

Alcoholism in the Older Adult Population

Geoff Wilson, LCSW, LCADC
The Ridge Behavioral Health System

What does the future hold??

- o By 2030, 70 million people will be over the age of 65.
- o More than 6 million will be over 85
- o The oldest old make up the fastest growing segment of the population!!

Quick Fix!!

- o 30% of Americans talked to their Doctor about medications they saw advertised.
- o Of these, 44% received the prescription medication they talked about (Kaiser Family Foundation, November, 2001).

Social Support Systems

- As people age, the social support system becomes more important
- But the longer people live, the more likely they are to live alone
- Especially if they are female
- 1/2 of all females in the 75-84 and 58% of females older than 85 lived alone in 2009
- 1/3 of people providing support to the elderly are adult children

Social Support Systems

- During the "baby bust" of the 60's, there was a marked increase of females not having children.
- This means that people now in their 60's are much less likely to have a social support system with adult children to help.
- And those with adult children are less likely to have them living in the same general area.

What do these cases have in common?

- 70 yo M with HTN and T2DM whose BP and BG have responded poorly to appropriate medical management
- 75 yo M presenting with mood swings, family problems, memory loss, chronic insomnia
- 80 yo F who is malnourished, incontinent and living in a filthy environment

Why is this all Important?

- Growing aging population leading to increased incidence of alcohol and substance abuse among older adults.
- Alcohol and Drug Abuse exacerbate medical problems experienced by elderly/med interactions.
- Under diagnosed and under treated.



Prevalence...

- Depends on definition of at-risk or problem drinking:
 - 1-15% of older adults are at-risk or problem drinkers
- Differs with sampling approach
- Alcohol use problems are the most common substance issues for older adults. Confounded by prescription, herbal, and over-the-counter medications

Category	Percentage
at-risk drinking	15%
general population	85%

Community Dwelling Elderly 60 and Above

- 62% drink ETOH
- Heavy drinking in 13% of males and 2% of females
- Overall 6% of elderly were considered to be heavy drinkers
- In this study heavy drinking was defined as greater than two standard drinks in a day
- A standard drink is 1.5 ounces of distilled spirits, 12 oz. of beer or 5 oz of wine
- This particular study lowered the standard definition of heavy drinking because of the elderly lowered tolerance (American Journal of Public Health, 1996, 978-984).

Hospital and Nursing Home

- 13% of elderly trauma patients had blood ETOH levels greater than 0.1
- 23% of elderly Psychiatry patients have history of ETOH abuse
- 10 -21% of elderly patients admitted to inpatient med/surg abuse ETOH (may be higher)
- In a recent study, 49% of patients in a nursing home met criteria for lifetime ETOH abuse or dependence (Older Adults Misuse of Alcohol, Medicines, and Other Drugs, Anne Gurnack, 1997)

RISK FACTORS FOR ETOH ABUSE IN ELDERLY

- Males
- Major life changes or losses
- Especially retirement or death of a spouse
- Substance abuse earlier in life
- Comorbid psyche disorders
- Positive family history
- Abuse of nicotine
- Use/abuse of psychoactive drugs

Types of Alcohol Abuse

- o **Early Onset:** Has been a heavy drinker throughout their life
- o 2/3 of elderly alcoholics
- o Usually start in the 20's- 30's or even earlier
- o High percentage estranged from family
- o Often in socioeconomic decline
- o More likely to have chronic alcohol related medical problems
- o Usually more comorbid psyche disorders

Types of Alcohol Abuse

- o **Late Onset:** Level of alcohol problematic later in life (post retirement, after loss of spouse, changes in health and independence) (1/3)
- o **Crisis Onset:** periods of sobriety but restarts in response to major problems or changes

DSM-V Substance Use Disorder

- o 1. Taking the substance in larger amounts or for longer than the you meant to
- o 2. Wanting to cut down or stop using the substance but not managing to
- o 3. Spending a lot of time getting, using, or recovering from use of the substance
- o 4. Cravings and urges to use the substance
- o 5. Not managing to do what you should at work, home or school, because of substance use
- o 6. Continuing to use even though it causes problems in relationships

