Understanding and Appropriately Treating Chemical Dependency in Older Adults

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Learning Objectives

• Understand trends in aging, substance use disorders, and health care.

• Identify signs and symptoms of substance use disorders in older adults.

• Recognize comorbidities in older adults.

• Improve knowledge of treatment strategies.
Defining the “Older Adult”

- Many studies include anyone over 50
- U.S. retirement age is 65-67

World Health Organization-2 Categories:

- Older adult = 65-79
- Elderly = 80 and older
Group Participation

Today, we are all going to grow older...

...like it or not!
Population Trends

- By 2030, one-fifth of US population >65
- Life span expectations >85
- Longer living also means more chronic illness
- Substance abuse a major factor in this equation
Older Adult Substance Abuse

- Common problem amongst older adults
- Less likely to be recognized or addressed
- Correlates with hip fractures and dementia
- Causes and exacerbates health problems
Alcohol Abuse
Alcohol Abuse

• More than 2.5 Million older adults today

• Expected to double by 2020

• Number one drug of choice for older adults

• AGA recommends annual screenings

• A continuum of progression into addiction
Prescription Drug Abuse
Prescription Drug Abuse

• More prevalent in older adults
  ▫ Increased access
  ▫ Multiplicity of medications

• Creeping up on alcohol’s #1 spot

• Disagreements in medical community
Illicit Drugs

- Estimated 4.8 million older adults in 2010

- Marijuana by far most common illicit drug of abuse.

- The face of drug abuse is changing!
Process Addictions

- Also referred to as behavioral addictions

- Similar presentation as chemical dependency

- Continual reward seeking behavior

- Negative consequences do not cause cessation
Process Addictions

- Gambling
  - Increase from 35% in 1975 to 80% in 1998
  - Lottery is most common followed by casinos
  - Excitement, socialization, money
  - Consequences of loss harder to mitigate
Process Addictions

• Sex and Sexually Transmitted Diseases
  ▫ Debate over classifying as addictive
  ▫ Little research in OA sexual compulsivity
  ▫ 2010: 16.5% of new HIV diagnosed persons >50
  ▫ Baby Boomers and pharma influencing trends
Screening and Assessment

• SUD under recognized in older adults
• Need for improved screening and assessment
• Patients and practitioners tend to avoid
• SUD symptoms look like other age related issues
Screening and Assessment

- Abnormalities in bloodwork
- Unexplained changes in sleep or behavior
- Unexplained injuries
- Decline in ADLs
- Fluid retention
Screening and Assessment

- CAGE
  - Have you ever tried to Cut down on your use?
  - Have you been Annoyed by others’ concern?
  - Have you ever felt Guilty about use?
  - Have you ever needed an “Eye opener”?
Screening and Assessment

• Michigan Alcohol Screening Test – Geriatric
  ▫ MAST-G
  ▫ 24 question, self-report

• Simple screening for Benzodiazepine abuse
  ▫ “Have you noticed decrease effectiveness?”
  ▫ “Have you tried to stop?”
Treatment Differentiations

• Older adults have unique treatment needs

• Private treatment centers:
  ▫ 18% address older adult needs in any way
  ▫ Roughly 0.5% have tracts
  ▫ Full programs so rare they are not even mentioned
Effective Treatment Models

- Tailored to address issues of aging
- Include friends, family and other support
- Respectful, non-confrontational
- Peer support
Effective Treatment Models

• Older Adult Health Living Program (HeLP)
  ▫ Cognitive Behavioral Therapy
  ▫ Motivational Interviewing

• Brief Intervention & Treatment for Elders (BRITE)
  ▫ 16-session relapse prevention program
  ▫ Psychoeducational/workbook-based/follow-up
Treatment Needs of Older Adults
Treatment Needs of Older Adults

- Physical needs
  - More likely to have 2+ chronic medical conditions
  - More likely to have severe physical impairment
  - Slower metabolism
  - Detox and treatment will take longer
Treatment Needs of Older Adults

- Psychological Needs
  - Depression, anxiety, dementia
  - Relevant approaches:
    - Practiced physical activity
    - Cognitive Behavioral Therapy
    - Problem Solving Therapy
    - Interpersonal Therapy
Treatment Needs of Older Adult

- Social Needs of Older Adults
  - Major Changes
    - Changing social status
    - Deaths of loved ones
    - Changes in social support

- Social environment influences use
Treatment Needs of Older Adult

- Social Needs of Older Adults

  - Treatment should:
    - Support long-term social support systems
    - Be age specific
    - Be cohort driven
Generational Cohorts

- Groups of people born within a given time frame
- Experienced common events
- Lives shaped by formational experiences
- Effects remain through lifespan
- Relevant for cultural awareness
The Good Warriors

- Born 1908 to 1929
- World War II
- The Great Depression
- Prohibition
- Institutional authority trusted
The Baby Boomers

- Born between 1946 to 1964
- Vietnam
- Civil Rights Movement
- “Sex, Drugs, & Rock and roll”
- Institutional authority feared and distrusted
Treatment Needs of Older Adult

- Spiritual Needs
  - Socially supportive spiritual practices
  - Reframe past and current struggles
  - Not necessarily religious but may be
  - Most significant predictor of healthy adjustment
Issues of Elder Abuse

• Definitions

  ▫ “Intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder.” (Jogerst, Daly, Galloway, Zheng, & Xu, 2012, p. 63)

• 10% to 30% of older adult may be victims

• Substance abuse linked to elder abuse
Conclusions

- The older adult population is growing
- Substance abuse and addiction are common
- These problems are under recognized
- Screening and assessment imperative
- Treatment for this problem must be specialized
Conclusions

As health professionals, you are the best line of defense for older adults who may be struggling with substance misuse, abuse or addiction.

• Screen
• Prevent
• Treat
• Support
References

References

• Borok, J., Galier, P., Dinolfo, M., Welgreen, S., Hoffing, M., Davis, J., & ... Moore, A. (2013). Why do older unhealthy drinkers decide to make changes or not in their alcohol


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