Mental Health, Substance Use, and Aging: Prescription Abuse In Our Aging Population

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Mental Health, Substance Use, and Aging

- This presentation will seek to provide you basic statistical information on North Carolina's aging population including information on the increasing occurrence of substance use and mental health issues in older adults.
- We will review some common misconceptions about substance use in our American aging population and its effects on our families and those who provide services for older adults.

Mental Health, Substance Use, and Aging

- Discuss options for identifying and assisting older adults who may be experiencing substance use and mental health problems.
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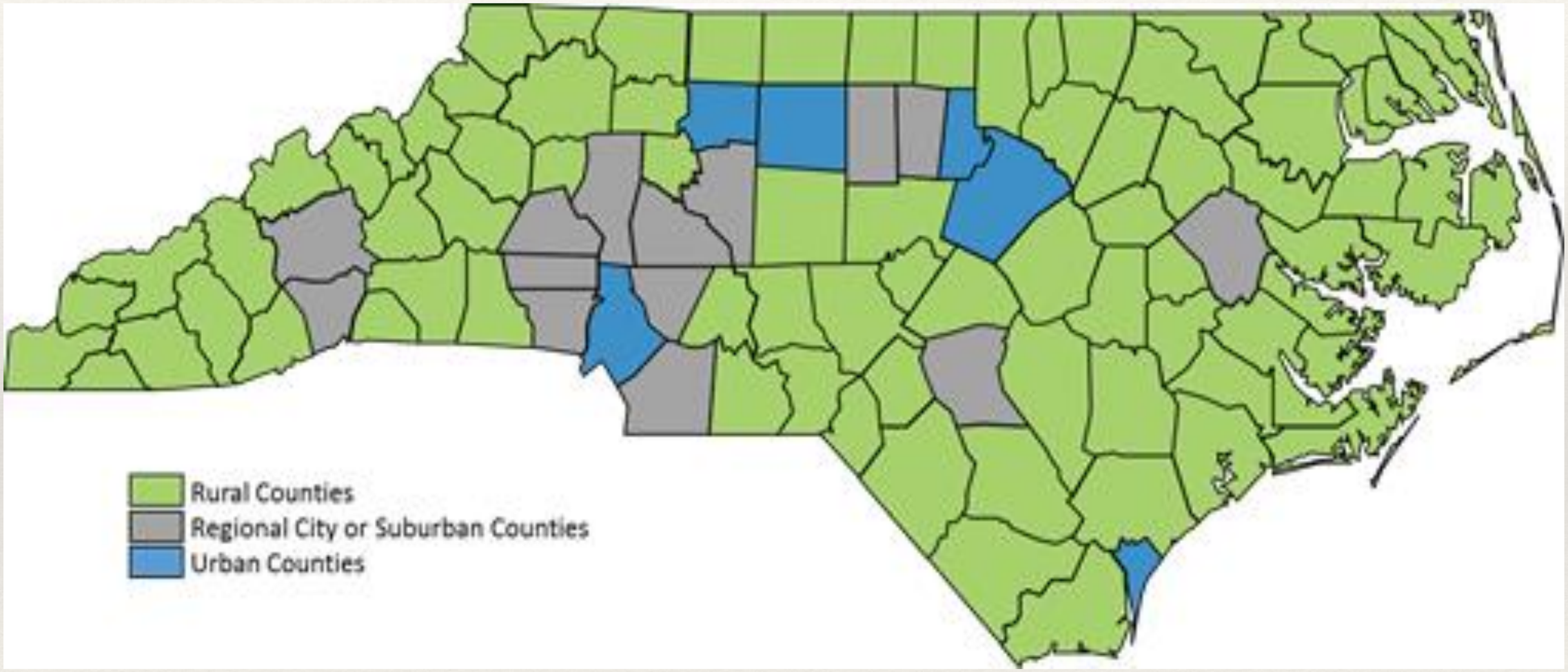
- Provide resources for understanding, identifying, and getting help for older adults who may be experiencing substance use and mental health disorders.

Access to Healthcare



North Carolina's Future Aging Population

- Our 65 and older population will double in the next 20 years from 1.2 to 2.4 million.
- While NC is 10th nationally in size of total population, we are 9th in those 60 +.
- By 2025, 85 of NC 100 counties are projected to have more people over age 60 than under age 17 and one in four NC citizens will be 60 and older.

Counties with more 60+ than 0-17 (85)

Counties with more 0-17 than 60+ (15)

Source: NC State Data Center

American Society of Addiction Medicine's Short Definition of Addiction:

- Addiction is a primary and chronic disease of the brain, motivation, memory, and related circuitry.
- Dysfunction in these circuits leads to characteristic, psychological, social, and spiritual manifestations.

Aging and Addiction

- Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest growing health problems facing the country.
- Yet, even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, under identified, underdiagnosed, and undertreated.
- Until relatively recently, alcohol and prescription drug misuse, which affects up to 17 percent of older adults, was not discussed in either the substance abuse or the gerontological literature.

