

# **Alcoholism And Addiction In The Elderly**

## **Introduction**

Substance abuse and addiction have long been associated with young adults, teens, or persons of low socioeconomic status; however, the picture of substance abuse and addiction is changing. A growing population of older adults is becoming addicted to drugs and alcohol. Advancing age and its associated changes have pushed more and more people over 65 to start using substances in a harmful manner, whether or not they were former users of these substances when they were younger. It may seem difficult to believe that a grandmother or an elderly community member could also have a drug or alcohol addiction, but healthcare workers are seeing many more of these people who require care and treatment on an ongoing basis.

A significant component of caring for older adults is recognizing the many facets of their health needs: physical, emotional, spiritual, and sociocultural needs. Alcohol and drug abuse screening fits into this comprehensive care when the provider understands that it is a potential problem and tries to identify it. If it is true that an older adult seeking care struggles with alcohol or drug addiction, the healthcare provider is in a prime position to help the older adult get the services he or she needs to overcome addiction and to have a greater chance to live a quality life.

## **Types Of Substance Abuse**

The reasons for why a person may start to abuse drugs or alcohol are often complex; the consequences of substance abuse lead to great cost to the affected person, his or her family members, and to society at large. While the community may think of older adults as the least likely group to develop

substance abuse and addiction, the increasing numbers of older adults in an aging population, combined with easier methods of accessing drugs and alcohol have made substance abuse in this population a common problem that requires continued education and prevention efforts.

Substance abuse, dependency, and addiction may all be interchanged in the literature, but they have different definitions and criteria for classification. According to Melillo and Houde, authors of the book *Geropsychiatric and Mental Health Nursing*, in order for a person to be diagnosed as having a problem with substance abuse, he or she should have used a substance within the last 12 months so that it affects the ability to perform important functions, such as working or maintaining a home. The person may have also used a substance to the point that he or she was at risk of danger while operating machinery, used substances enough to cause legal problems, such as with a DUI, and/or substance use caused significant problems in relationships.<sup>22</sup>

A person who has become dependent on a drug or alcohol may experience physical and psychological symptoms of dependency. When physical dependency on a substance develops, the person will experience withdrawal symptoms after stopping. The patient who is dependent on drugs or alcohol may also develop tolerance for the substance, such that he or she requires more of it to achieve the same effects over time. Dependency on a substance is also manifested when the person talks about, thinks about, or acts in ways to get the substance and continues to use it, even though it is causing problems with relationships and professional obligations.<sup>22</sup>

Addiction occurs when a person has developed dependence on a substance and continues to use it, despite the problems it causes with that person's job

performance or relationships. The National Institute on Drug Abuse states that addiction is defined as a “chronic, relapsing brain disease” when the chronic use of a substance causes changes in the structure of the brain and how it works.<sup>23</sup> Whether an older adult has developed substance abuse, dependence, or addiction, the consequences are often devastating to the health and wellbeing of both the affected patient and his or her family members. Substance abuse and addiction may take several forms: the older adult who becomes addicted to substances may focus on one item, such as alcohol or a particular type of drug; alternatively, there may be abuse of more than one substance, including both drugs and alcohol, further adding to the harm of his or her condition.

## **Alcohol**

Substance abuse is a substantial problem among patients of all ages, and alcohol is the most commonly abused substance. The elderly most often use alcohol inappropriately; it acts as a depressant and serves to reduce anxiety and inhibition in the person who uses it. If an individual consumes enough alcohol on one occasion, he or she can become confused, paranoid, and can even have periods of “black outs” in which the individual does not remember behavior. Alcohol may be more likely to be abused because of its availability; an older adult does not necessarily need someone to buy alcohol for them to use, as he or she is old enough to consume it and it is available everywhere, from grocery store aisles to convenience stores. Rick Nauert, PhD and senior news editor of *Psych Central* asserts that approximately 3 million Americans over age 55 suffer from alcohol abuse; that figure is expected to double in the next five years.<sup>5</sup>

Alcohol abuse among older adults is not always obvious. It can be difficult to identify those patients who struggle with alcohol abuse, despite the fact that

alcoholism is the reason for one percent of all hospitalizations among the elderly.<sup>6</sup> An older adult who abuses alcohol may fear disclosing his or her habits of alcohol use or may simply be more isolated when compared to other adults in the community. Retirement, loss of a spouse, and decreased attendance at social and public functions create an environment for many older adults to drink alcohol alone, where dependence and addiction are more likely to be hidden from public view. Living alone also allows a person to hide the effects of alcohol use, such as empty bottles or damaged items; the person who lives alone does not necessarily need to account for his or her behavior to anyone else when drunk, and may be able to drink alone without needing to explain his or her actions.

Because of the prevalence of alcohol use at social gatherings and recreational activities, and its legal availability, the extent of alcohol use may be difficult to determine among some people and alcoholism may be present without obvious signs or symptoms. Alcoholism in the older adult may take one of two forms: early onset or late onset. Early-onset alcoholism occurs when the elderly person has been a heavy drinker or alcoholic during his or her adult life. The person developed an alcohol addiction at some point during adulthood while still engaging in other activities, such as working at a job or raising a family. Early-onset alcoholism then often continues when a person reaches older adulthood if he or she has not been helped or has not tried to quit. Often, a patient with early-onset alcoholism will struggle more with the course of the disease, as he or she has been using alcohol for a longer period of time.<sup>8</sup> Approximately two-thirds of older adults with alcoholism are considered early-onset alcoholics.<sup>12</sup>

Late-onset alcoholism develops in older adulthood when the person starts drinking after reaching an older age. The person may have used substances

earlier in life, but not to the point of addiction; however, substance misuse and addiction then develops later, after the person has aged. Late-onset alcoholism often develops in response to life events associated with aging, including job changes due to retirement or loss of a spouse.<sup>1</sup> Sue Meiner, author of *Gerontologic Nursing*, states that those who struggle with late-onset alcoholism are more likely to have started drinking excessively because of changes associated with older age; late-onset alcoholism may more likely affect women who are affluent, and people who struggle with this type of alcoholism may have fewer medical problems related to the disease because of the shorter timeframe of use.<sup>8</sup>

Alcohol abuse starts with drinking to excess on multiple occasions. This may mean drinking alcohol to the point of feeling intoxicated or out of control in behavior, but not all older adults strive to reach this point when they drink alcohol. A person can still develop a drinking problem when he or she drinks more than what is recommended for health and safety. The National Institute of Alcohol Abuse and Alcoholism (NIAAA) recommends that adults older than age 65 have 1 alcoholic drink or less per day or less than 7 drinks in the span of a week, with a drink being classified as either 1 12-oz. beer, 1 5-oz. glass of wine, or 1 ½ oz. of distilled spirits. The NIAAA also recommends that older adults not consume more than 3 drinks in one sitting. However, the Hartford Institute for Geriatric Nursing affirms that up to 23 % of older adults report episodes of binge drinking; taking in more than 4 drinks in one sitting, which is well above the NIAAA recommendations.<sup>10</sup>

Because of the physical effects of aging and the body's decreased ability to process alcohol or medications as a person grows older, the elderly patient may be more likely to experience extended negative effects of alcohol or

drug use. While a patient may remember that he or she was once able to tolerate 2 to 3 drinks in an evening at a party or social gathering, the effects of aging now make the body more sensitive to alcohol and the patient becomes intoxicated after only one drink.<sup>19</sup> The person is also more likely to become injured while intoxicated when compared to a younger adult. The acute effects of intoxication may be pleasant, but the elderly person also might not be able to handle the dizziness, confusion, or delayed responses that alcohol consumption causes and may not be able to stay in control. An aging body does not withstand the effects of falls and injuries that occur with alcohol intoxication nearly as much as a young adult who experiences the same injury.

