Addiction in Older Adults – Overlooked and Undertreated

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Increasing number of Older Adults

Increasing number of individuals with SUD

Health, fiscal, and quality of life implications

Quality life and health outcomes is a right for all
Background & Prevalence

• Estimates of problematic substance use by older adults vary widely
• 20-25% of older adults have substance abuse problems
• 3% have a diagnoseable substance use disorder including addition to alcohol and other drugs
• This is similar to prevalence of serious mental illness
Changing landscape

• Number of adults aged 50 or older with substance use disorder is projected to double from 2.8 million (annual average) in 2002-2006 to 5.7 million in 2020.

• According to the 2015 National Survey on Drug Use and Health:
  – 1.9% of individuals 65 or older (866,000) used an illicit drug in the past month
  – 6.2% of individuals 60-64 (1,967,000) used an illicit drug in the past month
Changing landscape

Among treatment facilities that receive some public funding, the proportion of treatment admissions for people aged 50 and older nearly doubled between 1992 and 2008 (6.6% of all admissions for people aged 12 and older vs. 12.2%)
Drug overdose deaths involving opioids, per 100,000

CDC Wonder Data

1999 Rate

2015 Rate
Defining SUDs

Addiction is a primary, chronic disease

- Biological
- Psychological
- Social Components
Defining Addiction

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.”

- ASAM
Addiction IS....

A chronic health condition
A minimum of **2-3 criteria** is required for a mild substance use disorder diagnosis, **while 4-5 is moderate**, and **6-7 is severe** (APA, 2013).

- Taking the substance in larger amounts and for longer than intended
- Wanting to cut down or quit but not being able to do it
- Spending a lot of time obtaining the substance
- Craving or a strong desire to use substances
- Repeatedly unable to carry out major obligations at work, school, or home due to opioid use
- Continued use despite persistent or recurring social or interpersonal problems caused or made worse by substance use

- Stopping or reducing important social, occupational, or recreational activities due to substance use
- Recurrent use of substances in physically hazardous situations
- Consistent use of substances despite acknowledgment of persistent or recurrent physical or psychological difficulties from using substances
- Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount.
- Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal
Three Stages of Addiction

<table>
<thead>
<tr>
<th>Stage of Addiction</th>
<th>Neuroadaptations</th>
<th>Shifting Drivers Resulting from Neuroadaptations</th>
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<tbody>
<tr>
<td>Binge and intoxication</td>
<td>Neurocircuits</td>
<td>Feeling euphoric</td>
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<td></td>
<td>Synaptic systems</td>
<td>Feeling good</td>
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<td></td>
<td>Molecules</td>
<td>Escaping dysphoria</td>
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<td>Withdrawal and negative affect</td>
<td>Epigenetics</td>
<td>Feeling reduced energy</td>
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<td></td>
<td>Feeling reduced excitement</td>
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<tr>
<td></td>
<td></td>
<td>Feeling depressed, anxious, restless</td>
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<td>Preoccupation and anticipation</td>
<td></td>
<td>Looking forward</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Desiring drug</td>
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<td></td>
<td></td>
<td>Obsessing and planning to get drug</td>
</tr>
</tbody>
</table>

**Figure 1. Stages of the Addiction Cycle.**
Addiction is **NOT**…

A failure of character or morals
Beliefs

Perceptions
How has addiction treatment changed?

- Short-term acute interventions vs. chronic disease management model
- Relapse is a part of the disease, NOT a failure
  - Similar to other chronic diseases, addiction often involves cycles of relapse and remission
  - Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death
Health issues exacerbated

- Issues around half-life and metabolism of substances in older adults
- Can precipitate or exacerbate a number of chronic health conditions that are common amongst older adults
- Individuals living with SUD have:
  - 9x greater risk of congestive heart failure
  - 12x greater risk of liver cirrhosis
  - 12x the risk of developing pneumonia.
Screening and Treating older adults

• Barriers
  – Limited Research
  – Ageism
  – Lack of Awareness
  – Clinician Behavior
  – Comorbidity
Signs of substance use problems OR issues often found in Older Adults?