Statistics - Profiles - Barriers to Treatment for Aging Adults

- Recent studies in American medicine show an average age difference between older adults and their primary care providers is 22.4 years or more.
- Changes in mobility, death of a spouse, loss of social supports, and loss of family supports are some of the primary barriers older adults have to receiving appropriate care for maintaining health as they age.
- Ageism and societies negative stereotypes about aging and aging adults.
- Applications of younger standards and other treatment protocols to older adults.
- Lack of awareness by professionals, society, family, and older adults.

Statistics - Profiles - Barriers to Treatment for Aging Adults

- A report issued by SAMHSA has warned that the aging the baby-boom generation is leading to huge increases in the levels of addiction among adults over 50 - SAMHSA noted this will require double the availability of treatment services by 2020.
- Aging adults of this generation may have less hesitation about using substances recreationally and for coping with the aging process.

U.S. Census Bureau 2012 POLICY ACADEMY STATE PROFILE

Statistics - Profiles - Barriers to Treatment for Aging Adults

- Alcohol is the drug of choice for most older adults. One of the most damaging drugs to the human body, alcohols affects on physical health and cognitive functioning can be devastating to a body already facing changes in mobility and cognition as a part of the aging process.
- People age 50 and older have lower tolerance for alcohol and a heightened response to over the counter and prescription medication. Liver enzymes that metabolize alcohol and certain other drugs are less efficient with age, and central nervous system sensitivity increases with age. For some older adults any alcohol use combined with prescription or over the counter medication can become problematic..
- The CDC Vital Statistics division noted the suicide rate for North Carolinians age 65 and older during 2011 persons age 55 and older at 15.6%.

FU.S. Census Bureau 2012 POLICY ACADEMY STATE PROFILE
uchs, 1999;Krop et al., 1998; Blow et al.)

Top 5 Potentially Preventable Causes of Death in the US

- **Diseases of the heart: tobacco use, high blood pressure, high blood cholesterol, type 2 diabetes, poor diet, being overweight, and lack of physical activity**
- **Cancer: tobacco use, poor diet, lack of physical activity, being overweight, sun exposure, certain hormones, alcohol, some viruses and bacteria, ionizing radiation, and certain chemicals and other substances**
- **Chronic lower respiratory diseases: tobacco smoke, second hand smoke exposure, other indoor air pollutants, outdoor air pollutants, allergens, and occupational agents (5)**;
- **Cerebrovascular diseases (stroke): high blood pressure, high blood cholesterol, heart disease, diabetes, being overweight, tobacco use, alcohol use, and lack of physical activity (6); and**
- **Unintentional injuries: lack of vehicle restraint use, lack of motorcycle helmet use, unsafe consumer products, drug and alcohol use (including prescription drug misuse), exposure to occupational hazards, and unsafe home and community environments**

Statistics - Profiles - Barriers to Treatment for Aging Adults

- Journal of Rural Health noted in a research study (2012) article conducted on 12 rural North Carolina counties that people in households where at least one member with drivers license and/or access to transportation had 2.29 more visits for regular health care in a 12 month period and 4 more visits to address chronic health care problems than those who did not.*
- This study also related for those 65 years and older, loss or limited transportation caused diminishing access to other resources, including loss of social supports and access to secondary health treatment services such as medication and diabetic education groups provided by community health clinics.
- The decrease in visits to primary care providers for older adults increase the importance of effective screening to address issues of substance use and mental health issues that contribute to decrease in quality of life for older adults.

Arcrury, Thomas A., et al. "The Effects of Spatial Behavior on Health Care Utilization among the Residents of a Rural Region." Journal of Rural Health 40.1 (2009): 135-156. Print.

To Consider: Combining Medications and Other Substances

- Dr. Max Schneider in conclusion of one of his many longitudinal studies on addiction and aging while at Chapman Medical Center as Director of Education in the Chemical Dependency Unit concluded, "the combination of prescription medication, non-prescription medication, alcohol & tobacco frequently lead to mental states that are confused with senility, dementia, and Alzheimer's."

Early vs. Late Onset Substance Use

- Older adults who start drinking or using drugs at a young age and drink or use drugs throughout adulthood (at unsafe levels) are referred to as having early onset substance use disorders. Most older problem substance users (misuse of illicit or legal substances including tobacco, alcohol, and other drugs), approximately 2 out of 3 older adults with substance use issues, are early onset users.
- Older adults who start using alcohol or other drugs later in life are considered late onset users. Approximately 1 in 3 older adults are late onset users.

Early vs. Late Onset Substance Use

- Early onset substance use tends to cause liver and pancrease problems, whereas, late onset problems manifest as metabolic disorders, hypertension, and significant increased risk for stroke and GI problems.
- Early onset substance use usually causes dependence. Persons experiencing late onset substance use disorders may not experience the same type of physiological issues.persons with early onset substance disorders are more likely to sustain permanent cognitive damage whereas late onset use can expect cognitive functioning can return with abstinence.

