontal line.

Numbers



- In 2001, 58,000 persons aged 55 or older were admitted to publicly funded substance abuse treatment (DASIS Report, 2004).
- A sizeable portion of elderly people (11-33%) develop alcohol use disorders with late onset (Brennan & Moos, 1991).
- Alcohol was the primary substance of abuse at admission for all age groups, including individuals aged 55 or older. However, alcohol admissions declined by 9% between 1994 and 1999 both for men and women in that age group. (DASIS Report, 2001).
- Between 1994 and 1999, among older adults, admissions for illicit drugs increased by 25% for men and 43% for women (DASIS Report, 2001).

Demographics



- Substance abuse treatment admissions aged 55 or older differed little from younger admissions in racial/ethnic composition. Both age groups were about 60% White, 24% Black, and 12% Hispanic (DASIS Report, 2004).

Risk Factors

- Alcohol use disorders may arise in elderly people in the context of bereavement, changing role, or illness (O'Connell, Chin, Cunningham, & Lawlor, 2003).
- Alcohol may be used to relieve the boredom or depression stemming from unfulfilled expectations.
- Losses such as a decline in economic status, the death of a spouse or close friends, and deterioration of health with worsening medical problems, are all risk factors for drinking in the elderly; alcohol may be used to reduce psychological, emotional, or physical stress (Menninger, 2002).

Risk Factors (cont.)

- Male
- Socially Isolated
- Single
- Separated or Divorced
- Substance abuse earlier in life
- Co-morbid psychiatric disorders (especially mood disorders)
- Family history of alcoholism
- Concomitant substance abuse of nicotine and psychoactive prescription medicines


Early v. Late Onset Alcoholism

- Early onset:

- Describes those who have a lifelong pattern of drinking, have 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.

- Late onset:

- Describes those who have 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).

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- NIAAA recommends that people older than 65 consume no more than one drink per day (NIAAA report, 2003).
 - Due to age related changes in body composition, equivalent amounts of alcohol produce higher blood alcohol concentrations in older people (Reid & Anderson, 1997).


Issues



- In 1999, adults aged 55 or older comprised approximately 58 million people in the United States. The aging of the baby boom generation (those born between 1946 and 1964) will cause that number to almost double by 2030, reaching 108 million (DASIS Report, 2001).
- Aging of populations worldwide means that the number of older people with alcohol use disorders is on the increase, and health services need to improve their appropriate screening and treatment methods and services (O'Connell, Chin, Cunningham, Lawlor, 2003).
- The baby boom generation has higher rates of lifetime alcohol and drug use than did the previous generation, and evidence suggests that these higher rates will persist as the group ages (NHSDA, 2000). Thus, the need for substance abuse treatment among older adults is expected to increase.

Issues (cont.)

- Media attention and public health initiatives tend to focus on younger age groups (Reid & Anderson, 1997).
- Social workers who work in the field of addictions lack knowledge about geriatric health and related problems, and geriatric service providers lack knowledge about substance abuse and related problems.

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- Rates of physical illness among elderly alcoholics are higher than would be expected in a non-drinking population of similar age (Hurt, et.al., 1988).
 - Saunders et.al. (1991) showed that a history of drinking in elderly men leads to a fivefold increase in the risk of developing a psychiatric disorder.
 - Prevalence of alcohol abuse is generally higher for elderly inpatients than elderly people in the community (Goldstein, Pataki, Webb, 1996).
 - Serious medical disorders among elderly people who misuse alcohol are much more common than among the overall population of a similar age (Hurt, Finlayson, Morse, & Davis, 1988).

Underdetection and misdiagnosis

- Prevalence of alcohol use disorders in elderly people is likely underestimated because of under-detection and misdiagnosis.
- Elderly people may be less likely to disclose a history of excessive alcohol intake, and the problem is compounded by the fact that healthcare workers have a lower degree of suspicion when assessing older people (Curtis, Geller, Stokes, Levine, Moore, 1989).
- Furthermore, healthcare workers are less likely to refer elderly people for specialist treatment. Healthcare workers may perceive alcohol use disorders in older people as being understandable in the context of poor health and changing life circumstances (O'Connell, et.al., 2003).