Further, the older adult who has chronically used alcohol may take much longer to overcome its effects. While a younger person may have several drinks and then return to a sober state after several hours, the same amount of alcohol consumed by an older adult can cause confusion and an altered level of consciousness that can last for days.<sup>22</sup> Although its use is often widespread and older adults can access it relatively easily, alcohol clearly has many deleterious effects on the body of an elderly person.

## **Illegal Drugs**

Although illegal drug use is often associated with young adults, the use of illegal drugs is on the rise among people over the age of 50. Older adults may use illegal drugs because it is a process that has continued over time, whether or not addiction is present. For instance, a person who was a young adult in the 1960s when illegal drugs were often available and easy to access may have continued to use these substances over time, even into the elder years. The knowledge of where to access illegal drugs is also an important factor, as some adults do not use drugs, even if they wanted to,

because they have no idea of where to get them. Alternatively, a person who has used drugs and has access to illegal substances will have an easier time getting drugs to use because of connections.

Illegal drugs often have negative effects on the cardiovascular system, which can be detrimental to the older adult who already suffers from heart disease or other forms of chronic illness. Certain drugs can cause complications that affect different body systems and that can contribute to poor health in the older adult. For example, use of stimulants such as cocaine or amphetamines has been shown to cause such complications as cardiac arrhythmias, hypertension, seizures, chest pain, and dyspnea.<sup>2</sup> When an older adult already suffers from chronic illness, use of illegal drugs can further exacerbate symptoms or can cause new side effects and complications.

Further, illegal drug users may be more likely to use more than one substance, so when an older adult is known to use a certain type of drug, it may be that there are other drugs or substances involved as well. Some people use illegal drugs and combine their use with alcohol or tobacco, in which case the detrimental health effects of these substances are multiplied.

Cannabis is the most commonly used illicit drug in the United States. Marijuana is made from the cannabis plant and is typically smoked as a rolled cigarette. Smoking marijuana produces a pleasant feeling that makes a person feel relaxed and happy, with an increased response to environmental stimuli and an increase in appetite.<sup>22</sup> Because marijuana is often more common than other forms of illicit drugs, an older adult may have greater access to it and it can be easier to purchase when compared to some other types of street drugs. Marijuana has been referred to as a

“gateway drug,” in which the person tends to start their drug use with marijuana and then move on to other illicit drugs that can have more serious consequences. The long-term health outcomes of marijuana have received conflicting reports, with some experts noting that this drug does not necessarily cause physical addiction. However, because of the effects of marijuana on various body systems, it can still cause health problems and changes in the behavior of an older adult, which can be detrimental to his or her wellbeing and to relationships with family or friends.

Stimulants are another form of illicit drugs that may be used among older adults. Stimulants can be available by prescription for some medical conditions, such as ADHD or in the treatment of narcolepsy. As street drugs, stimulants typically include cocaine and methamphetamines; the effects of these types of drugs often cause feelings of pleasure and euphoria, decreased inhibition, and increased energy. They may also lead to violent and aggressive behavior in some people, particularly when mixed with other substances.<sup>22</sup> Stimulants can be used in many ways, including as oral tablets, by smoking them, or by injecting them intravenously.

Illegal drugs can be extremely dangerous for older adults, particularly when they have little experience with their use. The elderly person who wants to try illegal drugs is putting him- or herself at risk of numerous health problems, as the effects of drugs on the aging body are similar to that of alcohol, in that an older person will have a much slower response and will take longer to overcome the effects. The older individual may also suffer from severe health complications, mental health issues, and even legal consequences as a result of using street drugs. In some cases, the person does not need to use much of the drug at all before taking too much in an overdose. For an elderly person who experiments with illicit drugs, trying



certain kinds without understanding their full effects can ultimately be deadly.

Illicit drug use among older adults can develop in a variety of ways. For some adults who have used these substances in the past, they may know others who can provide a source of the drugs for their use. For others, drug use by family members or friends contributes to illicit drug use in the older adult. Regardless of the method of how the elderly patient acquires illicit drugs, they are harmful to the older person's system and often require intervention into the person's life before the drugs cause severe harm.

### **Prescription Drugs**

Prescription drug abuse occurs when a person has a prescription for some type of medication and he or she does not use the medication as ordered, or as the prescription was intended. While most prescription drugs can be taken safely by older adults, when prescribed and used properly, misuse of prescription drugs can lead to health problems and addiction.

Elderly persons may have prescriptions for multiple drugs; often, one or two chronic conditions in an older adult may require several drug prescriptions that involve taking medications on a regular basis. Prescription drugs used to control symptoms of chronic illness are typically abused less often when they do not produce feelings of pleasure in the patient. Alternatively, drugs that produce feelings of euphoria and relaxation are more likely to be abused. For example, a patient is less likely to abuse prescription allopurinol

for gout symptoms because it is used for uric acid concentrations in the blood and does not otherwise produce intoxicating feelings.

The most common types of prescription drugs abused are those in the classes of sedative-hypnotics and opioids. Sedative-hypnotics include such drugs as benzodiazepines and barbiturates; they are typically used for their calming effects to control anxiety and to induce sleep or as muscle relaxants and anticonvulsants. Opioids are typically used in the management of pain, which may be acute or chronic. In addition to pain control, these drugs also produce feelings of euphoria and relaxation, and they can induce sleep.

When an older adult uses a substance that is at risk of being abused, he or she may utilize services from more than one physician or pharmacy to get access to these prescription drugs. This is particularly true when one physician has discontinued prescribing a drug; the elderly patient may still have a backup source for obtaining the drug through a different prescription. Often, a physician may have planned to prescribe a drug for a patient for only a short period of time and then may discontinue prescribing the drug, but the patient who has developed drug dependence will still want the prescription. For example, an older adult patient who is recovering from surgery may have been given a prescription for pain medication to use at home. After a period of time, the physician will most likely discontinue the prescription because the surgical pain should be under control and the medications are no longer necessary. If the patient has developed dependence on the drug or has become addicted, he or she may devise another plan to get the medication, such as through another physician or by filling the prescription at another pharmacy.

Mail-order pharmacies have also been shown to increase the risk of drug abuse and misuse of prescription drugs. These pharmacies fill prescriptions and mail them to patients, potentially cutting back on how often the patients must drive to the pharmacy or the store to pick up the prescriptions. However, these mail-order pharmacies may also contribute to medication misuse because of increases in medication errors and overfilling of prescriptions.<sup>8</sup>

As stated, pain medications and sedatives used for sleep problems or anxiety tends to be more likely used inappropriately; these drugs are typically referred to as controlled substances. Controlled substances often cause feelings of pleasure in the person who takes them. The older adult may reason that if he or she can get a positive feeling from taking the drug as prescribed, then a little more may feel even better. The drugs may be misused if the person taking them does not feel they are working as they should; eventually, taking too much inappropriately can lead to increased tolerance, in which the person needs to take more and more of the drug to achieve the same effect.