Statistics - Profiles - Barriers to Treatment for Aging Adults

- More patients 65+ are admitted to hospitals for alcohol problems than for heart attacks.
- About 1/4 of nursing home admissions occur because the patient is unable to manage their medications.
- This misuse of prescription drug use indirectly causes up to 14% of hip fractures in seniors 60+.
- In North Carolina these averages are statistically 10 - 12 (or more) percentage points higher.
- The structure of insurance policies and "carving out" of mental health and substance use services from physical health services can prevent older adults from receiving many forms of needed treatment.

U.S. Census Bureau 2012 POLICY ACADEMY STATE PROFILE

Statistics - Profiles - Barriers to Treatment for Aging Adults

- 85% are currently taking at least one prescription drug.
- 20% use tranquilizers daily.
- Largest consumers of psychoactive drugs.
- 70% use OTC medications daily.
- Adults 65+ use 3 times as many medications as those under 65.
- Older patients average 2 - 3 serious medication errors per month.
- Even patients who understand and agree with treatment are only 75% compliant.
- At least 40% don't follow prescription directions (Yale study indicated 90%)

U.S. Census Bureau 2012 POLICY ACADEMY STATE PROFILE

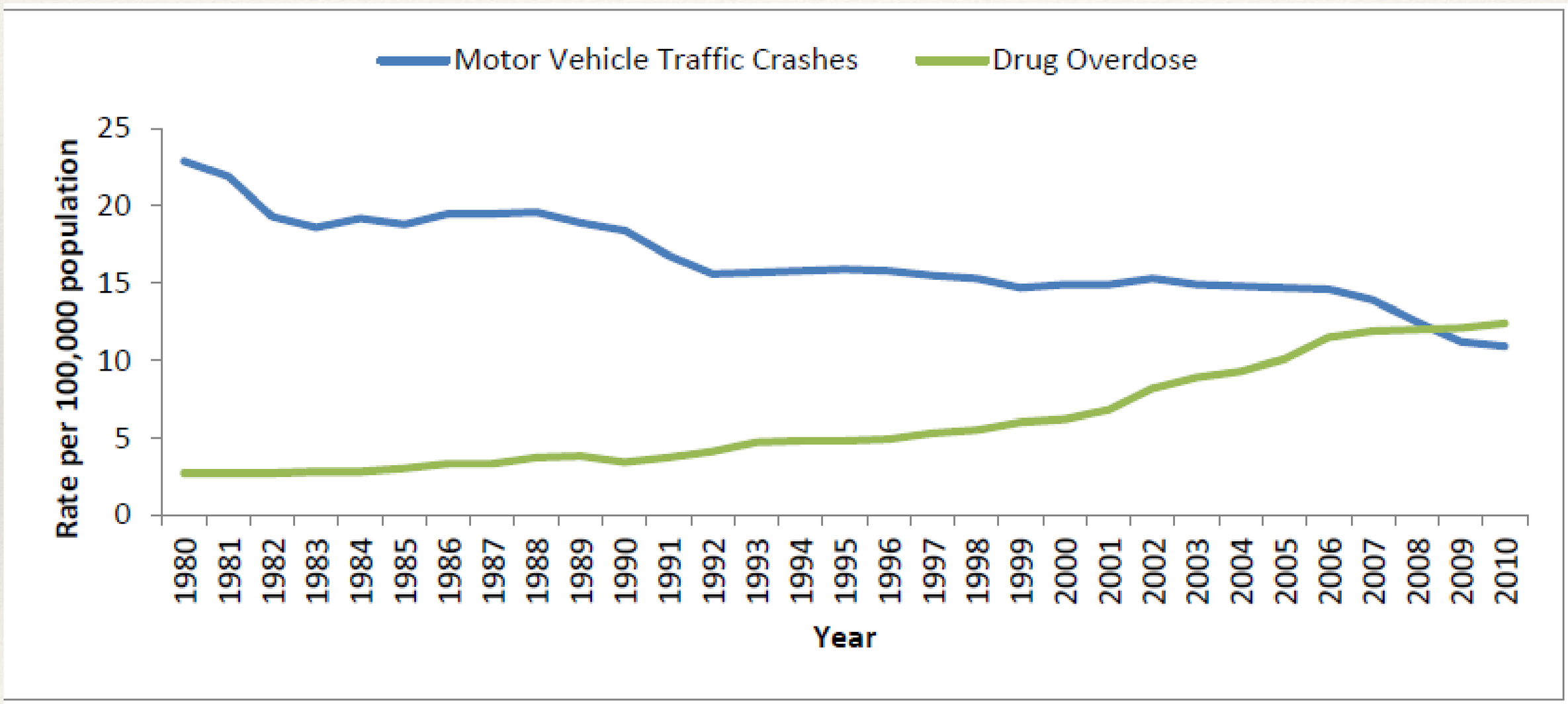
Challenges in Diagnosing Substance Use Disorders in Older Adults: Applying DSM Criteria

