

Addiction and Aging June 8, 2017

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Workshop Goals

▸ **Provide evidence of the problem.**

- Cost of addiction
- Issues specific to older adults
- Audrey's Story

Define Addiction

- Progression
- Consequences of Addiction
- Whole Person Wheel

Assessment

Treatment Criteria

Statistics

- ▶ 3 million adults over the age of 50 have an alcohol or drug abuse dependence problem.
- ▶ In 1998 Columbia University's Center on Alcohol and Substance Abuse estimated the cost of healthcare to substance abusing older adults was \$30 billion with the expectation to rise to \$100 billion by 2018.

Further Cost

- ▶ 98% of the \$10 billion spent on hospital admissions for older adults with alcohol and medication addiction is used to treat:
 - Hip Fractures
 - Liver or Kidney Disease
 - Depression
 - Gastrointestinal Problems
 - Depression
 - Dementia

Use of Medication

- ▶ Older adults are prescribed higher doses of medication like benzodiazepines for longer periods of time.
- ▶ As we age our bodies ability to metabolize many medications decreases.
- ▶ Elderly use prescribed medication 3 times as frequently as the general population and have the poorest rate of compliance.

Is it really a problem?

- ▶ None of us want to admit or even believe that the people who raised us, the people who are our mentors, who we looked up to – could be abusing their prescription medications or alcohol.

We may hear things like:

- ▶ Why should I bother them?
- ▶ They only have a few years left.
- ▶ They aren't hurting anyone.

SNAPSHOTS OF ADDICTION

The Disease Concept

- ▶ **Addiction is not self-inflicted.** It is not a will power issue and no one caused it.
- ▶ **A good definition:**
An alcoholic or addict is a person who's drinking/drug use is causing continuing disruption in their personal, social, spiritual or economic life and they continue to use despite the problems.

AMA Definition

- ▶ In 1956 the American Medical Association recognized chemical dependency as a disease. A disease is defined as any deviation from a healthy state this is:
- ▶ **Primary** – meaning that it is not caused by emotional, physical, psychiatric or social problems. It is not a symptom of an underlying disorder.

- ▶ **Progressive** – It always gets worse if left untreated. And it usually follows a predictable course.
- ▶ **Chronic** – it remains so forever.
- ▶ **Fatal** – if left untreated, may cause physical, emotional, spiritual or accidental death.
- ▶ **Treatable** – it's the one disease where people who are diagnosed can reach a standard of living 100% better than before the onset of the disease.

USE – ABUSE –DEPENDENCE

[-----|-----X-----|-----X-----]
 Pain Normal Euphoria

- ▶ **Phase 1 – Learning the Mood Swing**
- ▶ Learn that chemicals can provide a temporary mood swing in the direction of euphoria.
- ▶ Learns that it works every time.
- ▶ Learns to trust the chemical and its affects.
- ▶ Learns to control the degree of the mood swing by regulating intake.

USE – ABUSE –DEPENDENCE

[X-----|-----X-----|-----X-----]
 Pain Normal Euphoria

- ▶ **Phase II – Seeking the Mood Swing**
- ▶ Applies Phase #1 to social, life situations.
- ▶ Uses at appropriate times and places.
- ▶ Develops self-imposed rules and adheres to them.
- ▶ Some physical pain (hangovers) but no emotional pain.
- ▶ Folks continue their ability to control time, quantities, and outcome of use.
- ▶ Social Users remain in this phase.

- ▶ Increase in tolerance (need more) to feel euphoria. The person finds more ingenious ways of using, keeping and hiding the chemical.
- ▶ Blames others for the pain.
- ▶ Decrease in health, spirituality, emotional stability, and relationships.

USE – ABUSE –DEPENDENCE

[_X_ | _X_ |]
 Pain Normal Euphoria

Phase IV – Using to Feel Normal

- ▶ Use to feel normal. No longer feel euphoria.
- ▶ Blackouts occur more frequently.
- ▶ Increase in tolerance.
- ▶ Physical addiction occurs.
- ▶ Paranoid thinking

- ▶ Try geographic cures – switch drinks, new bar, new home, etc.
- ▶ Loss of desire to live which leads to Spiritual Bankruptcy.
- ▶ Older adults who use alcohol and drugs can be found all along the spectrum.
- ▶ For some it has been a lifelong problem, for some, harmful use develops in response to an illness or life events.