DSM-V Substance Use Disorder

- 7. Giving up important social, occupational or recreational activities because of substance use
- 8. Using substances again and again, even when it puts the you in danger
- 9. Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance
- 10. Needing more of the substance to get the effect you want (tolerance)
- 11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.
- Two or three symptoms indicate a mild substance use disorder, four or five symptoms indicate a moderate substance use disorder, and six or more symptoms indicate a severe substance use disorder

Defining Alcohol Use Patterns

◦ Abstinence	No alcohol use for past year
◦ Low risk	Alcohol use with no problems
◦ At-risk	Alcohol use with increased chance of problems/ complications
◦ Problem	Experiencing adverse consequences
◦ Dependent	Loss of control, drinking despite problems, physiological symptoms (tolerance, withdrawal)

Older Adults and Alcohol Use

- Increased risk of:
 - Stroke (with overuse)
 - Impaired motor skills (e.g., driving) at low level use
 - Injury (falls, accidents)
 - Sleep disorders
 - Suicide
 - Interaction with dementia symptoms



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Alcohol Effects the Elderly Differently

- • Age related decrease in lean body mass & total body water in relation to total fat resulting in decrease in total body volume and increase in serum EtOH concentration
- • CNS sensitivity increases with age
- • Medication interactions a concern
- • Changes in liver and kidney function

Immune Function

- Decreased immune function as we age
- ETOH itself in large doses is an immunosuppressant.
- This increases problems with infection and poorer outcomes when an infection occurs.
- ETOH, benzodiazepines, opioids all decrease the level consciousness, thus increasing risk of aspiration.
- Increased risk of HIV-one of the fastest growing segments of population is the elderly (Thanks to Viagra??)

LIVER FUNCTION

- Blood flow through the liver decreases and the metabolic capacity decreases with age
- Acute ETOH abuse impairs liver function
- Chronic ETOH abuse may actually increase liver enzyme induction and increase metabolism of some drugs (until the liver becomes really damaged)
- Drug clearance may fluctuate because of this - especially in binge drinking.
- With drugs like warfarin or anticonvulsants, this can have catastrophic consequences
- Or the mixture of sedatives and ETOH - chronic drinkers have decreased effect of say temazepam and binge drinkers will have increased effect when they drink

NEUROLOGIC CHANGES OF THE ELDERLY

- o The brain atrophies significantly
- o Blood flow to the brain decreases by 20%
- o There is significant cellular loss
- o Proprioception decreases with age
- o All of this will be worsened by ETOH and other psychoactive drugs
- o Studies show that the benzos increase cognitive decline – especially the long acting
- o ETOH can give global cognitive impairment
- o Peripheral neuropathy with ETOH abuse and vitamin deficiency

Health Problems Associated with Alcohol Use

- o Trauma/fractures
- o GI complaints
- o Myopathy
- o Malnutrition
- o Bladder/bowel incontinence
- o Poor self care
- o Aspiration pneumonia
- o Falls
- o Dementia/Delirium
- o Peripheral neuropathy
- o Hypertension

Signs of Potential Alcohol Problems

- o Anxiety, depression, excessive mood swings
- o Blackouts, dizziness, idiopathic seizures
- o Disorientation
- o Falls, bruises, burns
- o Headaches
- o Incontinence
- o Memory loss
- o Unusual response to medications
- o New difficulties in decision making
- o Poor hygiene
- o Poor nutrition
- o Sleep problems
- o Family problems
- o Financial problems
- o Legal difficulties
- o Social isolation
- o Increased alcohol tolerance

Detecting Alcohol Abuse

- o CAGE Questions:
- o **C**= Ever decided you would cut down?
- o **A** = Do you get annoyed when people talk to you about how much you drink?
- o **G**= Do you have guilt feelings later about your drinking?
- o **E** = Do you ever need an eye-opener to get going the next day?

(Addressing Unhealthy Alcohol Use in Primary Care, Springer Science, 2013)

S-MAST-G

o Yes or No answers to:

1. "When talking with others, do you ever underestimate how much you actually drink?"
2. "After a few drinks, have you sometimes not eaten or been able to skip a meal because you don't feel hungry?"
3. "Does having a few drinks help decrease your shakiness or tremors?"

