Substance Use Disorders and Aging

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Biological + Psychological + Social + Spirituality

Biological	Psychological	Social	Spirituality
Vulnerability	Liability	Isolation	Bankruptcy
Resiliency	Flexibility	Connection	Presence

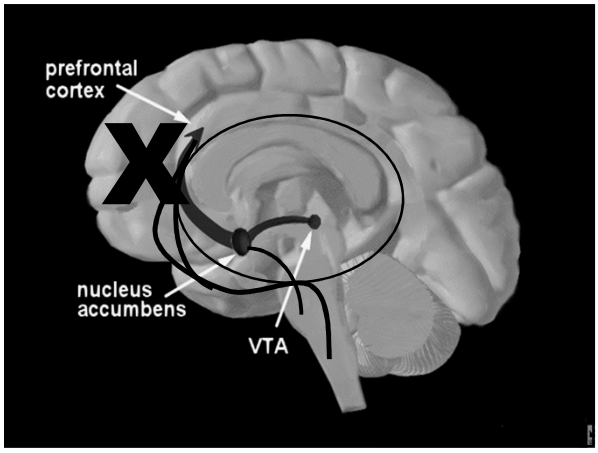
plus

experience

equals

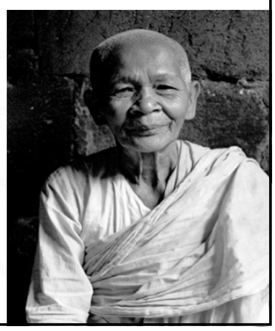
Aging

Substance Use Disorders



Biology of Aging and Health

- What is Aging?
- Natural process, not an illness.



Biology of Aging and Health

- Large numbers of older adults is a relatively new phenomena. (Middle Ages 33yrs, 1900 50yrs, today woman - 78yrs, men 72yrs).
- 1900 Age 65+ 4% Today 15% of population and incresaing.
- The number of children dying is less and the aging/older population are dying faster but later.

Biology of Aging and Health

What is aging

- Internal Process or program (Haflex - cell divide 50 time and self-destruct).
- Seems to be a wall around 120yrs beyond which VERY few people move.
- External Assault - environmentally based. Some thing, such as radiation or toxins is "causing" cell failure.

Biology of Aging and Health

What is aging

- When does aging begin.
- (Haflex) Life consists of two processes - ripening
- and rotting.
- Aging really begins at birth but the emphasis changes from ripening in the first third of life to rotting there after.

Biology of Aging and Health

Superficial Manifestations

- Life long but accelerated after the 60's.
- Height - we tend to loose 1-4 inches.
- Changes in weight.
- Collagen flexibility decreases, the skin begins to collapse along fault lines creating wrinkles.
- Glands in the skin malfunction and the skin becomes drier, thinner and more transparent.
- "Gray" hair.

Biology of Aging and Health

Superficial Manifestations

- People do not die of these superficial signs of aging BUT -
- We live in a culture that worships youth.
- Sexual attractiveness and potency is associated with youthful appearance.
- There is a disproportional price paid by women as they age - deplorable but real.

Biology of Aging and Health

Changes in the Senses

- Vision begins to decline - the lens becomes thicker and less elastic.
- Hearing declines beginning in the late thirties.
- The mucosal lining of the mouth and sinuses dries with taste and smell declining.
- Peripheral neuropathy - sensitivity of touch declines.

Biology of Aging and Health

Internal Changes in the Body

- Loss of muscle mass and strength beginning in the fifties.
- Osteoporosis in women AND men.
- Gradual loss of cardiovascular out put and decrease in CO_2, O_2 exchange.
- Neurological loss, neuronal cell death and decrease in certain neurotransmitters means a reduced reaction time.

Biology of Aging and Health

Changes in the Body

- Immunity begins to break down.
- In general the body as it ages works well except under stress.
- In many systems there is less “reserve capacity.”
- However, different systems are more or less sensitive to aging.

Biology of Aging and Health

Life Style Effects on Aging

- Exercise - issues of "fitness."
- Diet.
- Smoking.
- Alcohol and Drug Abuse.
- Genetics still plays a major role!
- Death: only truly Democratic Institution.

