Substance Use Disorders and Aging

By
Becky Georgi, MS, LCAS, LPC, CCS
Adjunct Faculty
Jeffrey M. Georgi, M.Div., MAH, LCAS, LPC, CGP
Consulting Associate Faculty
Division of Addiction Research and Translation
Duke University Medical Center
Georgi Educational and Counseling Services
Durham, NC

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

plus experience equals

Aging
Substance Use Disorders

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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 increasing.
• 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 rottin.
• Aging really begins at birth but the emphasis changes from ripening in the first third of life to rottin 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 output and decrease in CO₂, O₂ 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 + Isolation + Bankruptcy
Experience equals Aaging

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

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.
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)

- 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.

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Vulnerability + Liability + Isolation + Bankruptcy

Experience + Resilience + Flexibility + Presence

plus

experience
equals

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

Vulnerability               Liability                 Isolation          Bankruptcy

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experience
equals

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 drug's 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
  - Feedback concerning personal risk.
  - Responsibility for change.
  - Advice given clearly and without judgment.
  - A Menu of options.
  - Empathic counseling style.
  - Self-efficacy is supported.
- Motivational Interviewing
- 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 patient's home.
  • Honor the patient's pain, joy, life experience.
  • Connect with other helping professionals.
  • Remember shorter, more frequent sessions.
  • Be sensitive to the patient's 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; housekeeping, 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 your patients and let them teach you.