Other Effects of Chemical Dependency

- ▶ **Delusionary Memory** – We all have the basic trust of our past experience to help guide us in decision making. A chemically dependent person has “swiss cheese” memory – so decision making and judgment are impaired.

- ▶ **Blackouts** – a chemically induced form of amnesia. At first blackouts last a minute or two, but as dependency develops entire evenings and longer can be lost. The person will talk and act normally, they do not lose consciousness and may not even show signs of intoxication. But for the period of the blackout nothing is written in the memory.

- ▶ **Repression** – Psychologically induced rather than chemically. It's a spontaneous defensive reaction that shields recalling specific shameful or painful events.
- ▶ **Euphoric Recall** – Remember the good feelings and continue to seek that. A person may actually have the physical manifestation of using – with no chemical in their system. (Eyes dilate, slurred speech, etc.)

The Whole Person Wheel



Emotions

- ▶ Anger, hostility, and resentments. No one understands, makes unfair demands. Angry at self.
- ▶ Fear – of being discovered, fear of being abandoned by family.
- ▶ Shame, guilt, feelings of worthlessness.
- ▶ Depression.

Physical

- ▶ Decrease in physical skills.
Dancing, sports, etc.
- ▶ Decline in personal hygiene
- ▶ Decline in sexual desire and satisfaction
- ▶ Decrease in overall health

Mental

- ▶ Decline in memory.
- ▶ Judgment and decision making impaired.
- ▶ Increase in blackouts.

Social

- ▶ Increase in isolation.
- ▶ Only associate with users.

Volition – free will and choice

- ▶ With the increase dependence on the substance =
- ▶ Decline in free will and choice.

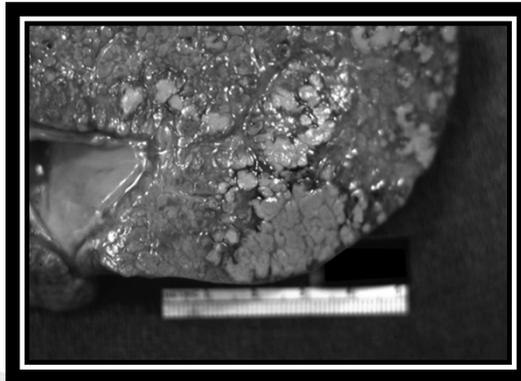
Spiritual

- ▶ Because values change, people begin to feel unworthy. All five other areas impact this one. This leads to “Spiritual Bankruptcy”

Effects of Alcohol and Drugs

- ▶ Alcohol
 - Affects every organ system in the body.
 - The Heart
 - Inflammation in the heart muscle.
 - Increased blood pressure
 - Irregular heartbeats
 - Contribute to heart attacks

- ▶ **The Liver**
 - Causes fatty liver
 - Alcoholic Hepatitis
 - Cirrhosis



- ▶ **Stomach Inflammation** which leads to bleeding.
- ▶ **Pancreatitis** – a life threatening condition that causes:
 - Belly Pain
 - Nausea
 - Vomiting
 - Dehydration

Long Term Alcohol Use

- ▶ Memory loss
- ▶ Strokes
- ▶ Seizures
- ▶ Vitamin Deficiencies
- ▶ Impaired judgment which can lead to driving accidents, broken bones from falling, etc.

Benzodiazepines / Sedatives

- ▶ Overuse can lead to:
 - Memory and Attention problems
 - Poor Motor skills
 - Impaired judgment
 - Violent behavior
 - Decreased motivation
 - Sometimes...Psychosis

Other effects are similar to alcohol – taking both together can be LETHAL.

Opioids – Narcotics

- Severe drowsiness and confusion
- Depressed breathing
- Lower blood pressure
- Infection of heart lining, valves, collapsed veins
- Higher risk for infectious diseases – HIV, Hepatitis
- Can worsen depression
- Increased risk of suicide
- Increased risk of accidental overdose

Stimulants

- ▶ Increased blood pressure
- ▶ Increased and irregular heartrate
- ▶ Heart failure
- ▶ Seizures
- ▶ Strokes
- ▶ Respiratory failure
- ▶ Psychiatric symptoms – irritability, depression, insomnia, aggression, paranoia and psychosis.