Biology of Aging and Illness

Chronic in Nature

- Cardiovascular disease and other vascular disease.
- Cancer.
- Changes in connective tissue - arthritis.
- Dementias (Alzheimer's 70%).
- Infection.
- Accidents. (for white male, suicide becomes a major issue).

Biology of Aging and Illness

What can we do?

- At some level NOT MUCH, but there are some medical interventions available.
- Growth hormones.
- Estrogen for Women.
- Testosterone for men.
- Genetic engineering in the near future.

Biology of Aging and Illness

What can we do?

- At some level NOT MUCH.
- However:
  - Life style changes if we start early.
  - Exercise.
  - Diet.
  - Emotional Health.
  - Mental Activity.
  - Relational Connectedness.
  - Spiritual Health.

Biological + Psychological + Social + Spirituality

Vulnerability Resiliency | Liability Flexibility | Isolation Connection | Bankruptcy Presence

plus

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Aging

Substance Use Disorders

Psychology of Aging

- New Image of "maturity", late adulthood, golden years, the protracted sunset a.k.a. OLD one foot in the grave. 65-75yrs
- Young old (65yrs-75yrs).
- Old old (75yrs and beyond).
- 75yrs seems to be an important transition point - not magic but important.

Psychology of Aging

Intelligence

- How fast you learn, the more data you store declines with age particularly after 65 but actually begins much earlier.
- The integrative functions actually improves over time.
- Creativity and generatively seems to rise through the 40's and then declines -
- However:

Psychology of Aging

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Psychology of Aging

Intelligence

- In the Humanities, "wisdom" seems to continue to increase throughout the aging process.
- An issue of maintenance, once you get it you can hold on to it.
- Increases in the ability interpret.

Psychology of Aging

Issues of self-worth and retirement

- 20% of men 65yrs plus still work and higher for women.
- Issues of financial insecurities particularly in the face of illness.
- Social disengagement.
- Issues of self definition.
- Increases in single women. (family remains central)

Psychology of Aging

Issues of self-worth and retirement

- Identity is often tied to what we do - "shame based."
- Grief and loss.
- Isolation.
- However; the young old resemble people in mid life more than the old old.

Biological + Psychological + Social + Spirituality

Vulnerability / Resiliency — Liability / Flexibility — Isolation / Connection — Bankruptcy / Presence

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Aging

Substance Use Disorders

Social Context

Aspects of our Culture that Support Addiction

- Shame is the psychological piston that drive the biological engine of addictive disease.
- We live in a shame based culture.
- Our inherited shame as individuals is projected on to those different than us.
- The "Isms" are real.
  - Racism.
  - Ageism
  - Sexism.
  - Heterosexism.
  - Classism.
  - Bodyism.

Social Context

Aspects of our Culture that Support Addiction

- We are a pain avoidant culture.
- If it hurts take a pill!
- No level of pain is acceptable.
- Mental health is the acceptance of an unavoidable level of pain.

Social Context

Aspects of our Culture that Support Addiction

- Our society is becoming increasingly more impersonal.
- The value of relationships and "connectedness" is being lost in the electronic age.
- The importance of human touch has given way to communication by keyboard.
- Elderly often left out of digital age

Social Context

Aspects of our Culture that Support Addiction

- The media both reflects culture and helps to create it.
- Madison Avenue doesn't want you to "feel good enough."
- Youth and productivity if celebrated.
- Aging is denied (60 is the new 40) BS
- We live in an alcohol saturated society glorified by the media which rarely includes moderation use among the elderly.

Biological + Psychological + Social + Spirituality

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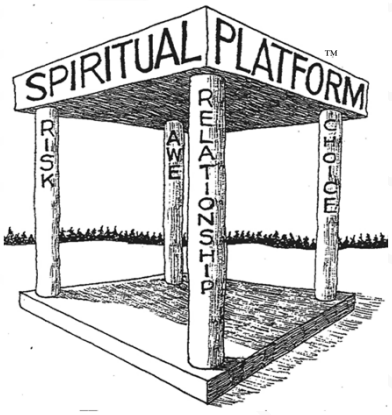
Aging

Substance Use Disorders

Religion vs. Spirituality

- Religion
  - Religio - obligation or rule
  - Tells us how to lives
  - What constitutes the righteous life
  - Ten commandments, not the ten suggestions
  - Comfortable
  - Familiar
- Spirituality
  - Spiritus - πνευμα
  - Breath
  - The essence of life
  - What gives life meaning.
  - What gives human life its unique meaning
  - Uncomfortable
  - Uncertain open to the struggle



Spirituality

- The choosing is more important than the of the choice.
- The risking is more growth producing than the "outcome" of risk.
- The relating is more connecting than the relationship.
- The wondering is more expansive than the object of awe.