Controlled substances are so named because they pose a higher likelihood of abuse because of their effects. These medications ultimately have to be monitored and controlled for how they are prescribed and dispensed to prevent their misuse in the community. Controlled substances are classified according to schedules, in which the substances that make up the drugs are considered for their medical use or their abuse potential.<sup>3</sup> The drugs are classified in a range from Schedule I (most dangerous with the highest potential for dependence) to Schedule V (the least dangerous and with minimal amounts of narcotic).

Schedule I drugs are typically not used for medicinal purposes and are not available by prescription, which is why they are given the highest classification for misuse. They can cause severe physical or psychological effects and can quickly lead to addiction. Although older adults may abuse Schedule I controlled substances, the drugs in this category would more likely be classified as illegal drugs. Examples of Schedule I substances include heroin and ecstasy.

Prescription controlled substances are then classified into schedules of drugs that may be prescribed to patients in a healthcare center or that could be ordered as prescriptions for use in the home, although not all of these drugs can be categorized in this manner. For example, cocaine is considered a Schedule II controlled substance, but a physician does not typically prescribe it for medical use.<sup>3</sup> Many of these drugs that are prescribed must be written out and the prescription walked into a pharmacy; in other words, they cannot be called in or ordered electronically by a healthcare center because of their potential for abuse. Examples of Schedule II drugs include meperidine (Demerol®) and oxycodone (OxyContin®), while examples of Schedule III substances include combination acetaminophen and hydrocodone (Vicodin®) and acetaminophen with codeine.

Patients can still misuse substances that are considered to be Schedules IV or V on the controlled substances list. They are available as prescription medications but can cause addiction when used inappropriately. Because older adults often have slower rates of metabolism, these drugs are often processed at a slower rate in the body when compared to young- or middle-aged adults. Older adults have a slower filtering process in the liver, so they may be more likely to experience the effects of the medications longer, they may be more likely to suffer side effects, and they can become addicted

quickly.<sup>4</sup> Schedule IV substances include such drugs as alprazolam (Xanax®) and Darvocet®, while Schedule V substances include Lomotil® and Lyrica®.<sup>3</sup>

Prescription drug abuse may also be more likely when an older adult is prescribed a controlled substance that is used to treat pain or discomfort associated with conditions that become more advanced with aging, such as arthritis. Older adults may suffer from increased pain due to chronic conditions or body changes associated with aging, including muscle weakness, changes in sensory perception, poor circulation, and skin breakdown. Consequently, they may seek out medications to take for pain to help to ease some symptoms. Sleep difficulties are also more common in the elderly, and many older adults complain of insomnia or shifting sleep schedules in which they fall asleep much too early in the evening but then also awaken very early in the morning. In these situations, a physician may prescribe sleep aids or sedatives, which also have the potential to be misused.

The combination of sensory changes due to aging and the increased number of prescription medications may increase the risk of prescription drug abuse as well. For example, an older adult patient may routinely have 4 to 5 prescription medications that he takes on a daily basis for chronic diseases, such as gout and heart disease; he or she may also have a prescription sleep aid and a pain medication that is taken for flare-ups that sometimes is associated with arthritis. Although the older patient takes these medications each day, he or she may also have developed some memory loss and may periodically forget if medications were taken for the day. The patient may take them more than once or several times a day if he or she repeatedly forgets.

As with abuse of other substances such as alcohol or illicit drugs, prescription drug abuse in the older adult can be dangerous and can cause significant health problems. Unlike alcohol or illicit drugs, prescription drug abuse may not be noticed right away in the older adult. Family or friends may assume that the patient requires these drugs because of his condition but they are actually not aware of the extent of use until the older adult suffers from an injury or demonstrates abnormal behavior that reveals the magnitude of the situation. Because prescription drugs are often necessary for treatment of various health conditions, to avoid misuse and abuse of these substances, an older adult who has dealt with substance abuse may need education and alternative forms of health management to control a health condition.

### **Effects Of Substance Abuse**

Substance abuse among the elderly may be difficult to identify in part because the health effects that develop from abusing illicit drugs or alcohol can mimic those that may occur as a person ages anyway. The aging process often leads to physical decline and changes in sensory and cognitive functions. Development of diseases or conditions such as cancer, sleep disorders, or dementia may be considered as a part of aging for some adults whose bodies are declining in health and as they are suffering from the effects of older age. Alternatively, these effects can also develop as a result of chronic substance abuse but without appropriate screening, may be mistaken as part of the process of getting older.

When an older adult already suffers from physical illness, substance abuse can also worsen the effects of the disease, making some symptoms intolerable and causing complications that require hospitalization and rehabilitation. Poor nutrition that occurs as a result of substance abuse

further diminishes an elderly person's ability to fight illness and the person becomes immunocompromised. And, substance abuse causes a jump in the risk for injury among this population who are often already at risk because of their physical conditions or states of health. Healthcare providers may see more falls, accidents, and traumatic injuries among seniors with substance abuse whose misuse of alcohol or drugs multiplied their already high risk of injury.

### **Health Issues in the Elderly**

The physiological changes associated with aging can cause numerous health issues in the older adult who struggles with substance abuse.

Pharmacokinetics, which refers to how the body absorbs, metabolizes, and excretes drugs, is often slowed in older adults and their bodies process drugs and alcohol differently when compared to younger adults. As a result, they may experience the effects of alcohol or drugs for a longer period of time after taking them. Alternatively, an elderly patient with substance abuse may be more likely to suffer long-term health effects of drug or alcohol use and may experience health complications that develop at a much more rapid rate, which can require hospitalization or ongoing care and treatment. Some long-term health effects are further discussed below.

### **Cancer**

An older adult is at higher risk of developing certain types of cancer if he or she struggles with substance abuse; alcohol abuse, in particular, has been shown to increase the risk of oral, pharyngeal, esophageal, and laryngeal cancers. Excessive alcohol use may also increase the risk of cancers of the stomach, rectum, colon, liver, and breast.<sup>24</sup> The risks are more common

when a person combines alcohol intake with other substances, such as tobacco.

