Substance Use and Older Adults

Introduction

As the "Baby Boom" generation ages researchers are reporting an increase in substance use among older Americans, most commonly, alcohol. Nearly 10% of all U.S. men aged 65+ engage in "at-risk" drinking defined as being more than 3 drinks at one occasion or more than 7 in a week (NIAAA, 2016).

However, when taking into account the cumulative risk caused by medication use and comorbidity (e.g. anxiety, depression, diabetes, etc.), 5% of women and 18% of men **over 55** are drinking at-risk (Moore et al., 2011). Reducing alcohol and drug use can significantly extend the quality of people's lives: *at-risk male drinkers have a 20% higher mortality rate.*

Box 1 - Life changes that may be associated with alcohol problems (adapted from Dar 2006)

Emotional and social
- Bereavement
- Loss of friends and social status
- Loss of occupation
- Impaired ability to function
- Family conflict
- Reduced self-esteem
- Caring for elderly partner or family member
- Loss of independence

Health
- Physical disabilities
- Chronic pain
- Insomnia
- Sensory deficits
- Reduced mobility
- Cognitive impairment

Practical
- Needing assistance with activities of daily living
- Reduced coping skills
- Altered financial circumstances
- Moving into residential care

The Challenges of Medication

Older adults are at higher risk for medication misuse than the general population largely due to their elevated rates of pain, sleep disorders/insomnia, and anxiety (Wadd et al., 2011). A majority of older adults are on prescription medications, and many take multiple prescriptions creating the possibility of complex drug interactions (Kantor et al., 2015). Additionally, alcohol can increase toxicity or alter the effect of some medications either preventing the desired effect or dangerously magnifying it.

Many older adults are prescribed psychoactive drugs that interact with alcohol or illicit drugs. Most commonly these are drugs prescribed for:
- anxiety and sleep (benzodiazepines)
- pain or arthritis (opiates and anti-inflammatory agents)
- depression or mood problems (SSRIs, etc.)

Other medications interact with drugs and especially alcohol in a way that creates health risk, including:
- OTC pain medication (Aspirin, Tylenol) thin the blood leading to bruising or more bleeding
- antihistamines (allergy & cold medicine) increase the sedative effects of alcohol
- anti-coagulants (e.g. Coumadin) thin the blood
- Heart medications

Drug and alcohol interactions can be hard to spot: they may appear as a normal progression of age-related loss of balance and strength, or can be mistaken for signs of dementia. Screening is extremely important as alcohol and other drugs increase the risks of injury, mortality, and complicate treatment and recovery from illness.

Changing Risks

As we age, changes in the body such as **lower water content, less-efficient metabolism and excretion, and increased brain sensitivity, cause alcohol and drugs to have a stronger effect.** Risky drinking levels for all adults 65 and older (regardless of gender) are 7 drink/week and no more than 3 at a time. When screening patients using the **AUDIT-C** this means that the cutoff for both men and women is a score of 3. **However, if patients are on medications that interact with alcohol, have muscle weakness or dementia, there is no safe level of alcohol use.**

The Clinical Interactions: What Works?

Motivating reasons for cutting down or quitting include maintaining…

- Independence
- Physical health
- Financial security
- Mental capacity/acuity

Help patient **develop strategies** for cutting down or quitting:

- Social experiences (w/o alcohol & drugs)
- Restarting hobbies and interests
- Volunteer activities

Screening Older Patients

- List all medications (including OTC meds)
- Consider using SMAST-G or other elder-specific tools
- Ask patients about pain, anxiety, and sleep habits that may predispose them to drinking
- Inquire about life transitions and social relationships

Citations

Dar, K. (2006). Alcohol use disorders in elderly people: fact or fiction? *Advances in Psychiatric Treatment*, *12*(3), 173–181. https://doi.org/10.1192/apt.12.3.173

Kantor, E. D., Rehm, C. D., Haas, J. S., Chan, A. T., & Giovannucci, E. L. (2015). Trends in Prescription Drug Use Among Adults in the United States From 1999-2012. *JAMA*, *314*(17), 1818. https://doi.org/10.1001/jama.2015.13766

Moore, A. A., Blow, F. C., Hoffing, M., Welgreen, S., Davis, J. W., Lin, J. C., … Barry, K. L. (2011). Primary Care Based Intervention to Reduce At-Risk Drinking in Older Adults: A Randomized Controlled Trial. *Addiction (Abingdon, England)*, *106*(1), 111–120. https://doi.org/10.1111/j.1360-0443.2010.03229.x

NIAA. (2016). Older Adults. Retrieved from: https://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults.

Wadd, S., Lapworth, K., Sullivan, M., Forrester, D., Galvani, S. (2011). Working With Older Drinkers. Retrieved from: http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0085. University of Bedfordshire (Bedfordshire, England).