Older Adults and Alcohol Problems

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Outline
- Older Adults
- Prevalence
- Drinking guidelines
- Issues unique to older adults
- Co-morbid medical and psychiatric conditions
- Screening and detection
- Prevention, brief alcohol intervention and treatment
- Summary and recommendations

Who are the elderly?
- Seniors?
- Older Adults?
- Elderly?
- Old People?
- Nursing Home Residents?
- Retirees?
- Employees?
65+ Population Will Double from 35-70 Million Over the Next 25 Years

Wisconsin’s Aging Population

Wisconsin Elderly and Alcohol

DHS Epidemiological Profile on Alcohol and Other Drugs, 2016

- Use on the rise age 65+
- 56% older adults had at least one alcoholic drink in past 30 days
- 85% of mortality due to alcohol related falls = 65+
- 2015
- Vision problems
- Slow reaction time
- 36% increase since 2010
**Alcohol Use and Wisconsin**

![Image of Adult Binge Drinking in Wisconsin](image)

### Prevalence...
- Depends on definition of at-risk or problem drinking:
  - 1-15% of older adults are at-risk or problem drinkers
- Differs with sampling approach
- Alcohol use problems are the most common substance issues for older adults. Confounded by prescription, herbal, and over-the-counter medications

### Prevalence (continued)
- Older adults with alcohol use problems are not recognized by many professionals
- Few older adults with alcohol abuse or dependence seek help in specialized addiction treatment settings
Alcohol and the Brain

Drinking Guidelines 65+

Drinking Guidelines

- No more than 1 standard drink per day
- No more than 2-3 drinks on any drinking day (binge drinking)
- Limits for older women should be somewhat less than for older men
Drinking Guidelines (continued)

- Recommendations consistent with data on benefits/risks of drinking in this age group
- Lower limits for older adults because:
  - Increased alcohol sensitivity with age
  - Greater use of contraindicated medications
  - Less efficient liver metabolism
  - Less body mass/fat increases circulating levels

Defining Alcohol Use Patterns

- Abstinence: No alcohol use for past year
- Low risk: Alcohol use with no problems
- At-risk: Alcohol use with increased chance of problems' complications
- Problem: Experiencing adverse consequences
- Dependent: Loss of control, drinking despite problems, physiological symptoms (tolerance, withdrawal)

Alcohol Increase Risks

1 or More Drinks per Day
Gastritis, ulcers, liver and pancreas problems

2 or More Drinks per Day
Depression, gout, GERD, breast cancer, insomnia, memory problems, falls

3 or More Drinks per Day
Hypertension, stroke, diabetes, gastrointestinal diseases, cancer of many varieties

Blow & Barry, 2011
Alcohol and Onset
- Late onset - generally defined as onset after age 50
  - Up to 50% of elderly alcohol are late life
  - Losses
  - More psychologically stable
  - More success with treatment
- Early onset patients experience more emotional problems and drop out of treatment at a higher rate.

Older Adults and Alcohol Use
- Increased risk of:
  - Stroke (with overuse)
  - Impaired motor skills (e.g., driving) at low level use
  - Injury (falls, accidents)
  - Sleep disorders
  - Suicide
  - Interaction with dementia symptoms

Older Adults and Use
- Other effects:
  - Higher blood alcohol concentrations (BAC) from dose
  - More impairment from BAC
  - Medication effects:
    - Potential interactions
    - Increased side effects
    - Compromised metabolizing (especially psychoactive medications, benzodiazepines, barbiturates, antidepressants, digoxin, warfarin)
Alcohol and Older Adults

CoMorbidity With MI

Risk Factors for MI
Mental Illness and Alcohol
- Chronic physical health condition(s)
- Acute Illness
- Multiple losses
- Death of a loved one
- Caregiving stress
- Social isolation/lack or loss of social support
- Significant loss of independence
- History of mental health problems
- SUDs
- Head trauma with loss of consciousness
Geriatric Depression