The theory of how excess alcohol consumption causes cancer is related to the ethanol present in alcoholic beverages. According to a meta-analysis by Bagnardi, *et al.*, alcohol in itself is not considered to be a complete carcinogen — that is, alcohol consumption alone does not cause cancer. Instead, alcohol is considered to be a cancer promoter, in that cancer is more likely to develop when alcohol is ingested with other carcinogenic substances. Alcohol may also interact with certain substances within the body to cause changes that result in carcinogenic effects. An example of this is the correlation between alcohol consumption and breast cancer. Alcohol may impact female hormone metabolism, including levels of estrogen in the body, to increase the rate and development of breast cancer. This risk may be further increased among patients who have a family history of breast cancer.<sup>24</sup>

Although alcohol use has been shown to have an impact on cancer development, abuse of illicit or prescription drugs do not necessarily have the same carcinogenic effects. There is little evidence that indicates that abuse of drugs such as stimulants, benzodiazepines, or opioids has a direct link to cancer development. However, an older adult who does abuse drugs may still put himself at risk of exposure to carcinogens that can eventually cause cancer, even if not directly from the drugs themselves. For example, an older adult who engages in risky behavior by injecting drugs may be at higher risk of contracting the hepatitis B infection if he shares needles with other users. Although the drugs themselves do not necessarily cause cancer, hepatitis B infection has been shown to be a carcinogen itself.<sup>25</sup> Additionally,



a person who uses illicit drugs may also use other substances with the drugs that are known carcinogens, such as alcohol and tobacco.

In short, use of drugs and alcohol may lead to an increase in certain types of cancer, with some kinds developing more often than others. Use of these substances generally demonstrates a lack of health-promoting activity, which can further expose the older person to carcinogens and situations that can ultimately lead to life-threatening cancerous conditions.

### **Immune System Disorders**

Diminished functioning of the immune system can increase the risk of an older person becoming sick with an illness that can cause negative health outcomes, some of which are permanent. Normally, the immune system works to protect the body against certain types of diseases by responding to pathogens and foreign substances that could potentially cause infection or illness. Substance abuse with drugs and alcohol can slow the work of the immune system and can lead to increased illnesses, difficulties with overcoming sickness, and more frequent hospitalizations in the older adult.

Use of drugs or alcohol over time impacts the immune system in a number of ways. The older person who uses these substances places himself in high-risk situations that can be damaging to the body. For instance, the person abusing drugs may become injured when his behavior is out of control from the effects of the substance. The body then must expend extra energy to work on healing itself of the injury. Use of drugs and alcohol can also lead to lack of sleep, dehydration, stress, and exhaustion, all of which can negatively impact the immune system.

Chronic alcohol abuse often leads to malnutrition, as the body loses the effects of some important nutrients or the person does not take in enough nutrients through the diet because food has been replaced by alcohol. Malnutrition disrupts the abilities of the immune system, which makes a person vulnerable to certain types of diseases and conditions. Alcohol has also been shown to decrease the liver's ability to store certain vitamins, prevent protein absorption, and to reduce the effectiveness of white blood cells in fighting illness.<sup>25</sup> These factors increase the risk for development of diseases, including certain types of cancer, chronic illnesses; and acute, short-term sicknesses.

Marijuana use may impair the immune system because of its effects on lung tissue. The components of marijuana smoke may contain carcinogens that can damage the lungs; and, there is some evidence that THC, the main element present in marijuana, may impair immune function overall.<sup>25</sup> Smoking marijuana may also lead to bronchial infections from irritation of the airways and lung tissue; these infections can reduce immune function in the affected person as illness takes its toll on the body, increasing the risk of complications.

People who use methamphetamines are at higher risk of certain types of infections. Studies have shown that use of methamphetamine increases the risk of cryptococcosis, a fungal infection in the lungs. A study in *mBio*® showed that abuse of meth stimulates fungal colonization in the lung tissue and ultimately, the central nervous system, rapidly increasing the time to death.<sup>42</sup> Unfortunately, people who use dangerous illicit drugs, such as cocaine or methamphetamines are more likely to engage in behaviors that are harmful to their health. A person who injects illicit drugs is at increased risk of HIV infection, which will ultimately result in immune system

depression and death through opportunistic infections. Although some illicit drugs do not directly cause suppressed immune function or lead to disorders of the immune system, their effects can be very dangerous because of the older adult's response to these drugs.

## **Liver Disease**

Liver damage is one of the more common negative outcomes associated with chronic substance abuse. The liver plays extremely important roles in the body through metabolizing nutrients, detoxifying the body when it has been exposed to certain substances, and regulating blood glucose levels, among other activities. Damage to the liver is not only very harmful in that it can affect most other components of the body, but it is often irreversible. Liver damage may appear as types of liver disease that develop as a direct result of certain types of substance use. Alternatively, liver damage may develop as a complication of other diseases that the patient acquires from high-risk behavior as a result of using drugs and alcohol.

Alcoholic liver disease may be classified as fatty liver, alcoholic hepatitis, cirrhosis, and end-stage liver failure.<sup>43</sup> The liver is the major organ in the body that metabolizes alcohol, and excessive alcohol intake injures the hepatic cells, causes chronic inflammation, and eventually causes the tissue that makes up the liver to become a fibrotic mass that does not function normally. The patient who develops alcoholic liver disease will often experience abdominal pain in the right upper quadrant, liver enlargement, elevated liver enzymes found on laboratory testing, and muscle atrophy. The patient may also experience other symptoms depending on the stage of the disease; symptoms may range from fever and jaundice to ascites, portal hypertension, and encephalopathy.

Liver damage may also develop if the patient with a substance abuse disorder engages in high-risk behaviors and contracts infectious hepatitis. Hepatitis A is most commonly spread through the fecal-oral route, but it has been shown to have a high prevalence among drug users.<sup>43</sup> Hepatitis B is more commonly transmitted between injectable drug users, which puts an older adult who uses drugs in this manner at higher risk. Both forms of hepatitis can cause jaundice, fever, joint and abdominal pain, and dark urine. For people infected with hepatitis B, the condition can become chronic, in which it is present longer than 6 months. Chronic hepatitis B causes thickening and scarring of the liver tissue, ultimately increasing the risk of liver failure, cirrhosis, and liver cancer.

Unfortunately, the liver suffers many deleterious effects of both drug and alcohol abuse. Because it is responsible for filtering toxins in the body, too many harmful substances require the liver to work too hard and eventually it cannot keep up. The affected patient then suffers from the buildup of toxins in the body when the liver no longer works correctly.

## **Brain Damage**

An aging adult normally undergoes cognitive and neurological changes as a result of the aging process. Signs or symptoms that develop with advancing age include delayed motor responses, memory loss, and alterations in sensory functions, such as with the senses of hearing, smell, and sight. Use of alcohol and other substances can exacerbate these signs and symptoms and cause them to worsen for the older adult. The elderly person may be less likely to overcome the effects of drugs or alcohol within a short period of time and may continue to feel the effects much longer when compared to a younger person. Other symptoms of brain damage may also develop, which

can manifest as confusion, neuropathy, coordination problems, and impaired judgment.

Alcohol-related dementia is a complication associated with chronic alcohol abuse that leads to cognitive decline in the older adult. A review found in *Alzheimer's Research and Therapy* states that the topic of alcohol-related dementia (ARD) has undergone some debate as to its exact cause: some clinicians believe that instead of dementia developing as a cause of excess alcohol consumption, ARD may instead develop because of such factors as thiamine deficiency or other forms of chronic electrolyte imbalance.<sup>13</sup> Nevertheless, a significant percentage of patients with alcoholism have demonstrated changes in brain structure as evidenced on autopsy. The theory is that ARD develops because alcohol acts as a neurotoxin that causes damage to the structure of the brain. Some signs or symptoms of ARD that may be seen among patients who suffer from alcohol abuse include problems with planning, loss of inhibition, memory or language impairment, apathy, irritability, and difficulties with completing some physical tasks.