What are some you can think of?

Increasing fatigue
Diminished cognitive capacities
Balance problems
Physical Symptom Screening Triggers

- Sleep complaints; observable changes in sleeping patterns; unusual fatigue, malaise, or daytime drowsiness; apparent sedation (e.g., a formerly punctual older adult begins oversleeping and is not ready when the senior center van arrives for pickup)
- Cognitive impairment, memory or concentration disturbances, disorientation or confusion (e.g., family members have difficulty following an older adult’s conversation, the older adult is no longer able to participate in the weekly bridge game or track the plot on daily soap operas)
- Seizures, malnutrition, muscle wasting
- Liver function abnormalities
- Persistent irritability (without obvious cause) and altered mood, depression, or anxiety
- Unexplained complaints about chronic pain or other somatic complaints
- Incontinence, urinary retention, difficulty urinating
- Poor hygiene and self-neglect
- Unusual restlessness and agitation
- Complaints of blurred vision or dry mouth
- Unexplained nausea and vomiting or gastrointestinal distress
- Changes in eating habits
- Slurred speech
- Tremor, motor uncoordination, shuffling gait
- Frequent falls and unexplained bruising
SUD Screening Tools for Older Adults
SBIRT
Screening
Brief Intervention
Referral to Treatment
Are you opening the floodgates?
Impact of Screening for Substance Use

- **Primary Prevention**
  - Abstinent/Low risk: 40%
  - Moderate risk: 35%
  - High Risk: 20%
  - Moderate/Severe: 5%

- **SBIRT Target Population**
- **Brief Intervention**
- **Referral Treatment**

Dawson, Alcohol Clin Exp Res 2004; Grant, Drug Alcohol Dep 2004
Impact of Screening for Substance Use

• According to the SAMHSA-CSAT Treatment Improvement Protocol Series on Substance Abuse Among Older Adults, it is recommended that every 60-year-old should be screened for alcohol and prescription drug abuse as part of his or her regular physical examination.

• “I’m wondering if alcohol may be the reason why your diabetes isn’t responding as it should”
Screening Tools

- CAGE
- AUDIT C
CAGE

- Have you ever felt you should **Cut** down on your drinking?
- Have people **Ann**oyed you by criticizing your drinking?
- Have you ever felt bad or **Gu**ilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**Eye opener**)?

**Scoring:**

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.
AUDIT-C Questionnaire

Patient Name _______________________________ Date of Visit ______________________

1. How often do you have a drink containing alcohol?
   □ a. Never
   □ b. Monthly or less
   □ c. 2-4 times a month
   □ d. 2-3 times a week
   □ e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?
   □ a. 1 or 2
   □ b. 3 or 4
   □ c. 5 or 6
   □ d. 7 to 9
   □ e. 10 or more

3. How often do you have six or more drinks on one occasion?
   □ a. Never
   □ b. Less than monthly
   □ c. Monthly
   □ d. Weekly
   □ e. Daily or almost daily

Scoring

The AUDIT-C is scored on a scale of 0-12.

Each AUDIT-C question has 5 answer choices. Points allotted are:
   a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points

- In men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- In women, a score of 3 or more is considered positive (same as above).

However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.

Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.
Screening tools

• AUDIT (12) Audit C -

• CAGE Questionnaire
  • Have you ever felt you should Cut down on your drinking?
  • Have people Annoyed you by criticizing your drinking?
  • Have you ever felt bad or Guilty about your drinking?
  • Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?

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Motivational Interviewing

- Partnership
- Acceptance
- Evocation
- Compassion
- SPIRIT
Ambivalence

Change Talk

Sustain Talk
How to address SUD to ensure quality of life and successful outcomes
What is wellness...
...and how does it apply to Older Adults?

- Older Adults may be at risk for deficits across the elements of wellness
Treatment Works, People Recover

- Research shows that the earlier drug use begins, the more likely it will progress to addiction | Teen alcohol and drug use is declining
- More and more individuals are engaged in MAT
- Over 23 million Americans are in recovery from addiction to alcohol and other drugs
Thank You!

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