The Problem: Definition

- DSM 5 does not adequately address the issues associated with the older patient.
- Stay away from "stigmatizing" terms such as addict or alcoholic or drunk.
- The at risk drinker/drug user.
- The Problem drinker/drug user.
- Remember no more than one drink a day is recommended by U.S. Surgeon General.

The Problem: Alcohol

- At least 21% of the hospital admissions of people over 40yrs are ETOH related, much higher in the ER.
- Older pts are hospitalized for ETOH problems at the same rate as for MI's.
- As a pt population they are hidden.
- Over all drinking decreases with age but!

The Problem: Alcohol

- When ETOH can intensify other challenges.
- Many chronic diseases are exacerbated by alcohol use, even at "moderate amounts."
- Age related changes that effect ETOH use:
  - Decrease in body water to fat ratio.
  - Increased sensitivity, decreased tolerance.
  - Decreased ETOH metabolism in GI tract.

Substance Use Disorder: Onset

- Early onset
- More men than women.
- Lower SES.
- Use in response to stress.
- Strong family history.
- Problems caused by use in many life areas.
- Cognitive losses more severe.

- Late onset
- More women than men.
- Higher SES.
- Use in response to stress.
- Weaker family history.
- Problems are less severe in fewer life areas.
- Less cognitive loss and often reversible.

Substance Use Disorder: Onset

- Early onset
- More psychiatric problems.
- More medical problems associated with use.
- Possibly more treatment resistant.

- Late onset
- Fewer psychiatric problems with depression and grief predominant.
- Fewer medical problems but still a TX issue.
- Possibly more "compliant".

Substance Abuse Risk Factors

- Gender - more older men than women but the data is not clear.
- Loss of spouse.
- Loss of job.
- Loss of mobility.
- Loss (reduction) of income.
- Loss of health.

Substance Use Disorders

- Biological processes tend to slow down.
- Elderly women are more likely to seek help from a physician and more likely to be given psychoactive medications.
- Often multiple providers.
- Isolation increases use of medication across the board.
- 35% of prescriptions for 15% of population.

Substance Use Disorders

Associated Variables

- Use of multiple psychoactive drugs.
- Insomnia.
- Chronic pain.
- Anxiety disorders or symptoms.
- Depressive disorders or symptoms.
- Falls.
- Cognitive impairment.

Substance Use Disorders

Most common prescription drugs of concern

- Opioids.
- Largest group of pain patients.
- Largest group of Chronic pain patients.
- Symptoms of opiate abuse are similar to those of mild strokes, dizziness, lethargy, loss of balance (not unilateral).

Substance Use Disorders

Most common prescription drugs of concern

- Benzodiazepines
- Depression often misdiagnosed and mistreated with benzo's.
- Pts more likely to receive increased doses over a longer period of time (particularly women).
- Well established link between falls, confusion and hip fractures and benzo's.

Substance Use Disorders

Most common illicit drugs of concern

- Cocaine – significantly increases the likelihood of cardiovascular compromise
- Heroin – dramatically increased of the last 10 years, often taking the place of prescription medication
- Cannabis – often continued since adolescence and significant increase for pain control

Substance Use Disorders

Most common OTC drugs of concern

- Over-the-counter medications now represent a significant percentage of substance use disorders in the elderly
- Antihistamines
- Analgesics
- Combining medications both OTC and prescribed

Identification, Screening, Assessment

- The elderly visit a physician several times a year and EVERY 60+yr. old should be screened.
- However, the medical setting is only one contact point.
  - Home health.
  - Church.
  - Senior Centers.

Identification, Screening, Assessment Physical Symptoms

- Sleep complaints or a change in sleep patterns.
- Cognitive decline.
- Seizure.
- Malnutrition and muscle wasting.
- Liver function abnormalities.
- Altered mood - sudden onset.