- http://adaiclearinghouse.org/downloads/TIP-26-Substance-Abuse-Among-Older-Adults-67.pdf
- TIP 26 from SAMSHA effectively shows the challenges of effectively diagnosing substance use disorders in older adults.
- Living alone - no one to observe behaviors.
- Difficulty in providing accurate history.
- Significant others or adult children's reaction to older adults alcohol or substance use.
- Decreased instead of increased tolerance with age.
- Feelings of shame and stigma on the part of the older adult.
- (Blow,Walton,Chermack,Mudd,Brower,&Comstock et al. 2009)

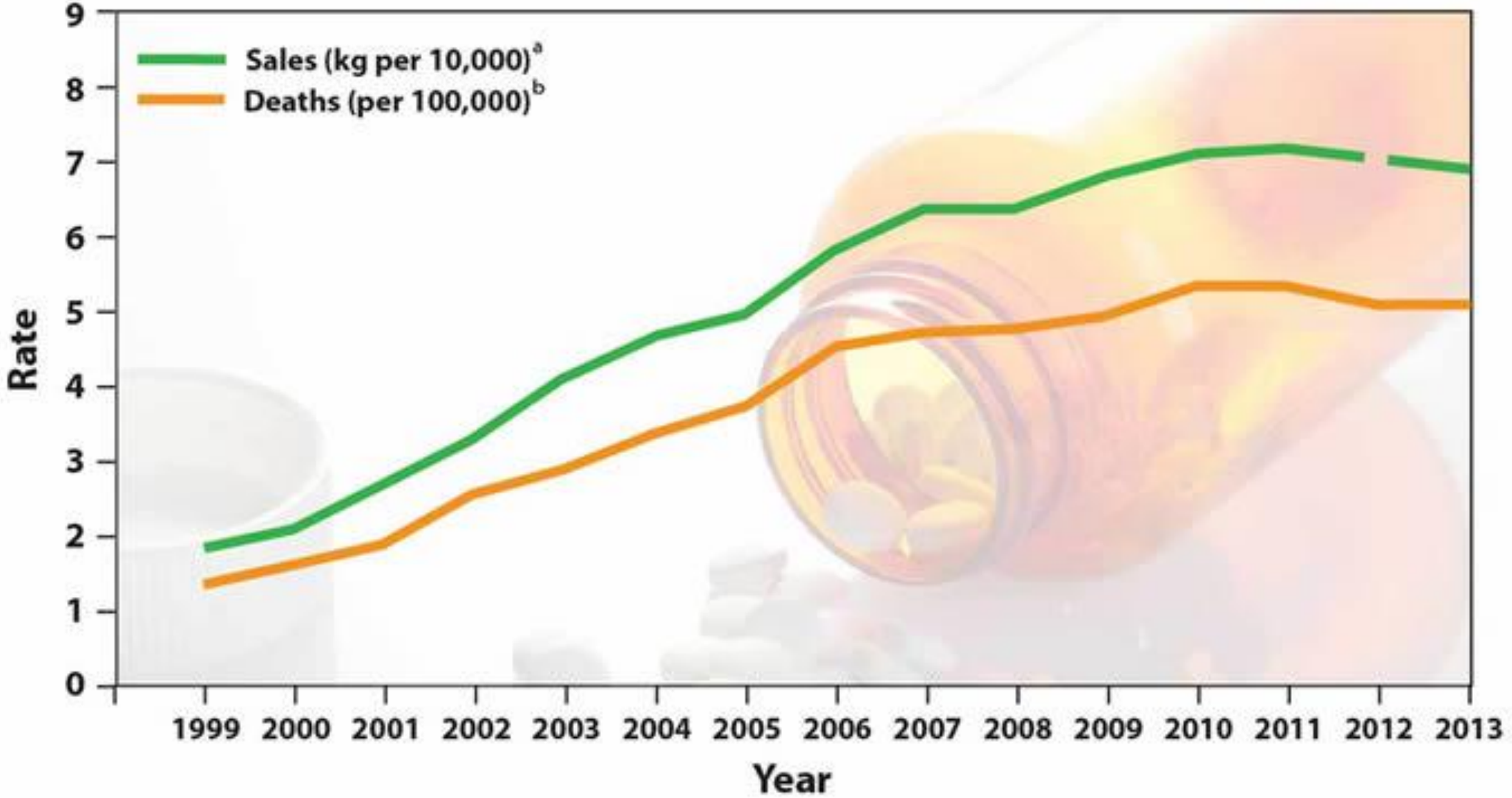
Risk Factors for Prescription Painkiller Abuse or Overdose