• Geriatric depression is different
  – “...we do know that people with geriatric depression present with more extreme weight loss, hypochondriacal preoccupation, trouble falling asleep, agitation, and preoccupation with guilt.”
  (Brown et al., 1984)

Geriatric depression

Risk Factors for MI

- Depression
- Anxiety
- Pain
- SUDS
- Dementias
Co Morbid MI

Screening Tools

- Multiple Screens Needed

Screening

Who?
- If aged 60 or over
- If physical signs are present
- If undergoing major life changes
- Screen for alcohol and prescription drug use/abuse

What?
- Depression, Anxiety, Dementia, ADLS and IADLS
- Balance and Gait, Medications

How?
- During any regular service
- Use brown bag approach
- Ask direct questions
- Avoid stigmatizing terms
Screening tools

Activities of Daily Living/ADLs
- Dressing
- Eating
- Ambulation
- Toileting
- Hygiene

Instrumental Activities of Daily Living/IADLS
- Using phone
- Preparing Food
- Shopping
- Housekeeping
- Managing Money
- Taking Money
- Local Travel

Screening Tools: Nutrition

Determine Your Nutritional Health: Screening Tool
- Less threatening
- Gives an overall picture of nutrition, alcohol use, impact of SES
- Valid and Reliable
Screening Tools

- Determine Your Nutritional Health
  - I have an illness or condition that made me change the kind or amount of food I eat
  - I eat fewer than two meals each day
  - I eat few fruits or vegetables or milk products
  - I have three or more alcoholic drinks almost every day
  - I have tooth or mouth problems that make it hard for me to eat

- I don’t always have enough money to buy the food I need
- I eat alone most of the time
- I take three or more different prescribed or over-the-counter medicines a day
- Without wanting to do so, I have lost or gained 10 pounds in the last 6 months
- I am not always physically able to shop, cook, and/or feed myself

Co-morbid Conditions

- Impaired Activities of Daily Living (ADL’s and IADLS)
- Psychiatric and cognitive symptoms, mental disorders
  - Depression
  - Anxiety
  - Dementias
  - Alzheimer’s disease
  - Sleep disorders
Screening Tools: Depression

PHQ-9: Patient Health Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following? (Please circle a number for each question)

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things?</td>
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<tr>
<td>2. Feeling down, depressed, or hopeless?</td>
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<td>3. Trouble falling or staying asleep or sleeping too much?</td>
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<td>4. Feeling tired or having little energy?</td>
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<tr>
<td>5. Feeling bored, so you see nothing to do or feel empty about your life</td>
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<td>6. Trouble concentrating on things, such as reading the newspaper or watching TV</td>
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<td>7. Worrying or fearing so much that other people might have noticed?</td>
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</tbody>
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Severity Score:

PHQ-9 Total Score

Screening Tools: Depression

Geriatric Depression Scale/short Form

Choose the best answer that you have felt over the past 2 weeks:

1. Are you basically satisfied with your life?
2. Have you dropped many of your activities and interests?
3. Do you feel that your life is empty?
4. Do you often get bored?
5. Are you in good spirits most of the time?
6. Are you afraid that something bad is going to happen to you?
7. Do you feel happy most of the time?
8. Do you feel helpless?
9. Do you prefer to stay at home?
10. Do you feel that your situation is hopeless?
11. Do you think that most people are better off than you are?
12. Do you feel that your situation is hopeless?
13. Do you feel close to death?
14. Do you feel that you have more problems with memory than usual?
15. Do you feel that you have more problems with memory than usual?

Scoring: Assign 1 point if you answer accordingly. 5 or more points indicates a possible depression.