Identification, Screening, Assessment Physical Symptoms

- Unexplained complaints about pain.
- Incontinence.
- Poor self care.
- Unusual restlessness or agitation.
- Blurred vision or dry mouth.
- Gastrointestinal distress.

Identification, Screening, Assessment Physical Symptoms

- Changes in eating habits.
- Changes in social habits.
- Vertigo.
- Dizziness or loss of balance, unexplained bruising, tremor or loss of coordination.
- Slurred speech.
- Sudden onset of memory problems.

Identification, Screening, Assessment Other Warning Signs

- Excessive worry about a drugs effectiveness.
- A STRONG preference to a specific psychoactive medication.
- Fear about running out of a particular medication or structuring the day around its use.
- Continued use after initial need has been met.
- Complaining about Dr.'s unwillingness to refill.
- Increasing the dose or using over the counter meds to supplement prescription medication.

Identification, Screening, Assessment Other Warning Signs

- Avoiding social events where alcohol is not served.
- Withdrawing from family, friends and neighbors.
- Cigarette smoking.
- Minor traffic accidents.
- Excessive sleeping during the day.
- Burns, fractures or other trauma (particularly if the event is not remembered.

Treatment Motivation

- Acknowledge the positive role the alcohol or drug of abuse plays in the patient's life
- Levels of use tied directly to physical well being or potential harm
- Clear partnership with treatment decisions
- Family involvement if possible
- Be sensitive to the Chronic nature of the disease and that the clinical needs change.

Treatment Motivation

- Include the "network" of resources in the assessment and treatment (social workers, visiting nurses, meals on wheels, clergy, etc..).
- The complexity of health care needs raises issues as to potential limitation in terms of participation in traditional SA treatment.
- Cultural sensitivity is important.
- Address continuity of care from beginning.

Treatment Recommendations

- Brief Interventions work: FRAMES
  - **F**eedback concerning personal risk.
  - **R**esponsibility for change.
  - **A**dvice given clearly and without judgment.
  - A **M**enu of options.
  - **E**mpathic counseling style.
  - **S**elf-efficacy is supported.
- Motivational Interviewing

Treatment Recommendations

- Age-specific treatment where possible.
  - Treatment congruent with life task.
  - Peer group support (improves compliance).
- A Culture of Respect
  - Abide by "customary" manners of the older patient.
  - Ask how they want to be addressed.
  - Avoid patronizing (read Tom Brokals book)
  - Address the patient directly, do not speak through a spouse or adult child.

Treatment Recommendations

- A Culture of Respect (cont.)
  - Respect privacy being sensitive to space particularly if in the patients home.
  - Honor the patients pain, joy, life experience.
  - Connect with other helping professionals.
  - Remember shorter more frequent sessions.
  - Be sensitive to the patients spirituality.
- Focus on depression, loneliness and overcoming losses (grief work very important).

Treatment Recommendations

- Rebuilding the social support network.
- Developing the pace and content appropriate for the older patient.
- Staff the program with professionals with a particular interest and training in working with the geriatric patient.
- Insure linkages with medical services and case management resources.

Treatment Approaches

- Cognitive behavioral approaches.
- Group based approaches.*
- Individual Counseling.
- Marital and/or Family Counseling.*
- Case management/community-linked services and out reach.

Treatment Approaches Principles

- Program Flexibility.
- Non-confrontational.
- Motivational in philosophy and style.
- Patient Centered. **(driven by what the pt wants).**
- Relational in context.
- Appropriately paced.
- Stimulating.

Treatment Approaches

Group

- Group is the therapeutic modality of choice.
  - Socialization groups.
  - Modified Interpersonal Group Psychotherapy.
  - Educational Groups.
  - Self Help groups.
- Group does not take the place of effective case management.

Treatment Approaches

Case Management

- Geriatricians and geriatric counselors.
- Medical facilities for detox..
- Home health agencies.
- Specialized Housing.
- In-home support; house keeping, meals, etc.
- Transportation services.
- Vocational Training.

Treatment Approaches

Case Management

- Ties to Senior Centers and Faith Communities.
- Legal and financial services.
- The Area Agency on Aging (funded under Title 20).
- Anything else you can think of - be creative in partnership with you patients and let them teach you.