





Alcohol and Substance Abuse in Older Adults

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Criteria for Substance Use Disorders

- Maladaptive pattern of substance use occurring within the previous 12 months leading to clinically significant impairment or distress.

Criteria for Substance Use Disorders

- Taking the substance in larger amounts or for longer than you're meant to.
- Wanting to cut down or stop using the substance but not managing to.
- Spending a lot of time getting, using, or recovering from use of the substance.

Criteria for Substance Use Disorders

- Cravings and urges to use the substance.
- Not managing to do what you should at work, home, or school because of substance use.
- Continuing to use, even when it causes problems in relationships.

Criteria for Substance Use Disorders

- Giving up important social, occupational, or recreational activities because of substance use.
- Using substances again and again, even when it puts you in danger.
- Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.

Criteria for Substance Use Disorders

- Needing more of the substance to get the effect you want (tolerance).
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.



Barriers to Detection of Substance Misuse in the Geriatric Population

Barriers to the Clinician	Barriers to the Older Adult
Assumptions of lower prevalence of substance misuse in the geriatric population	Poor insight into substance misuse and reluctance to voluntarily seek help
Failure to screen appropriately for substance misuse in older population	Lack of knowledge about the mental health system and treatment options
Masking of symptoms of substance misuse by other comorbid physical and mental/cognitive ailments	Feelings of shame, denial, desire to continue using, pessimism about treatment and recovery
Discomfort with addressing substance misuse with older adults	Cognitive problems—substance-induced amnesia, underlying neurocognitive disorder
Absence of collateral information from family members and caretakers	Family members and/or caretakers may not adequately report concerns of substance misuse
Assumption that older adults may not benefit from substance misuse treatment and prevention	Belief that other medical issues may be more important to address than substance misuse

Common Signs and Symptoms of Potential Substance Misuse and Abuse in Older Adults

- Anxiety
- Blackouts, dizziness
- Depression, mood swings
- Disorientation
- Family problems
- Financial problems
- Headaches
- Incontinence
- Increased tolerance to alcohol or medications
- Legal difficulties
- Memory loss
- New difficulties in decision making
- Poor hygiene
- Falls, bruises, and burns
- Idiopathic seizures
- Sleep problems
- Social isolation
- Poor nutrition



TOBACCO

- Even in older age, smoking cessation can decrease overall morbidity and improve quality of life.
- While smoking rates tend to decrease with age, one of five smokers is 50 years or older.



ALCOHOL Use Disorder

- The reasons for abstaining may have implications regarding treatment and counseling about drinking.
- Many individuals stop drinking alcohol due to the onset or presence of an acute or chronic illness.

ALCOHOL Use Disorder/ Differential Diagnosis

- Intoxication or withdrawal Syndroms may mimic psychiatric symptoms, including depressive, anxiety, and psychotic symptoms.
- Alcohol problems contribute to cognitive deficits in later life.
- Sleep disorders

ALCOHOL Use Disorder/ Treatment

- FDA approved the opioid receptor antagonist naltrexone in preventing relapse and reducing alcohol cravings, making it the first pharmacological agent in 50 years to be approved for treatment of alcohol misuse.



Medications/ Benzodiazepines

- Are one of the most common classes of prescription medications.
- Increase the risk of cognitive impairment, delirium, fall injuries, fractures, and motor vehicle accidents.

Medications/ Opioid Analgesics

- Data from multiple agencies have documented an alarming rise in prescription opioid analgesic abuse with a concordant rise in attributed mortality.
- Studies have examined the use of methadone in older and found that they were no different than their younger counterparts in terms of medical and psychiatric problems or employment, but did significantly better in treatment