- Numbers 2, 3, 4, 6, 8, 9, 10, 12, 14, 15 = YES
- Numbers 1, 5, 7, 11, 13 = NO

Screening Tools: Anxiety

Over the past two weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>0</th>
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<th>2</th>
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</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
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<tr>
<td>Not being able to stop or control worrying</td>
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<tr>
<td>Total GAD-2 score</td>
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<tr>
<td>Feeling the need to change things</td>
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<td>Being easily annoyed or irritated</td>
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<tr>
<td>Being easily upset or frustrated</td>
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<tr>
<td>Feeling sad, as if something sad and tragic is happening</td>
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<tr>
<td>Total GAD-3 score</td>
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</table>

TOTAL SCORE                  Provisional Diagnosis
0-4                         0-4 Moderate anxiety
5-9                         5-9 Moderate anxiety
10-14                       10-14 Moderate anxiety
15-21                       15-21 Moderate anxiety
Issues for Older Adults
- Loss (status, people, vocation, health, etc.)
- Social isolation, loneliness
- Major financial problems
- Housing changes
- Family concerns
- Time management burden

Issues for older adults
- Complex medical issues
- Multiple medications
- Sensory deficits
- Reduced mobility
- Cognitive impairments
- Impaired self-care, loss of independence

Signs of Potential Alcohol Problems
- Anxiety, depression, excessive mood swings
- Blackouts, dizziness, idiopathic seizures
- Disorientation
- Falls, bruises, burns
- Headaches
- Incontinence
- Memory loss
- Unusual response to medications
Signs of Potential Alcohol Problems
- New difficulties in decision making
- Poor hygiene
- Poor nutrition
- Sleep problems
- Family problems
- Financial problems
- Legal difficulties
- Social isolation
- Increased alcohol tolerance

Special Populations
Barriers to effective identification exist for:
- Women
- Certain minority group members/lack of culturally competent tools and interventions
- Individuals with physical disabilities, comorbidities
- Homebound
Alcohol and Medication Misuse

An estimated one in five older adults may be affected by combined difficulties with alcohol and medication misuse.

Alcohol-medication interactions may be a factor in at least 25% of ER admissions (NIAAA, 1995).

Alcohol and RX

- Identifying High Risk Older Adults
  - Use of certain medications (e.g., warfarin, digoxin, diuretics, psychoactive meds, analgesics)
  - 4 or more medications
  - Certain chronic conditions (e.g., diabetes)
  - Evidence of medication misuse
  - Chronic alcohol use
Alcohol and OTC

- Dangers
  - Aspirin and alcohol can increase possibility of bleeding
  - Sleepiness w/ alcohol and cold and/or allergy medications
  - Cough syrups w/ high alcohol content
  - Alcohol w/ painkillers e.g., acetaminophen can damage liver.

Alcohol

- Dangerous RX
  - Benzodiazepines i.e., Valium, Ativan or Centrax
  - Sleeping Medications i.e., Ambien
  - Pain Medications i.e., Codeine, Percoset
  - Antipsychotic Medications
  - Antiseizure Medications
  - Antihistamines both otc and RX

Alcohol

- “Symptoms” of Medication-Related Problems Due to Misuse/Abuse
  - Confusion
  - Depression
  - Delirium
  - Insomnia
  - Parkinson’s-like symptoms
  - Incontinence
  - Weakness or lethargy
  - Loss of appetite
  - Falls
  - Changes in speech
Alcohol

- Who should never use Alcohol?
  - Anyone taking:
    - Anti depressant
    - Anti anxiety medication
    - Pain medication of any type
    - Sleeping medication of any type
  - People with:
    - Memory problems
    - History of Falls
    - Unsteady gait or walking problems

Source: National Council on Aging

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Alcohol and Medication Warning Signs

- Medications
  - Unclear about nature of prescription and use
  - Confusion about prescription and alcohol use
  - Multiple medications
  - Previous ADRs
  - Lack of Adherence

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Alcohol and Medication Warning Signs

- Physical
  - Mood swings
  - Anxiousness
  - Depression and/or anxiety
  - Memory or thinking problems
  - Shakes or tremors
  - Slurred speech
  - Morning drinking
  - Vomiting, bloating, indigestion
Alcohol