Marijuana

- ▶ Very popular – some people have smoked for years and years –
 - Can exacerbate memory problems and confusion.
 - Increased risk of respiratory diseases and lung cancer.
 - Some have a psychotic episode – paranoia, panic attacks, increased anxiety.

Nicotine

- ▶ The drug associated with most early deaths from cancer and worsened medical conditions.
- ▶ 18% of all strokes are linked to smoking.
- ▶ Increases blood pressure
- ▶ Major cause of bronchitis and emphysema
- ▶ Increases liver's ability to break down certain medications making them less effective.

Assessment

- ▶ MAST – Michigan Alcoholism Screening Test
 - See Handout
- ▶ CAGE Questionnaire
 - Have you ever **cut** down on your drinking?
 - Have people **annoyed** you by criticizing your drinking?
 - Have you felt bad or **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? (**Eye-Opener**)

Assessments Continued

- ▶ American Medical Association list of physical symptoms to look for:
 - ▶ Bruises, abrasions, scars (frequent falls, physical altercations, or other violence.)
 - ▶ Cigarette burns on fingers
 - ▶ Flushed or Florid faces (thin face with sunken eyeballs, sallow complexion)
 - ▶ Jerky eye movement – loss of central vision
 - ▶ Peripheral Neuropathy (numbness and tingling)

AMA Assessment Continued

- ▶ Hypertension
- ▶ Gastrointestinal or other bleeding
- ▶ Cirrhosis or other liver impairment – edema, fluid retention
- ▶ Psoriasis or signs of immunodeficient disorders

Center for Substance Abuse

- ▶ Sleep complaints, changes in sleep patterns, unusual fatigue, malaise, daytime drowsiness, apparent sedation
- ▶ Seizures, malnutrition, muscle wasting
- ▶ Depression and anxiety
- ▶ Unexplained complaints about chronic pain or other somatic complaints.
- ▶ Incontinence, Urinary retention, difficulty urinating
- ▶ Poor Hygiene and self-neglect

Center for Substance Abuse Continued:

- ▶ Unusual restlessness or agitation
- ▶ Complaints of blurred vision or dry mouth
- ▶ Unexplained nausea and vomiting or other gastrointestinal distress.
- ▶ Change in eating habits
- ▶ Slurred speech
- ▶ Tremor, motor uncoordination, shuffling gait.

Evaluate Cognitive Functioning

- ▶ Severe recent memory loss.
- ▶ Inability to concentrate
- ▶ Defensiveness or irritation when asked even routine, general questions about alcohol use.
- ▶ Extreme mood swings, during an office or home visit.
- ▶ Undue concern about physical ailments (hypochondria)
- ▶ Suicidal ideation

“Red Light, Yellow Light, Green Light”

- ▶ **Green Zone** – no more than 1 drink in a 24 hour period, 4 drinks or less per week.
- ▶ **Yellow Zone** – 2–4 drinks in a 24 hour period and 5–10 drinks per week.

If an older adult can't stay in the green zone
– there may be a drinking problem and a
professional assessment is indicated.

Robert L. Dupont, MD

First step is to have a
conversation. Don't be
afraid to talk and ask the
questions.

A Web of Secrets and Lies

- ▶ Addiction is a disease that keeps itself secret from the victim.
- ▶ “Another drink will make it better.”
- ▶ In the Selfish Brain: Learning from Addiction, Dr. Robert L. Dupont compares addiction to being hypnotized. – “Alcoholics and Addicts have been called stupid, selfish, and pigheaded – but in reality they are just following the dictates of their addicted brains.

Treatment Options

- ▶ Screening and Level of Care Assessment will determine appropriate level of care:
 - Inpatient
 - Partial
 - Intensive Outpatient
 - Outpatient
 - Residential Rehab Programs –
 - Dual Diagnosis Programs

Medically Assisted Treatment

- ▶ Antabuse –
- ▶ Naltrexone (Revia and Vivitrol)
- ▶ Campral
- ▶ Methadone Maintenance
- ▶ Buprenorphine (Subutex and Suboxone)