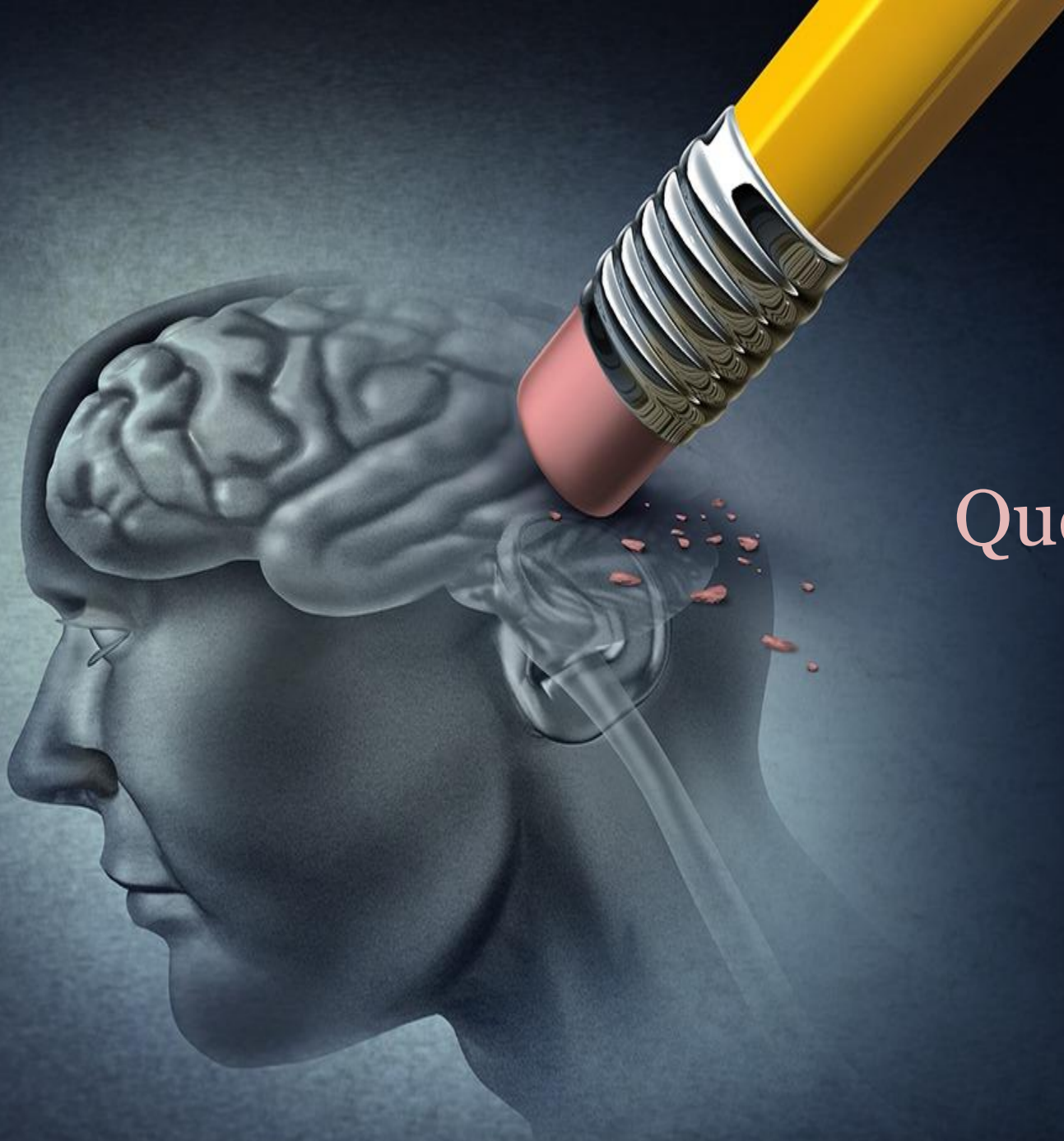
Medications/ Opioid Analgesics

- Older adults are thought to be more susceptible to the stigma of drug addiction, old age, psychotropic medication use, depression, poverty, race, and HIV status associated with methadone treatment.

Medications/ *Opioid Analgesics*

The American Geriatric Society :

- **Acetaminophen** be used as a **first-line** agent in the treatment of pain
- **Second-line:** SNRIs, Gabapentin, and Pregabalin alone or in combination with acetaminophen.
- **NSAIDs** should be used sparingly as older adults are considered more susceptible to the potential gastrointestinal adverse effects of these agents.
- **Tricyclics** have been shown to be somewhat efficacious in the treatment of pain in the general population; however, their use in the older population is not recommended given their significant adverse effect profile.



Questions?...