- Alcohol and Medication Warning Signs
- Behavioral
  - Problems w police
  - Frequent ER visits
  - Does not pay bills or is erratic
  - Does not care for home, plants, pets
  - Isolates self
  - Poor hygiene
  - Eviction
  - Increased anger and agitation

Alcohol

- Risk Factors for Alcohol Abuse
  - Emotional and Social
    - Losses (death, finance, family, function, property, status)
    - Grief
    - Male
    - Higher SES
    - Retirement
    - Social isolation/Low Social Support
    - Lack of Purpose/Boredom

Alcohol

- Risk Factors (contd.)
  - History
    - Family patterns
    - Life long problem/chronic
    - Cultural i.e., Wisconsin
    - Minority Status
    - Suicide ideation and/or attempts
    - Using Substances to cope
Alcohol and Medication Misuse

Screening for Alcohol Use Problems in Older Adults

**Goals**
- Identify at-risk drinkers
- Problem drinkers
- Dependent drinkers
- Determine the need for further diagnostic assessment

**Rationale**
- Incidence is high enough to justify costs
- Adverse quality/quantity of life effects are significant
- Effective treatment exists
- Valid and cost-effective screening exists
**Screening Instruments**  
*Short Michigan Alcohol Screening Test-Geriatric Version (SMAST-G)*

**AUDIT Screening Tool**

**CAGE Alcohol Screen**

**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 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?  

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.
Intervention with Older Adults
1. Preventive education for abstinent, low-risk drinkers
2. Brief, preventive intervention with at-risk and problem drinkers
3. Alcoholism treatment for abusing/dependent drinkers

Brief Intervention and Referral to Treatment: SBIRT
- A public health and evidence-based approach for identification of persons at risk for SUDS
  - Screening
  - Brief Intervention
  - Referral to
  - Treatment

SBIRT: The Flow

The “FLOW”

Step One: Pre-screening Question
Step Two (for ≥1 risk)
Step Three

Brief Therapy
For normal or low-risk
Specialty SUD Treatment
For high risk or dependent use
Brief Intervention: SBIRT

SBIRT Goal

The primary goal of SBIRT is to identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use.

SBIRT VIDEO
Conclusions (continued)

- Older adults benefit from screening, assessment, referral, prevention, and intervention delivered by social workers who are sensitive to elder issues:
  - Non-judgmental approach
  - Motivational
  - Supportive approach

Brief Protocols with Older Adults: SBIRT

- Brief intervention/motivational enhancement are effective approaches
- Accepted well by older adults
- Can be conducted at home or in clinic
- Reduces alcohol use
- Reduces alcohol-related harm
- Reduces health care utilization

Other Treatment Approaches

- Cognitive-behavioral therapy
- Group-based counseling
- Individual counseling
- Medical/psychiatric approaches
- Medication Management
- Marital and family involvement/family therapy
- Case management/community-linked services & outreach
- Formalized substance abuse treatment
Conclusions

- Screening for alcohol use problems among older adults is effective
- Brief interventions are effective
- Additional interventions complete a spectrum of effective approaches
- Treatment approach depends on client background; assessment of needs, goals, resources, and preferences
- Intervention is available

Case Study

- Arthur is 76-year-old Korean War Veteran who has post-stroke (left side paralysis), cardiovascular disease. He is also diabetic, has symptoms of depression, sleep problems (can not fall asleep), memory impairment and may be misusing alcohol.
- Medications are:
  - Statin, Anti hypertensive, Insulin, Ambien (sleep), Anti coagulant, aspirin

Case Study

- Pair up with one other person
- What are his possible risk factors?
- How is his problem different due to age?
- How will you screen for problems?
- What approach to screening will you take?
References

- Journal of Aging Health, Illicit and Non Medical Drug Use Among Older Adults, Blazer and SU, April 23 (3), 2012.
- SAMHSA – Substance Abuse and Mental Health Services Administrations
- US Census Bureau
- Wisconsin DHS Demographic Report 2015