- Obtaining overlapping prescriptions from multiple providers and pharmacies
- Taking high daily dosages of prescription painkillers
- Having mental illness or a history of alcohol or other substance abuse
- Living in rural areas and having low income
- Medicaid Patients
- Inappropriate provider prescribing practices and patient use are substantially higher among Medicaid patients than among privately insured patients.
  - 40% of Medicaid enrollees with painkiller prescriptions had at least one indicator of potentially inappropriate use or prescribing
  - overlapping painkiller prescriptions
  - overlapping painkiller and benzodiazepine prescriptions
  - long-acting or extended release prescription painkillers for acute pain and high daily doses

Rates of motor vehicle traffic and drug overdose deaths United States, 1980-2010



Prescription Painkiller Sales and Deaths



Sources:
[a]Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.
[b]Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL: *http://www.cdc.gov/nchs/deaths.htm.*

Chronic Non-Medical Opioid Use

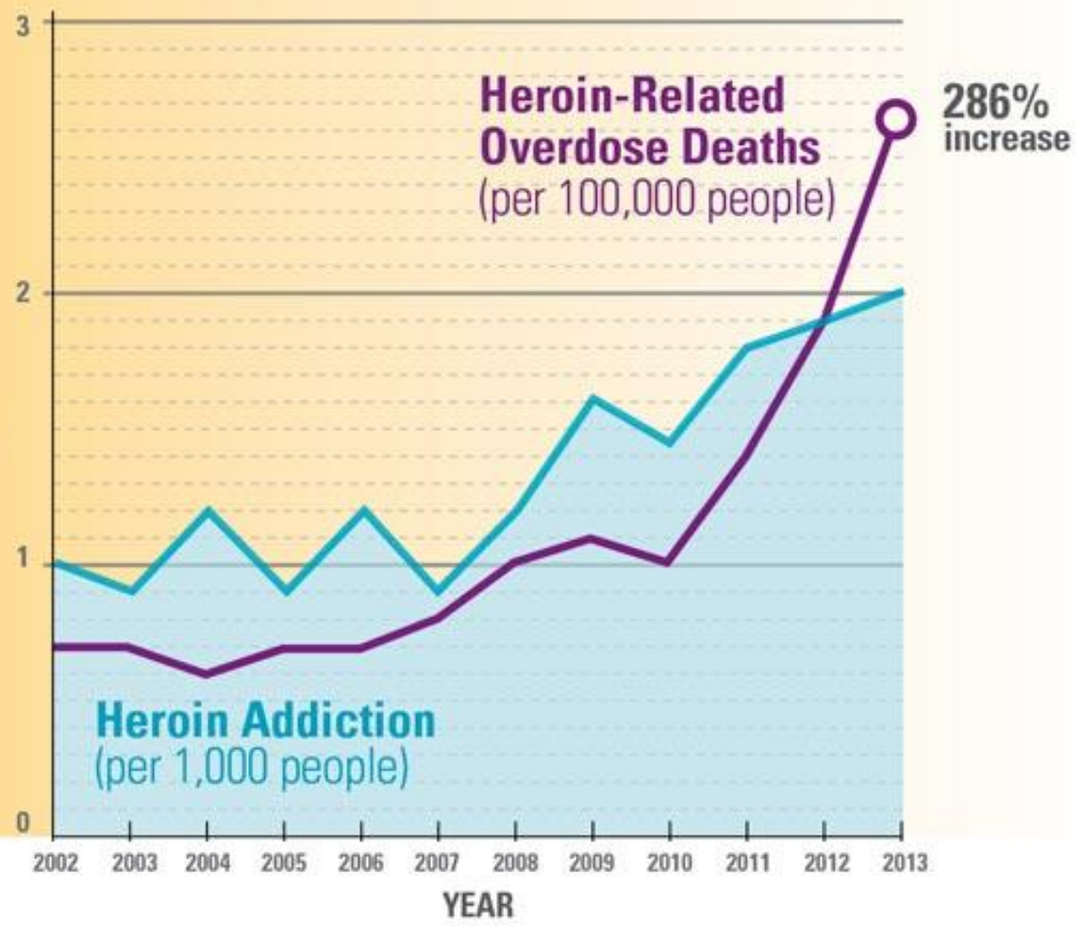
Characteristic	2002-2003	2009-2010	Percent Change
All Nonmedical Users	2.2	3.8	74.6
Age			
12-17	4.0	3.0	-25.7
18-25	4.2	7.4	77.6
26-34	2.8	5.0	81.0
35-49	1.7	4.0	134.6
ε 50	0.9	2.1	124.3
Sex			
Male	2.5	5.1	105.3
Female	1.9	2.6	36.4

Strongest Risk Factor for Heroin Addiction: Prescription Opioid Addiction

Heroin Use Has INCREASED Among Most Demographic Groups

	2002-2004*	2011-2013*	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
AGE, YEARS			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
ANNUAL HOUSEHOLD INCOME			
Less than $20,000	3.4	5.5	62%
$20,000–$49,999	1.3	2.3	77%
$50,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

Heroin Addiction and Overdose Deaths are Climbing



SOURCES: National Survey on Drug Use and Health (NSDUH), 2002-2013.
National Vital Statistics System, 2002-2013.