Detoxification

- ▶ Medical process where you are weaned off substances you are dependent on under the supervision of a physician.
- ▶ Type of detox and length of program depends on what and how much of a substance the client is using.
- ▶ Remember that detox from Alcohol and Benzodiazepines is life threatening so you **MUST BE UNDER A DOCTOR'S CARE!**

Principles of Drug Abuse Treatment

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment has to address multiple needs of individual.
4. Medical services, family counseling, social and legal services should be available
5. Individual and Group Counseling
6. Staying in treatment for adequate period of time

Principles continued

- ▶ 7. Medications to help with treatment.
- ▶ 8. Dual Diagnosis - Integrated Treatment
- ▶ 9. Medical Detox is a first step to treatment - it is not treatment.
- ▶ 10. Treatment does not have to be voluntary to be effective.
- ▶ 11. Drug and Alcohol monitoring
- ▶ 12. Assessment for HIV/AIDS, TB, Hepatitis B and C.
- ▶ 13. Recovery is a long term process

Age Specific Treatment

- ▶ Is the detox designed for older patients?
 - Medications are different, detox takes longer.
- Will the client participate with other clients their age?**
 - Older adults need to be around older adults
- Are the therapy sessions designed for an older adult?**
 - Less inclined to share in an open group – group leader needs to be more active in inviting others to share.
- Are the counselors trained to treat older adults?**
 - Takes longer to build rapport, invite conversations about client's specific interests.

Age Specific Treatment

- ▶ Individual Therapy more effective with older clients.
- ▶ Multidisciplinary team – physicians, social workers, nurses, chaplain, nutritionist, etc.
- ▶ Treatment Plans should be short and have a higher frequency of review
- ▶ Schedule allows time to rest or get assistance between activities.
- ▶ Family involvement and Aftercare.

Resources

- ▶ Aging & addiction: helping older adults overcome alcohol or medication dependence
Carol Colleran-Debra Jay - Hazelden - 2002
- ▶ Older adults and substance use disorders: a guide to recovery from misuse, dependency or addiction problems
U.S. Dept. of Health and Human Services,
Substance Abuse and Mental Health Services
Administration, Center for Substance Abuse
Treatment - 2004

Michigan Alcoholism Screening Test – Geriatric Version

1. After drinking, have you ever noticed an increase in your heart rate or beating in your chest?
Yes No
2. When talking with others, do you ever underestimate how much you actually drink?
Yes No
3. Does alcohol make you sleepy so that you fall asleep in your chair?
Yes No
4. After a few drinks, have you sometimes not eaten or skipped a meal because you didn't feel hungry?
Yes No
5. Does having a few drinks help decrease your shakiness or tremors?
Yes No
6. Does alcohol sometimes make it hard for you to remember parts of the day or night?
Yes No
7. Do you have rules for yourself that you won't drink before a certain time of the day?
Yes No
8. Have you lost interest in hobbies or activities you used to enjoy?
Yes No
9. When you wake up in the morning, do you ever have trouble remembering part of the night before?
Yes No
10. Does having a drink help you sleep?
Yes No
11. Do you hide your alcohol bottles from family members?
Yes No
12. After a social gathering, have you ever felt embarrassed because you drank too much?
Yes No
13. Have you ever been concerned that drinking might be harmful to your health?
Yes No
14. Do you like to end an evening with a nightcap?
Yes No
15. Do you find your drinking increased after someone close to you died?
Yes No
16. In general, would you prefer to have a few drinks at home rather than go out to a social event?
Yes No
17. Are you drinking more now than in the past?
Yes No
18. Do you usually take a drink to relax or calm your nerves?
Yes No
19. Do you drink to take your mind off your problems?
Yes No
20. Have you ever increased your drinking after experiencing a loss in your life?
Yes No
21. Do you sometimes drive when you've had too much to drink?

- | | Yes | No |
|---|-----|----|
| 22. Has a doctor or nurse ever said they were worried or concerned about your drinking? | | |
| | Yes | No |
| 23. Have you ever made rules to manage your drinking? | | |
| | Yes | No |
| 24. When you feel lonely, does it help to have a drink? | | |
| | Yes | No |

Scoring:

Five or more yes responses are indicative of an alcohol problem.

For further information, contact Frederic Blow, PhD., at the University of Michigan Alcohol Research Center, 400 East Eisenhower Parkway, Suite A, Ann Arbor, MI 48104 – 734-998-7952

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