Diagnostic Issues

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- The features of alcohol use disorders identified by screening questionnaires (for example, CAGE, MAST-G, AUDIT), biophysical screening measures, and diagnostic classification systems (DSM), may not apply to elderly people because of changing roles, life circumstances, and differing health characteristics. (O'Connell, et. al., 2003).
- The presentation of elderly people 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).

Diagnostic issues (cont.)

- One of the DSM-IV criteria for substance abuse, recurrent use resulting in failure to fulfill major role obligation at work, may be difficult to apply to older persons, who are often retired or isolated from frequent social interaction (Menninger, 2002).
- The criterion of giving up activities is often unhelpful in diagnosing alcoholism in retired elderly who have fewer regular activities and responsibilities to give up (Menninger, 2002).

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- Lack of focus on those elderly people whose drinking pattern, while not fulfilling criteria for alcohol misuse or dependence, may be putting their physical or psychological health at risk. For example, an older person on anticoagulant treatment with a moderate intake of alcohol may be unknowingly putting their health at risk (Reid & Anderson, 1997).
 - Reid and Anderson (1997) note that alcohol use disorders as they affect older people must be redefined if health services are to be sensitive to this demographic shift. This redefinition should take into account the increased vulnerability of older people to the many subtle adverse effects of alcohol and the numerous pitfalls involved in the under-detection and misdiagnosis of such problems.

Illicit drug use

- Non-alcohol substance disorders in the elderly can be divided into illicit drug abuse and prescription drug abuse.
- Although cross-sectional data indicate a low prevalence of illicit drug use among the elderly, longitudinal data from the National Survey on Drug Abuse suggest some interesting trends in geriatric substance abuse. In 1979, when baby boomers were aged 21 to 33 years, 27% reported using any illicit drug in the past month. As these baby boomers age, much larger numbers of older drug users, particularly cannabis abusers, are expected by some researchers (Patterson & Jeste, 1999).

Prescription drug use

- People aged 65 and older consume more prescribed and over-the-counter medications than any other age group.
- Whereas older adults constitute 13% of the U.S. population, they account for 30% of prescription drugs and 40% of over-the-counter medications sold in this country (Salom & Davis, 1995).

Prescription drugs (cont.)

- More than half of all residents of intermediate care facilities were prescribed psychoactive drugs, more than one-fourth received a regularly scheduled sedative-hypnotic, and a third took long-acting drugs not recommended for use by the elderly (Beers, Avorn, et.al., 1988).
- Older adults are also more likely to continue to use psychoactive drugs for longer periods than their younger counterparts (Sheahan, Coone, et.al., 1995; Woods & Winger, 1995).
- About 15% of older alcoholic patients also abuse or are dependent on other substances, particularly benzodiazepines (Finlayson, Hurt, et.al., 1988).

Treatment

- Older adults are more likely than younger adults to be referred to treatment by health care providers and less likely to enter treatment through the criminal justice system (DASIS Report, 2001).
- In 1999, substance abuse treatment admission rates among adults aged 55 or older tended to be highest in northern and northeastern states (DASIS Report, 2001).

Treatment (cont.)

- 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).
- Upon discussion of alcohol-related effects, de-emphasis of social, legal, and occupational aspects that may be of more relevance to younger people is necessary (Reid & Anderson, 1997).

Relationship between education and intervention

There exists a great need to coordinate education regarding geriatric health problems and the association with substance abuse. A 2002 editorial in *Health and Social Work* points out that “if social workers in the field of addictions provided education about substance abuse issues and interventions to the geriatric service providers who frequently work with elderly people, such as the visiting nurse, staff of hospital emergency wards, and social service outreach workers, then perhaps the appropriate interventions would be used by these service providers. Same for the training of social workers in addictions. Learning about geriatric health and related issues are paramount when developing an intervention.”