Wernicke-Korsakoff syndrome is a type of ARD that is diagnosed due to memory loss combined with thiamine deficiency. Alcohol affects the body's ability to metabolize thiamine, and a person with chronic alcoholism often suffers from the effects of thiamine deficiency. Wernicke-Korsakoff syndrome is technically a combination of Wernicke's encephalopathy, which is a thiamine deficiency that causes three distinct, potentially reversible manifestations of confusion, ataxia, and nystagmus; and, long-term memory and confusion associated with Korsakoff dementia.<sup>14</sup> Although the condition can develop in patients who have not been exposed to alcohol and who instead suffer from severe malnutrition, it is most commonly associated with chronic alcohol use.

The patient with Wernicke-Korsakoff syndrome may develop symptoms of mood changes, disorientation, delirium, apathy, and indifference to activities in his or her surroundings. The condition can be treated with thiamine replacement and abstinence from alcohol. The symptoms of Wernicke's encephalopathy can be reversible if the condition is caught at an early stage, but Korsakoff syndrome does not always respond to treatment. It is important to note then that a person diagnosed with dementia associated with Wernicke-Korsakoff syndrome may not respond to treatment and may continue to demonstrate symptoms of dementia, despite abstaining from alcohol and restoring thiamine levels.

Similarly, dementia can set in as a result of chronic drug abuse. Some older adults already have a form of dementia, which is worsened by chronic substance abuse. In other cases, dementia may set in as an older person starts to abuse drugs or the drug use may bring out symptoms of dementia in a person who is already genetically predisposed to its development.<sup>15</sup> Some of the most common causes of drug-induced dementia include benzodiazepine and opioid abuse. Dementia can be difficult to define, as it is often associated with certain conditions; the condition often considered most frequently associated with dementia is Alzheimer's disease, although it can develop from a number of other illnesses and disease states. When symptoms of dementia develop because of a chronic degenerative disease such as Parkinson's or Lewy Body disease, the treatment is often symptomatic. Alternatively, dementia that develops as a result of drug abuse or drug withdrawal may be treatable.

In many cases, treatment of a person suffering from symptoms of dementia directly caused by drug abuse includes stopping use of the drug causing the

symptoms. If drug abuse has persisted to the point of causing dementia, the person may more likely need continued monitoring and management of symptoms of acute drug withdrawal, as symptoms can be very serious. Dementia caused by drug abuse is not necessarily resolved with drug abstinence and treatment after drug withdrawal, but the sooner the person stops using the causative drug, the better the chances of recovery.<sup>15</sup>

### **Aging And Mental Health**

The effects of aging impact not only the physical health of older adults, but can lead to cognitive changes as well, resulting in mental health issues and psychiatric disturbances that develop later in life. Substance abuse increases the risk of neurotoxicity among older adults because of age-related changes in the brain and the body's system of pharmacokinetics.<sup>7</sup> An older adult may process a drug more slowly, with slower rates of absorption, metabolism, and excretion of a drug, resulting in a longer time that the substance is in the person's system. This can lead to symptoms of toxicity that can cause changes in cognition and mental issues whose causes may not be clearly identified right away.

### **Confusion**

Unfortunately, confusion becomes more common for a lot of people as they grow older. This is typically true even when an older person has not been abusing drugs or alcohol; instead, it often occurs as a result of age-related changes in the brain that affect thinking and memory. Confusion and disorientation are potential outcomes related to substance abuse in the older adult. While drug or alcohol abuse may cause transient confusion for some people during the time of intoxication, confusion often resolves by the time the drug or the effects of the alcohol wear off. However, for many older

adults, confusion can last much longer and can cause harm because of an increased risk of injury as well as a decrease in quality of life.

Confusion may be manifested as minor forgetfulness and an inability to recall certain items to a state of complete delirium or dementia in which the person is unaware of his or her surroundings and cannot think clearly.

Dementia that occurs as a result of substance abuse causes confusion and distorted thinking that can be harmful to the patient; he or she may become so disoriented that there is not awareness that he or she is engaging in unsafe behaviors, or may have delusions that cause the person to act inappropriately. When this occurs, the patient requires regular monitoring and care to prevent injuries that can happen from confused behavior.

Alcohol-related psychosis is another condition that develops as a result of alcohol abuse in which the affected person experiences delusions and hallucinations. Alcohol-related psychosis may occur during a period of acute intoxication or during the stage of withdrawal, particularly if the patient is experiencing delirium tremens from alcohol withdrawal.<sup>44</sup> When caring for a patient who is experiencing symptoms of alcohol-related psychosis, it is important to ensure that his confusion has not developed as a result of another condition, such as a head injury from trauma that occurred while the person was intoxicated. The cause of the confusion and psychosis is important to understand before trying to treat the condition.

In such cases, it may be difficult to determine the difference between alcohol-related psychosis and other causes of confusion or psychotic behavior, such as a mental health diagnosis. If the patient stops using alcohol completely, he or she will most likely revert back to a normal state of mind without confusion — although it may take longer for the patient to



return to this state when compared to a younger adult. The resolution of confusion after eliminating the drug or the alcohol can direct the practitioner to better determine the cause of the confusion and to know that the psychosis was most likely caused from substance abuse, rather than from an injury or mental health condition.

Mental confusion may also develop from drug use, even if alcohol is not a factor. Overmedicating with prescription drugs or using illicit drugs can lead to changes in mental status that lead to confusion, memory loss, and decreased alertness. As with alcohol use, drug abuse that causes confusion is a concerning situation for the older adult who is at risk of injuries related to changes in behavior and impaired cognition. The caregiver who is helping the elderly patient who has developed confusion should stay close by the patient and provide careful monitoring until the person demonstrates cleared thinking or is able to be treated with constant supervision, such as in an inpatient care facility.

## **Aggression**

Aggression refers to behavior that is violent, hostile, or forceful toward others. An older adult who has become aggressive may be destructive and threatening in his behavior, which can lead to such acts as verbal threats, physical violence, or destruction of property. It is normal and common for people to feel angry and upset over circumstances, but escalating into aggression is cause for concern, particularly when it is related to substance use, in which case the person most likely needs help with getting his or her behavior under control.

Alcohol and certain drugs are more likely to cause aggression. While alcohol has a depressant effect, it can eventually cause loss of inhibition and it

changes the way a person thinks. An older adult who has been drinking alcohol may become aggressive when he or she cannot see outside of current circumstances and is less inhibited in behavior, meaning that the individual may become angry as a result of developing tunnel vision from being intoxicated. For example, an elderly patient who has had several alcoholic beverages may become upset because of a misunderstanding during a conversation with his or her roommate. In this situation, the intoxicated person most likely misunderstood the situation because of the alcohol, which may have caused confused and distorted thinking on his or her part. Alcohol also affects serotonin levels in the brain, resulting in impulsivity and aggressive behavior.<sup>45</sup> In the same situation, the intoxicated person with the misunderstanding may have become more aggressive because of the alcohol when compared to a time that he or she became angry but was not intoxicated; the person's responses are much more likely to be exaggerated because of the substance use.

