Substance Abuse In The Elderly

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The “Invisible Epidemic”

- Substance abuse in the elderly is one of the fastest growing health problems facing the county.

- Even so…. The problem remains:
  - Underestimated
  - Underidentified
  - Under Diagnosed
  - Under Treated
- Alcohol and prescription drug misuse affects up to 17% of older adults
- Relatively little research on alcohol use by the elderly
- Striking lack of research and outcome data on drug use and dependence in the elderly
- Often drug trials of new medications do not include older subjects
- Government funding historically goes to other substance abuse problems and different populations
Substance Abuse Disorders

- Compared to younger adults, substance abuse disorders in the elderly present more often as medical or psychiatric conditions.
Difficulties Identifying Elderly Substance Abusers

- Substance abuse by senior citizens goes undetected because they often are:
  - No longer active in mainstream society
  - Less likely to get in trouble with the law
  - Retired—so less chance of drinking/drug abuse causing loss of job or other negative consequences
More likely than younger folks to hid substance abuse problems and less likely to seek professional help - Stigma and shame are greater in the older generation.
- Family members are often ashamed and embarrassed
- Family complicity-
  “Grandma’s cocktails are the only thing that makes her happy.” “What difference does it make? He won’t be around much longer anyway.”
- There is a prevalent belief that it can’t be treated
Alcohol Abuse/Misuse

- Major substance abuse problem among older adults
- Alcohol abuse is estimated to be 2%-20% of the elderly population
- Older, depressed, alcoholic male is the highest risk for suicide
- Rates of alcohol-related hospitalizations similar to heart attack hospitalization
- Trauma is the most common reason for alcohol-related hospitalizations
Alcohol Abuse/Misuse

- Elderly adults are likely to be hospitalized without an alcohol related diagnosis.
- Hospital staff is less likely to recognize alcoholism in the elderly.
- May lead to serious withdrawal during hospitalization.
The National Institute on Alcohol Abuse and Alcoholism has identified potential problematic alcohol use in the older adult as drinking more than one drink daily- (1.5 ounces of alcohol, 12 ounces of beer, 5 ounces of wine)
Alcohol Abuse/Misuse

- In contrast with younger substance abusers, the elderly alcoholic or drug abuser is more likely to present with health problems than with criminal or antisocial behaviors.
Alcohol Abuse/Misuse

- “In the United States it is estimated that 2.5 million older adults have problems related to alcohol and 21% of hospitalized adults over 40 have a diagnosis of alcoholism, with related hospital costs estimated as high as $60 billion a year.”

(Schonfeld and Dupree)
Risk factors for alcohol abuse in the elderly

- Prior history of alcohol abuse
- **Family history of alcoholism**
- New onset medical problems
- Loss of a spouse
- Recent retirement
- Social isolation
Early Onset

- 70% of elderly alcoholics
- 14% of male population
- 1.5% of female population
- These patients have problems with alcohol most of their lives
- Likely to have a family history of alcoholism
Late Onset

- 30% of elderly alcoholics
- Onset is usually after 50
- Triggered by a major life stressor
Most late onset alcoholics are effected by:

- Retirement
- Social Isolation
- Physical Health Problems
- Grief and Loss Issues (Losses for older people tend to be more irreversible, leading to a sense of hopelessness, fatalism)
- Housing Issues (Moving out of a home occupied for decades)
- Marital problems
- Mental health problems - particularly depression
Late onset drinkers usually have:

- Fewer medical and mental health problems
- Stronger societal connections
- Less likelihood of having been in a correctional facility
- Less likelihood of having been in alcohol or drug treatment
- A better prognosis for recovery- since they have not suffered the physical and psychological ravages of long term substance abuse
The term “Hazardous Drinking” has been suggested.

(Menninger, 2002)
CAGE

Instrument most widely used by PCP’s

- **C** Have you ever felt you should cut down on your drinking?
- **A** Have people annoyed you by criticizing your drinking?
- **G** Have you ever felt bad or guilty about your drinking?
- **E** Have you ever had a drink first thing in the morning as an eye opener?
Drugs

- The use of illegal drugs is uncommon among elderly people but this may change as baby boomers age.
Over the counter drugs

- Elderly adults utilize more over-the-counter drugs than any other age group.
- A combination of alcohol and over-the-counter medications is the most common source of adverse drug reactions in the elderly.
Elderly use prescription drugs 3x as frequently as the general population-OTC use is even more extensive.
The aging process with its physiological changes, accumulating health problems and other psychosocial stressors makes prescription drug use both more likely and more risky.
Prescription Drugs

- 83% of adults over 65 take at least one prescription drug
- 30% of those over 65 take eight or more prescription drugs daily
- The disproportionately greater exposure to meds by the elderly, coupled with age-related physiological changes and problems related to medication compliance, place this population at great risk for adverse events
Prescription Drugs

- Benzodiazepines and opiates are the types of prescription drugs most likely to be abused by seniors.
- Approximately 20% of the senior population use benzodiazepines.
- Benzodiazepine abuse is more common in females.
- Even when taken as prescribed there is a danger that tolerance, dependence and toxicity may develop.
- Longer acting benzodiazepines can increase risk of falls and hip fracture.
- Slurred speech, ataxia and delirium may result.
Implications for Public Health Planning

- Alcohol and drug use in the geriatric population is associated with increased risk of medical illness, injury, psychiatric disorders, socioeconomic decline - all placing an increased burden on healthcare.

- Currently, 23% of Medicare payments for hospital care are substance-abuse related problems.

- Conclusion: Substance abuse in the elderly is a significant public health problem.
NOT

“Just Old”