Physical Symptom Screening Triggers

- 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

To Consider: Combining Medications and Other Substances

- Elderly individuals are particularly vulnerable to prescription drug misuse. Misuse is defined as non-adherence to prescription directions and can be either willful or accidental. Non-adherence increases the burden of social services through increase use of medical services (lab tests, physician and emergency department and hospital admissions) and treatment failure.
- Patterns of abuse, where prescription drugs that are not medically necessary are taken intentionally, are also seen in seniors. Prescription drug abuse is present in 12% to 15% of elderly individuals who seek medical attention. In addition to the toll on individuals and families, abuse places a heavy financial toll on health care systems.

Substance Use and Aging: SBIRT and Integrated Health Care

- The SBIRT Initiative is an evidence-based, federally funded model.
- It is designed to identify persons at all levels of alcohol and drug use from use - dependence.
- Providing brief intervention and brief treatment to patients who are misusing alcohol and other drugs;
- Screening patients who are probably alcohol/drug dependent to determine if they would be eligible for a complete substance use and mental health assessment;
- Referring patients who screen at high risk for possible alcohol and/or other drug dependency and/or depression to specialist treatment programs for assessment.

Substance Use and Aging: SBIRT and Integrated Health Care

- SBIRT is increasingly being integrated into many medical settings and is already being used used in emergency and critical care settings as well as primary care practices in Forsyth and surrounding counties.
- To begin, patients answer a few questions about their substance use within the past year. These questions are usually integrated into a self report inventory provided prior to their annual physical exam.
- The example currently being used is "How many times in the past year have you had 5 or more drinks containing alcohol in a day?" Number of drinks per day lowers to 4 drinks for women and men over 65. This lowering is due to lowered ability to process alcohol in women and older adults. *SAMSHA has determined these numbers indicate binge drinking episodes and incidents of alcohol abuse.
- Secondary questions are usually directed at illicit and other substance use and can read, "how many times in the past year have you used a recreational drug or prescription medication for non-medical reasons?

The Brief Negotiated Interview:

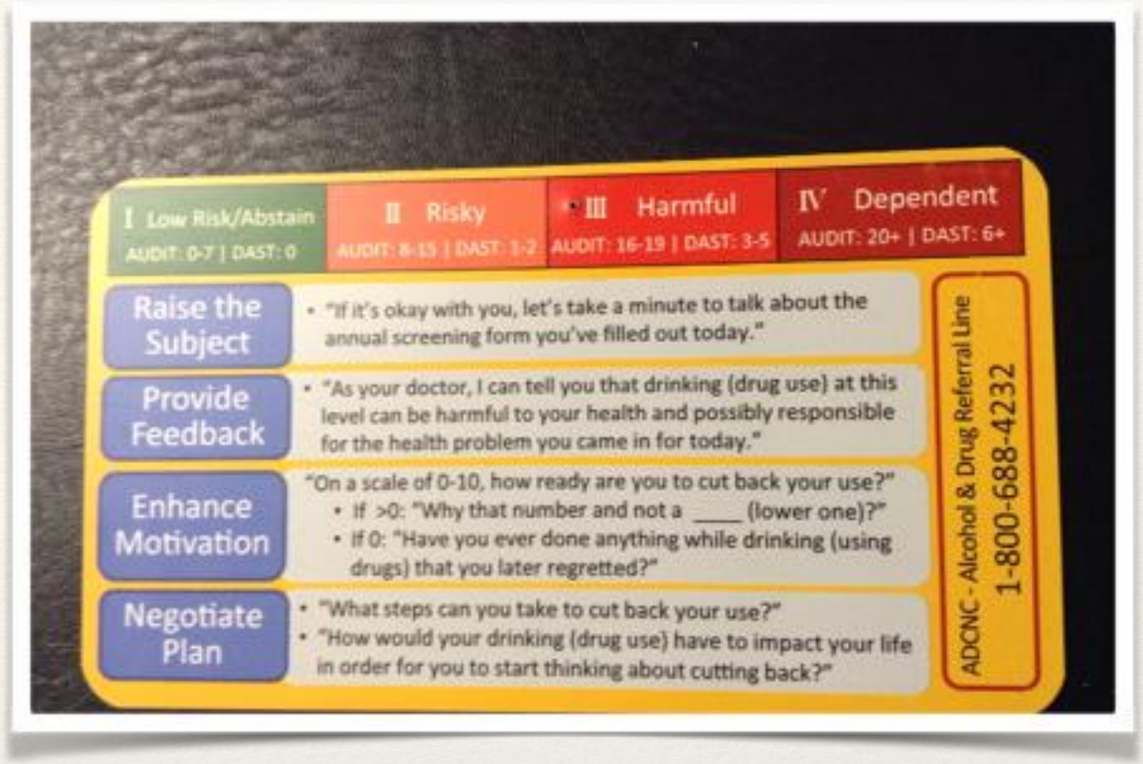
Based on Motivational Interviewing, the BNI is a key factor in opening a conversation about substance use in a clinical setting.