Use of certain illegal stimulants has been shown to cause aggression and violence among some people, including older adults. Stimulants such as cocaine can increase heart rate and blood pressure, cause nervousness and anxiety, and have led to hallucinations, paranoia, and violence. Many people who have become addicted to stimulants such as cocaine or methamphetamines die as a result of suicide or injury due to aggressive or angry behavior. The increased intake with these drugs raises levels of norepinephrine in the brain, stimulating the fight-or-flight response; in essence, the person becomes hyper-aroused as he or she would if in danger. These drugs also cause increased dopamine levels, which lead to paranoia. The combinations of being highly aware and paranoid may cause the older adult who uses stimulants to feel upset and angry, and he or she may be more likely to resort to violence.

## **Substance Abuse And Medication Interactions**

Older adults who struggle with substance abuse may be at higher risk of complications when they use more than one substance at a time. This may occur in such situations as when a person uses more than one prescription drug inappropriately, or when a person mixes two different drugs or drugs with alcohol to use at the same time. The effects of drugs and alcohol can cause harmful interactions that not only lead to negative or unpleasant symptoms, but can also cause very serious complications and even death.

Using drugs in addition to alcohol may intensify the effects of both the drug and the alcohol, such that the person feels a heightened sense of pleasure by mixing substances in this way. However, combining alcohol with some drugs can lead to negative symptoms of nausea, vomiting, drowsiness, headaches, and difficulties with balance. Further, mixing alcohol with some other drugs can cause internal bleeding and cardiac or respiratory problems that can lead to arrest.

Even when an elderly person mixes two substances without the intention of harm, the mixture of substances can still be detrimental to the person's health. For instance, an older adult who abuses alcohol may not see the harm in simultaneously taking his arthritis medication with one of his glasses of wine that he drinks each night. In reality, the combination of alcohol and some arthritis medications can cause intestinal bleeding, ulcers, and liver damage.<sup>46</sup>

There are multiple types of drugs that may seem harmless and the older adult may reason that if the drug is not a controlled substance or that he or she has no issues with addiction to the drug, it is acceptable to take it with

alcohol. In reality, many different kinds of drugs react with alcohol: examples range from medications taken for allergy relief to treatment of depression to anti-hypertensive agents. The older adult must very carefully read labels and avoid taking certain medications with alcohol, which can cause negative interactions.

Unfortunately, interactions can occur between almost any type of drug and alcohol when they are mixed or taken at the same time in the older adult. The American Geriatrics Society has suggested that alcohol interacts with virtually any medication that an older adult might take, even if in an insignificant way.<sup>47</sup> This statement includes both prescription and non-prescription drugs that could be taken with alcohol. Further, the effects may appear to be related to the effects of aging and the provider may not immediately recognize the cause of the person's confusion, tremor, or delayed reactions. The caregiver may assume that these effects are taking place because the patient is an older person who is undergoing changes associated with aging, instead of someone who is mixing unsafe substances together.

### **Causal Factors Of Substance Abuse**

Growing older is part of everyone's experience, despite society's attempts to promote messages of the importance of youth and beauty. Older adults experience changes as part of the aging process; change is part of every age group and the changes associated with aging can bring challenges that are new and unfamiliar to those experiencing them. While an adult once busily dealt with child care, long hours at work, and a changing schedule, an older adult may face new responsibilities that are very different, such as spending more time alone, grieving over the loss of a spouse, or moving to a new and smaller home. Many of the challenges older adults face can be painful and

difficult to overcome and some people use alcohol or drugs to help them to cope with these circumstances.

According to a survey in the *Journal of Aging and Health*, characteristics of older adults surveyed who used illicit or non-medical drugs showed that those who were more likely to abuse these substances had certain characteristics in common, including being unmarried, having an early onset of drug use as a younger adult, lower levels of education and income, having a diagnosis of depression, and rarely attending religious services.<sup>7</sup> Causes of substance abuse may also be related to situations that tend to impact mostly older adults, rather than younger people. A change in job status, such as through retirement, loss of important people in life, and loss of health are all related to increased substance abuse when the older adult must learn to cope with challenges of growing older.

## **Retirement**

Retirement results in a number of changes in the life of an older adult. Where once the person spent many hours of his life at work, devoted to a job and spending time with others, after retirement, he now has much more time available. Many people look forward to retirement but then find that the increased time and freedom outside of a regular job takes some getting used to. Spouses who once spent much of their days away from home at work may now spend much more time together because they are home all day. A person who was dedicated to his or her career for many years may feel a lack of purpose without a cause in their life to be devoted. An older person who worked at the same job for 40 years and who made many friends may feel very lonely because he or she no longer has co-workers to talk to every day. Retirement can bring a sense of joy for many people but it can also require much adjustment.

The average age of retirement in the United States has been 65 years old, with some people retiring earlier and others taking later retirement. A person may retire at any age, but people often wait until their 60s to do so, as this is the time when they are more likely to have money saved and access to a retirement account or pension; by the time a person reaches his 60s, he or she is also more likely to want to retire after putting in many years of work. Some older adults who struggle with substance abuse have had issues with substance use before retirement. This refers to situations such as the early-onset alcoholics who may have used alcohol throughout their young adult and working years and after retirement, are now free to drink even more. Alternatively, there are people who develop substance abuse problems as a result of having more time on their hands because they are retired; they feel lonely and isolated from a lack of a job, or they no longer feel the need to be responsible to a job and are free to use drugs or alcohol. Increased substance abuse is even more likely among people who were forced into retirement, as opposed to those who voluntarily ended their paid employment.

Crome, *et al.*, authors of the book *Substance Use and Older People*, recommend recognizing retirement as a stage of transition for the older adult when providing care and asking further questions to determine if substance abuse has become a problem since retirement.<sup>48</sup> This means that when providing care to the older adult, the clinician should ask about his retirement status, whether it was voluntary or not, and how he feels about being retired. This conversation can then open the door to simple screening questionnaires about substance use that can further isolate whether the older person seems to have a problem with alcohol or drug use.

## **Bereavement: Loss of Spouse or Child**

The loss of a loved one can be devastating to an older adult who may experience sadness over the loss and may miss having the person in his or her life every day. A person who loses a spouse may feel extremely lonely without having his partner at home every day to talk to and spend time with. An aging patient who loses a spouse may suddenly feel unsure about how to approach social situations or recreational activities. For instance, a woman who has been a member of her church for many years and who served alongside her husband in many capacities may wonder where she fits in after he died. Loss of a spouse can significantly change a person's identity in addition to causing feelings of grief and sadness.

Loss of a child can also cause overwhelming grief and sadness for a parent. The parent who loses a child may also experience other feelings of guilt that his or her child passed away before the parent. The older adult may struggle with his sense of identity if his or her child is no longer alive; even if the child was grown and no longer physically dependent on his or her parents, the elder person may still struggle with not having someone to take care of. The older adult may feel significant grief in remembering their child from the time of birth and throughout life. Many people believe that parents are supposed to die before their children. When a child dies before his or her parents, even if the person is an adult, it seems wrong. An older adult may feel guilt along with sadness because the child was outlived.

