The Use, Misuse and Abuse of Alcohol, and Psychoactive Drugs among Older Persons

Alison A. Moore, MD, MPH
Division of Geriatric Medicine
David Geffen School of Medicine at UCLA
## Drinking in Older Adults:
Results of Three Nationally-Representative Surveys

<table>
<thead>
<tr>
<th>Alcohol use</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>49-60 %</td>
<td>63-72 %</td>
</tr>
<tr>
<td>≤ 1 drink/day</td>
<td>27-39 %</td>
<td>22-32 %</td>
</tr>
<tr>
<td>&gt; 1 drink/day</td>
<td>9-10 %</td>
<td>2-3 %</td>
</tr>
</tbody>
</table>

Breslow et al. J Stud Alcohol 2003
What is a Drink?
<table>
<thead>
<tr>
<th>Standard Drink</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 bottle of beer or ale</td>
<td>12 oz.</td>
</tr>
<tr>
<td>1 shot of spirits</td>
<td>1.5 oz.</td>
</tr>
<tr>
<td>1 glass of wine</td>
<td>4-6 oz.</td>
</tr>
<tr>
<td>1 small glass of fortified wine</td>
<td>3-4 oz.</td>
</tr>
<tr>
<td>1 small glass of liqueur or aperitif</td>
<td>3-4 oz.</td>
</tr>
</tbody>
</table>
Moderate or Low-Risk Drinking

• Under age 65
  – Men: no more than 2 drinks per day
  – Women: no more than 1 drink per day

• 65 and over:
  – Men and Women: no more than 1 drink per day

USDHHS, PHS, NIH, NIAAA
At-risk drinking

- The use of alcohol that may increase risk for harm
- Exceeding low risk drinking limits
- Drinking less than low risk drinking limits
  - While taking a medication that may negatively interact with alcohol (e.g., warfarin, narcotics) or whose efficacy may be diminished by the concurrent use of alcohol (e.g., allopurinol, ranitidine)
  - In the presence of medical or psychiatric conditions or having symptoms that may be caused or worsened by the use of alcohol (e.g., gout, depression, insomnia)
Drinking Patterns in Older Persons

- At-risk Drinkers: 12%
- Low-risk Drinkers: 25%
- Abusing or Dependent: 3%
- Abstainers: 60%
Alcohol-Medication Interactions

• Increased or decreased drug metabolism
  sedatives, warfarin, phenytoin, narcotics
• Interference with effectiveness of drugs
  drugs for HTN, gout, ulcer disease, GERD,
  depression, insomnia
• Exacerbation of side effects
  hypotension (nitrates), sedation (narcotics,
  sedatives), GI bleeding (NSAIDs, ASA)

Weathermon et al. Alc Res Health 1999
Mr. Jones

- 82 yo who drinks 2 drinks daily
- Diabetes
- Family history of CAD
- Memory problems
- Gout
- Uses omeprazole for GERD
Do Older Adults Use Drugs and What Drugs do They Use?
Data from 2001/02 NESARC

- 1% reported nonmedical use of drugs in past 12 months
  - 0.6% sedatives
  - 0.2% tranquilizers
  - 0.5% opioids
  - 0.1% cannabis
  - 0% crack cocaine, hallucinogens, inhalants, heroin, amphetamines
Age-Related Factors that Increase Risks from Alcohol & Psychoactive Drugs in Older Persons

• **Physiological factors**
  - ↑ ratio body fat to lean muscle mass
  - ↑ blood alcohol levels
  - ↓ clearance rate benzodiazepines
  - ↑ susceptibility to psychomotor effects
    (e.g. sedation, confusion, falls)

• **Other concomitants of aging**
  - ↑ morbidity
  - ↑ medication use
Risk Factors for Late-Life Substance Abuse

- Male gender, younger age, smoker (alcohol)
- Female gender, higher SES (psychoactive drugs)
- Prior and current usage
- Isolation, bereavement, retirement
- Polypharmacy
- Insomnia, depression, anxiety, pain
- Physical limitations
Mrs. Moore

- 70 yo who uses a sedative (lorazepam 1mg) most nights
- Sometimes she takes two pills
- OA of knees and uses acetaminophen and codeine
- Has fallen twice in last month
- Widowed for 3 months
- Wants to get more lorazepam to help her sleep better
- Risk assessment?
Step I. Ask About Substance Use

- **Consumption**
  - Usual quantity and frequency of use
  - Frequency of drinking 3-4 or more at a time
- **Ask about symptoms of substance abuse or dependence** (e.g., CAGE, AUDIT, MAST-G, ASSIST)
- **Collect information on risk factors, clinical symptoms, medications and conditions that may indicate misuse**
Step II. Assess for Substance-Related Problems

- Ask further about typical substance use patterns
- Ask about reasons for substance use
- Personal or family history of substance-related problems
- Clinical symptoms of substance-related problems
- Potential interactions with other medications
- Co-morbidity/frailty
Mrs. Moore

- 70 yo who uses a sedative (lorazepam 1mg) most nights
- She takes two pills 4-5 times a week nightly and takes a pill in the morning on days she really doesn’t want to face the day
- She uses the lorazepam as it helps her relax
- She admits that she has also been getting the lorazepam from another physician
Step III. Advise Appropriate Action

• State your medical concern
• Advise to abstain if:
  – Evidence of substance dependence
  – Contraindicated medical condition or medication or evidence of harm from drinking
• Advise to cut down if:
  – Drinking above recommended low risk drinking amounts
  – Evidence of misuse
Mrs. Moore

- You tell her that you are concerned that she is taking too much of the lorazepam and that it is dangerous to take this in combination with the pain medication and may be contributing to falls and functional decline.
- You explore depressive symptoms and ways to keep her more engaged.
Brief Physician Advice Works for Alcohol Problems

- 10-30% reduction in drinking in younger populations
- Fleming et al* focused on older drinkers
  - 34% reduction in 7-day alcohol use at 12 months
  - 74% reduction in # binge drinking episodes
  - 62% reduction in % drinking > 21 drinks/week

Step III. Advise Appropriate Action

- For patients who are not substance-dependent
  - Recommend low-risk consumption limits
  - Ask your patient to set a specific substance use goal
  - Provide educational materials
Step III. Advise Appropriate Action

- For patients who are substance-dependent
  » Refer for additional diagnostic evaluation or treatment
  » Involve patient in decisions
  » Discuss available treatment services
  » Schedule referral appointment while you are with the patient
Step IV. Monitor Patient Progress

• Support your patient’s efforts to cut down or abstain
• Provide regular follow-up
Step IV. Monitor Patient Progress

- For patients who are not ready to change substance use behavior
  - Restate concern for patient’s health
  - Reinforce willingness to help when patient is ready
  - Continue to monitor substance use
Summary

- The extent of risky drinking is probably common
- The extent of prescription misuse is unknown, but it is probably less common
- Approximately 15% of those 65+ smoke
- Detection can be difficult
- Be aware of risk factors and clinical symptoms which may signal a problem
- Interventions are available and are frequently successful, especially in older persons
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Partners in Care would like to acknowledge our clinic partners:

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