S-MAST-G (continued)

4. "Does alcohol sometimes make it hard for you to remember parts of the day or night?"
5. "Do you usually take a drink to relax or calm your nerves?"
6. "Do you drink to take your mind off your problems?"
7. "Have you ever increased your drinking after experiencing a loss in your life?"

S-MAST-G (continued)

8. "Has a doctor or nurse ever said they were worried or concerned about your drinking?"

9. "Have you ever made rules to manage your drinking?"

10. "When you feel lonely, does having a drink help?"

2 or more positive responses = indicative of an alcohol abuse problem (range of scores of 0-10 possible)

Figure 1 Short Michigan Alcohol Screening Test – Geriatric Version

In the past year:	YES	NO
1. When talking with others, do you ever underestimate how much you actually drink?	<input type="checkbox"/>	<input type="checkbox"/>
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does having a few drinks help decrease your shakiness or tremors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you usually take a drink to relax or calm your nerves?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you drink to take your mind off your problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever increased your drinking after experiencing a loss in your life?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever made rules to manage your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
10. When you feel lonely, does having a drink help?	<input type="checkbox"/>	<input type="checkbox"/>

Total S-MAST-G Score (0-10) _____

Three or more positive responses are indicative of an alcohol use problem.

Source: Adapted for GERIATRICS from Blow et al. 1998.

Prescription Medication

- o People 65 and older consume more prescribed and over-the-counter medications than any other age group in the United States.
- o Prescription drug misuse and abuse is prevalent among older adults not only because more drugs are prescribed to them but also because, as with alcohol, aging makes the body more vulnerable to drugs' effects.
- o Elderly persons use prescription medications approx. 3 times as frequently as the general population.

Other Prescription Drug Use Factors

- o Multiple doctors and often no "Captain of the ship"
- o Older people take a lot of psychoactive drugs – and more so in women – up to four times greater misuse

Counselor Screening

Who?	<ul style="list-style-type: none">o If aged 60 or overo If physical signs are presento If undergoing major life changes
What?	<ul style="list-style-type: none">o Screen for alcohol and prescription drug use/abuse
How?	<ul style="list-style-type: none">o During any regular serviceo Utilize brown bag approacho Ask direct questionso Avoid stigmatizing terms

Why do MDs and Health Care Workers Have Problem Diagnosing Substance Abuse in the Elderly?

Faulty assumptions and myths ie...the alcoholic as a bum, homeless, etc.

Denial by the abuser, family and MD

May be fewer social signs of problem like losing a job or legal difficulties

Why do MDs and Health Care Workers Have Problem Diagnosing Substance Abuse in the Elderly?

- Substance abuse problems may be overshadowed by the other medical problems
- The physical and/or cognitive decline caused by chronic substance may be thought of as the "ravages of aging"
- Substance abuse problems are the "Great Masquerader"

Other Reasons From The Patients

- Increased denial (not necessarily just the elderly with this)
- Decreased private insurance payment for mental health treatment
- Multiple comorbidities including other psyche issues
- Increased use of legal psychotropic drugs
- Lack of good population based studies in the elderly

Assessment

- • Complete medical or psychological history
- • Complete physical examination
- • Corroboration of all patient statements
- • Drug use history
- • Family history of addiction
- • Problems specific to the elderly

Other Treatment Approaches

- Cognitive-behavioral therapy
- Group-based counseling
- Individual counseling
- Medical/psychiatric approaches
- Marital and family involvement/family therapy
- Case management/ community-linked services & outreach
- Formalized substance abuse treatment

Treatment Recommendations

- Medically Supervised Detoxification
- Age appropriate setting
- Individual Counseling to Start
- Holistic Approach with good collaboration with other healthcare providers
- Again, good thorough Screening:
- Self-Help groups like AA can be effective if they are composed of same age peers
- Family therapy component is helpful!

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**Questions, comments,
concerns**

- o Geoff Wilson, LCSW, LCADC
- o The Ridge Behavioral Health System
- o 3050 Rio Dosa Drive
- o Lexington, KY 40509
- o 859-229-5722
- o Geoff.wilson@uhsinc.com