For many people, alcohol or drugs work as self-medicating substances, in that they can temporarily replace some of the emotional or physical pain present. For a person who is grieving the loss of a loved one, using alcohol or drugs may seem to bring an interruption or a break from the constant pain of grief, even if the break is only temporary. Grief can be overwhelming

for a person who has lost a loved one; using alcohol or drugs may not be an appealing option at first, but over time, the person may realize that these substances at least provide a respite from some of the pain. They may be seen as the lesser of two evils; however, using these substances prevents a person from experiencing healthy grief and from moving through the grief to a stage of acceptance. Instead, while the person has numbed his pain from the loss by abusing substances, he has created a host of other problems to add to his grief, including addiction and the health problems caused by overconsumption of drugs or alcohol.

### **Loss of Health**

Health is often a component of life that people take for granted, but once it is gone, its loss can cause significant grief. An older person may suffer from declining health, which limits his ability to perform certain tasks. He may grieve the loss of his independence because he requires help with transportation or other activities that he once completed on his own. Health problems may also cause a financial strain on the older adult who finds he or she is paying for more tests, treatments, and medications than once needed. And, the older person may often struggle to cope with the physical effects of aging: where once the person felt active and busy, the same tasks may cause pain or the person may notice a lack of stamina. The debilitating effects of declining health can make an elderly person feel sadness, shame, and frustration.

It is important to remember that alcohol or substance abuse among older adults does not only occur among those who live alone or who live in their own homes in the community. A substance abuse issue can also develop among older adults who have health problems and who reside in long-term care facilities, particularly in areas where there is less monitoring and control of medications. Even within the community, when an older person lives



alone, he or she may turn to drugs or alcohol to find relief from some of the pain of lost health. The person may believe that the temporary feelings felt from using drugs or alcohol are worth the respite from pain, immobility, and discomfort that is experienced from poor health.

The irony of using substances inappropriately in response to poor health is that substance abuse only contributes further to a person's health problems. As previously discussed, drug and alcohol abuse can cause a myriad of health problems; these may include certain types of cancer, liver disease, brain damage, and mental health disturbances. The older adult is also at higher risk of becoming injured because of unsafe behavior that happens while drinking or using drugs. Substance abuse is not a solution for the loss of health in an older person, it actually only contributes to worsening health in the elderly. Unfortunately, it may take time of a person becoming ill, requiring hospitalization, or needing other forms of treatment because of his or her health before there is a realization that substance abuse can significantly worsen a person's health status.

### **Diagnosing A Problem**

Because of the rising numbers of elderly who are struggling with substance abuse, it is important for healthcare providers to first recognize the scope of the problem before embarking on making changes in their systems of treatment for this population of patients. Since 2011, the first members of the generation of baby boomers turned 65 years old; by the year 2030, 18 percent of the U. S. population will be over the age of 65.<sup>47</sup> This means that a large amount of older adults will struggle with substance abuse simply because there are increasing numbers of older adults overall.

The healthcare provider who works with an older adult must first be cognizant of the risk of substance abuse in a person of this demographic. It is essential to recognize that substance abuse is a growing problem among the aging population, even if the elderly client currently seeking care does not appear to be someone at risk. By following through with a comprehensive account of the patient's history, including screening methods to assess for substance abuse, and considering other pertinent factors that can increase an older person's risk of abuse, the healthcare provider may be better able to recognize and find help for the older adult who is struggling with drug or alcohol abuse.

### **Patient History**

The patient's medical history can give clues to the clinician about the patient's potential for substance abuse. Retrieving a patient's history about chronic illnesses or psychological care may uncover use of substances that have the potential to be abused. For instance, a patient with a medical history of rheumatoid arthritis may have several prescriptions for medications that control inflammation, swelling, and pain. The clinician can ask more questions about specific types of medications the patient is taking to control symptoms of this type of chronic disease.

Many practitioners, without recognizing the potential for substance abuse among the elderly population, may fail to ask about alcohol or drug use during the patient history. Often, use of such substances as street drugs may be associated with young adults and teens, with questions about illegal drug use reserved for the younger populations. By failing to include questions about substance use as part of the medical history, the practitioner could miss out on important information that can contribute to the patient's current state of health.

In the case of illegal drugs, if the patient admits to using illegal substances, it is important for the practitioner to determine what type, how many, and how often. A person who uses illegal drugs may be more likely to use more than one kind, for instance, someone who admits to using cocaine may also occasionally smoke marijuana or abuse alcohol as well. The clinician may need to uncover several facets of drug use when taking a medical history, rather than just securing 'yes' or 'no' answers.

The medical history can reveal what and how many prescription drugs a patient is taking; it can also uncover whether the person is taking too much and is at risk of addiction or substance abuse. The clinician, when asking questions about the patient's medical background, must ask for a list of prescription drugs. A patient who abuses prescription drugs may get prescriptions from more than one provider or may fill prescriptions at more than one pharmacy. It helps to see the containers of the drugs that the patient uses, but if this is not possible, asking for a list of what drugs have been prescribed, finding how out much and how often the patient takes them, and learning of which provider gave the prescriptions is a good start toward determining if prescription drug abuse is present.

The older adult may suffer from medical symptoms as a result of substance abuse; these symptoms or conditions may be brought up during the medical history. When taking the medical history, the clinician should compare the information about the patient's specific health history and determine whether the patient has physical manifestations of substance abuse or addiction. Older adults who struggle with substance abuse may also have side effects of such conditions as esophageal varices, cirrhosis, pancreatitis, peptic ulcer disease, malnutrition, anemia, or hypertension.<sup>8</sup> Part of

assessment through history taking could be to perform a screening test that can determine if the older adult is at risk of abusing drugs or alcohol. A screening assessment does not necessarily determine that an elderly person has a problem with a substance, but instead acts as a detection tool that supports the need for further investigation if the patient is at risk.

There are a number of screening tests available that can be used to assess for alcohol consumption and to determine the potential for alcohol abuse. Some screening tests are used in the general population and are not particularly designed to screen older adults. Examples include the CAGE questionnaire (has the patient tried to Cut down, been Annoyed with others, felt Guilty over drinking, or used drinks as Eye openers) or the Alcohol Use Disorders Identification Test (AUDIT). While these tests can be used among older adults, they do not specify situations that would be seen in this particular group in the community. Alternatively, some screening tests have been designed for use with elderly clients, taking into account the particular needs and potential components of medical histories of this group of patients.

Screening for alcohol abuse may be done through the Short Michigan Alcoholism Screening Test: Geriatric version (SMAST-G), which can be performed rapidly in an outpatient setting in which the practitioner may have limited time to assess information. The SMAST-G should be administered in such a method as to avoid feelings of condemnation by the patient. The clinician should present the information and ask questions in a non-judgmental manner. The clinician could start the assessment by asking a question related to information the patient has given during the history. For example, as an opening to starting the screening, the clinician could say, "You mentioned that you have a lot of difficulties with sleeping. Do you ever

drink alcohol to help you try to fall asleep?” Based on the patient’s response, the clinician can then ask other questions as part of the screening process.