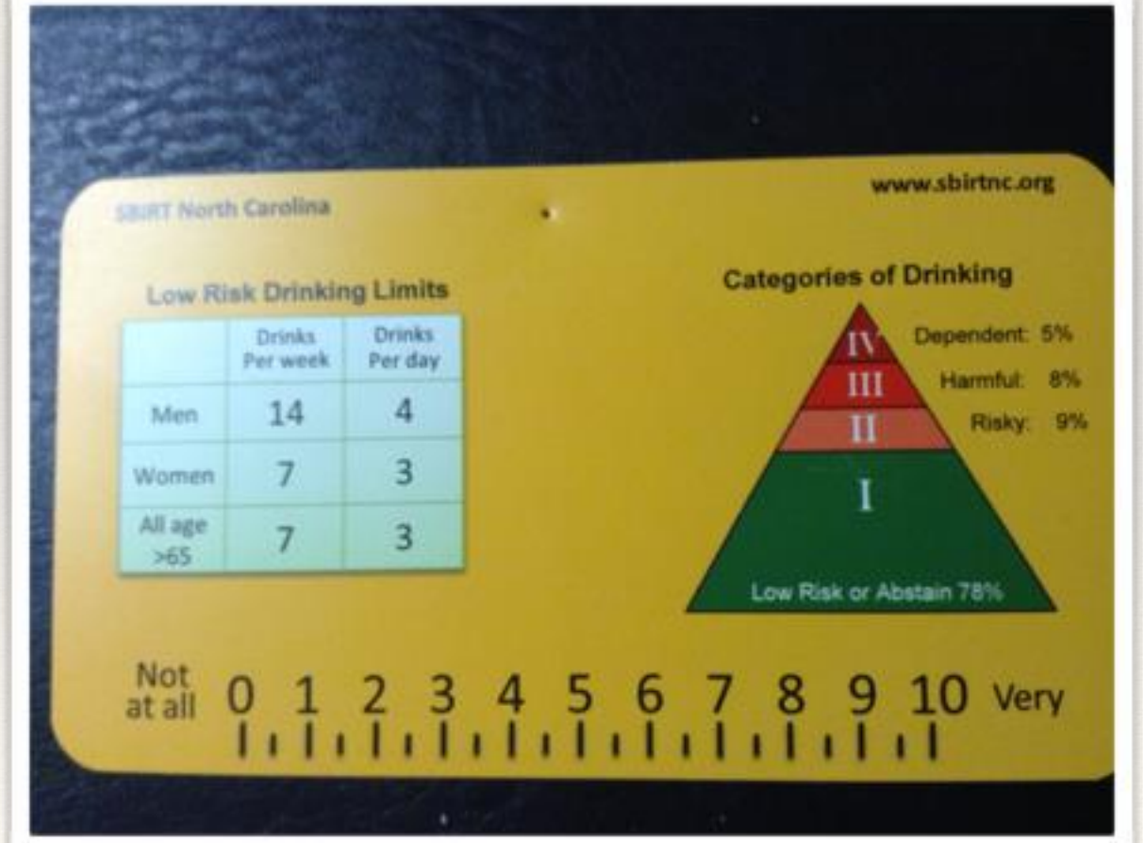
Raising the Subject: Approaching the patient with genuine warmth and with non-judgment was noted by older adults at Wake FamilyMedicine as the key factor in engaging them in the BNI.

Provide Feedback: "I am a part of your healthcare team" as opposed to doctor - SBIRT can be provided by many members of healthcare staff.

Enhance Motivation: Using scaling question can assist in increasing insight and motivation to change.

Negotiate Plan: Allows the individual the opportunity to formulate a personal plan of change increasing the possibilities for change in their substance use based on personal goals established during the negotiated plan.





FOR BEHAVIORAL HEALTH CONDITIONS	Screening	Brief Intervention1	Brief Treatment2	Referral to Treatment	Evidence for Effectiveness of SBIRT
Alcohol Misuse/Abuse	✓	✓	✓	✓	Comprehensive SBIRT effective (Category B classification, USPSTF)
Illicit Drug Misuse/Abuse	✓	*	*	✓	Growing but inconsistent evidence
Tobacco Use	✓	✓	✓	✓	Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline
Depression	✓	—	✓	✓	No evidence to date for depression
Trauma/Anxiety Disorders	✓	*	—	✓	No evidence to date for trauma/anxiety disorders

EFFECTIVENESS OF SBIRT AND ITS COMPONENTS FOR BEHAVIORAL HEALTH CONDITIONS

Key: Evidence for effectiveness/utility of component
* Component Demonstrated to show Promising Results
— Not Demonstrated and/or Not Utilized

Challenges in Diagnosing Substance Use Disorders in Older Adults: Applying DSM Criteria

- In cognitively intact patients ages 60+ use the Short-Version Geriatric Depression Scale - the best validated screening tool for older adults - also the PHQ-9 or PHQ-2 as preliminary screening tool. AUDIT, DAST, AND MAST-G screening tools.
- Patients with cognitive deficits - the Cornell Scale or the informant version of the Short-Geriatric Depression Scale.
- Depression is common in older adults with serious medical problems.
- Those who do receive treatment are more likely to be treated by their physician than a mental health professional.

Identifying Change

- Using a version of the "Miracle Question" to help us important changes in the lives of the people we care for.
- Example: "What did you want your retirement years to be like?", "How/Why is it different now?", "How can I help you make the changes it will take to make your life more like you would like it to be?

The Bio-Psycho-Social-Spiritual Model ofTreatment

- The healing professions are moving towards "whole patient" care as opposed to simply addressing symptoms. This is creating a important change in the way medications are prescribed.
- Genuine whole patient care must address the totality of the patients needs - physical, psychological, social, and spiritual.
- Current literature suggests patients would like health professionals to acknowledge their spiritual needs.
- Aging adults relate exploring, participating in, or nurturing their spirituality as a particularly important part of their aging lives.

Arcrury, Thomas A., et al. "The Effects of Spatial Behavior on Health Care Utilization among the Residents of a Rural Region." Journal of Rural Health 40.1 (2009): 135-156. Print.

Multi-Systems Approach

- Involving a primary care physician: most medical models of primary care are moving to an "integrated care" model that includes substance use and mental health professionals.
- SBIRT treatment model.
- Involving tertiary support: faith based services such as Stephens Ministries and other faith based supports, Peer Support Specialists, Senior Services, Senior Centers, and exploring volunteer opportunities.
- Generativity vs. Isolation: Erik Erikson 40 - 65
- Ego Integrity Vs. Despair: Erik Erikson 65+

Multi-Systems Approach

- Mental Health First Aid: A national program to teach the skills to respond to the signs of mental illness and substance use. www.mentalhealthfirstaid.org
- Stephen Ministries: A faith based community support to provide quality, confidential, non-secular care to people who are hurting.Www.stephenministries.org
- Dr. Paula Hartman-Stein Center for Healthy Aginr : teaching community members to use new techniques to help aging people enhance their life experience.centerforhealthyaging.com

Resources

- Institute of Medicine website search engine is an excellent source for research data on specific populations including substance use in our aging population: www.iom.edu
- World Health Organization offers comprehensive information available online and in publication on many topics covering most world populations including information on screening tools, substance specific and population based interventions, outcome reports available in many different languages: www.who.int/eng
- Web site to assist in finding specialty treatment for aging adults: recovery.org
- LGBTAgingCenter.org: National Resource Center on LGBT Aging issues

Resources

- asaging.org: American Society on Aging, contains excellent resources and articles on addiction among the BabyBoomer population.
- NASW.org: Resources and information on aging and addiction in America and for worldwide populations.
- centerforhealthyaging.com: Resource for clinicians as well as any adults interested in information about healthy aging.
- SBIRT Trainings are available for many community service providers.

References

- (D'Archangelo,1993; Bucholz et al., 1995; National Institute on Alcohol Abuse and Alcoholism, 1988; Minnis, 1988; Atkinson, 1987, 1990).
- Dr. W. Hazlet C Research Fellow Behavioral Health Management Consult
- U.S. Census Bureau 2012 POLICY ACADEMY STATE PROFILE
- FU.S. Census Bureau 2012 POLICY ACADEMY STATE PROFILE
- Arcrury, Thomas A., et al. "The Effects of Spatial Behavior on Health Care Utilization among the Residents of a Rural Region." Journal of Rural Health 40.1 (2009): 135-156. Print

References

- Source: NC Office of State Budget and Management, 11/1/2015
- http://www.osbm.nc.gov/facts-figures/demographics
- US Census Bureau. American Community Survey 2010-2014, 5 year estimates.
- Table S0102. Population 60 and over
- Table S0103. Population 65 and over
- Table S1810. Disability characteristics
- Table B10056. Sex of grandparents living with own grandchildren under 18 years
- Table B17024. Age by ratio of income to poverty level in the past 12 months
- Table B23001. Sex by age by employment status for population 16 years and over

References

- Population estimates and projections: North Carolina State Data Center. County/state population estimates and
- projections; July 1, 2014, 2034; Retrieved in 10/2015 from http://www.osbm.nc.gov/facts-figures/demographics