The clinician can ask questions from the screening test and after determining the patient’s responses, count the total of ‘yes’ or ‘no’ answers. Each ‘yes’ response garners one point, while ‘no’ responses are worth zero points. A patient with more than 2 points after the screening demonstrates a potential problem with alcohol.<sup>9</sup> The form of the SMAST-G is as follows:

	Yes	No
1. When talking to others, do you ever underestimate how much you drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn’t feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to relax or calm your nerves?		
6. Do you drink to take your mind off of your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		
10. When you feel lonely, does having a drink help?		

Naegle, M. (2012). Alcohol use screening and assessment for older adults. *Best Practices in Nursing Care to Older Adults*; Issue 17, revised 2012. Retrieved from [http://consultgerirn.org/uploads/File/trythis/try\\_this\\_17.pdf](http://consultgerirn.org/uploads/File/trythis/try_this_17.pdf)

The SMAST-G is a variation derived from the MAST Alcohol Screening tool, which has many of the same components but takes longer to administer and is not necessarily geared toward older adults. It is important to note that if an elderly client has more than 2 ‘yes’ answers on the SMAST-G screening test, the clinician must then provide more in-depth analysis of the patient’s

alcohol use. The use of the test provides a time of discussion between the provider and the patient. It is also crucial to remember that when talking to the patient about his or her alcohol use, the clinician should try to consider the patient's point of view and provide encouragement, rather than criticism about the patient's alcohol use. The patient may not be aware of having a drinking problem, or may consider themselves as only participating in 'social drinking' without realizing that he or she is most likely drinking too much. A rapid screening tool can provide an opening for a conversation in which the patient may realize that he is using alcohol inappropriately.

Following the results, the clinician should also ask more questions about the patient's use of other substances as well, including tobacco, prescription drugs, illicit drugs, and herbal preparations. Finding out this information may also uncover whether there are any other misuse of substances in the patient's life in addition to alcohol. Further referral to a professional who specializes in substance abuse among older adults may also be warranted, based on the information provided through the screening.

Because an elderly client may have problems with drug abuse but not necessarily alcohol addiction, a different screening tool may be used if the provider suspects that the patient is inappropriately using prescription drugs or is using illicit drugs. The Drug Abuse Screening Test (DAST) can be used with older adults as a relatively rapid screening tool to assess for types and amounts of inappropriate drug use. The DAST-10 is a series of 10 questions that the patient answers with either 'yes' or 'no.' Each 'yes' answer receives 1 point, with the exception of question 3 on the test, in which a 'no' answer would receive a point. All other 'no' answers receive zero points. The provider tallies the number of points and can interpret the patient's need for

continued evaluation based on the results. The components of the DAST-10 include the following.

In the past 12 months:	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Do you use more than 1 drug at a time?		
3. Are you unable to stop abusing drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Does your spouse or family ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs?		
9. Have you felt sick when you stopped taking drugs?		
10. Have you had medical symptoms as a result of your drug problems?		

Boston University. (n.d.). *Drug abuse screening test, DAST-10*. Retrieved from [http://www.bu.edu/bniart/files/2012/04/DAST-10\\_Institute.pdf](http://www.bu.edu/bniart/files/2012/04/DAST-10_Institute.pdf)

Before administering the DAST-10, the caregiver should note that the questions pertain to prescription medications or non-medical drugs, but not alcohol. The patient may be encouraged to think of medications prescribed by a physician, over-the-counter drugs, or use of non-medical drugs such as marijuana, benzodiazepines, such as Valium, or narcotics, such as heroin. Statements made by the patient may indicate the need for drug abuse screening, including those that indicate the patient uses several different kinds of medications, has a large amount of factual knowledge about certain types of medications, or insists on using only a specific type of medication for his or her needs.

Depending on the patient's score, the results should be interpreted according to the potential degree of substance abuse, based on the patient's reports. For instance, a patient with a score of 1-2 may be watched and reassessed later for changes, without requiring substantial intervention. Alternatively, a patient with mostly 'yes' answers and who scored between 8-10 requires further investigation of drug use and referral to a drug counselor, particularly one who specializes in geriatric substance abuse.<sup>11</sup>

The process of screening a patient through the history-taking portion of the nursing assessment provides an opportunity for the clinician to discuss and educate the patient about substance use. The clinician may use this time to talk with the patient about the dangers of drug misuse and excess alcohol consumption, the health problems associated with drug use, and the process of identifying problems early on so the patient can seek help if needed.

### **Comorbidities**

Because of incidences of increasing health problems among older adults, substance abuse that causes health complications may be difficult to identify. The medical complications that can develop as a result of chronic use of alcohol or illicit drugs or misuse of prescription drugs may be mistaken for the effects of aging. It is therefore important that a physical exam accompany a patient's medical history to determine if his or her physical symptoms correlate with the stated medical history or if symptoms are experienced that do not seem to be related to what the patient states. For instance, a patient may tell the clinician that there is a history of heart disease during the history-taking portion of the assessment. In addition to symptoms of intermittent claudication and occasional shortness of breath, the patient may also be suffering from memory loss and balance problems, which are not necessarily associated with other chronic conditions that the



patient has talked about. These physical signs or symptoms warrant further attention for the possibility of drug or alcohol abuse in the older adult.

Comorbidity is the presence of one or more disorders or conditions that occur at the same time as a diagnosed condition. A patient may have a diagnosis of alcohol addiction and may also suffer from physical or psychological conditions in addition to the alcohol use. The concurrent conditions may or may not cause the other, but they are related in that they are happening at the same time within the patient and they often need to be dealt with simultaneously. Comorbidities may occur as physical illnesses or they may appear as psychological manifestations. The physical examination of an elderly patient who has a problem with substance abuse may reveal many signs or symptoms associated with misuse of alcohol or drugs; often, symptoms can be attributed to overuse of certain substances, such as liver damage that occurs with excessive alcohol intake.

A patient who is abusing alcohol may exhibit tremor, anxiety, memory loss, confusion, and a history of weight loss during the physical exam. Further, the clinician may note signs or symptoms of facial edema, liver enlargement, jaundice, ascites, and poor coordination.<sup>8</sup> Chronic health problems that result from excess alcohol intake include cirrhosis, decreased liver function, esophageal varices, hypertension, cardiomyopathy, and malnutrition.

A patient who is intoxicated with alcohol during the assessment will demonstrate specific signs of impairment due to substance use. In this situation, the clinician would expect to note the smell of alcohol on the patient's breath, memory problems, slurred speech, balance and coordination problems, stupor, or loss of consciousness. Alternatively, a patient may be seen for an exam and may be in a state of withdrawal after

abstaining from alcohol for a period of time. The clinician should be familiar with the signs and symptoms of alcohol withdrawal in order to provide prompt treatment and arrange for the patient to receive services right away.

The most common signs or symptoms that may occur when a patient is suffering from alcohol withdrawal include tachycardia, high blood pressure, nausea, vomiting, and tremor. The patient may experience hallucinations and may be very agitated or in a state of panic during the assessment. Acute alcohol withdrawal not only demonstrates that a patient most likely has a problem with alcohol abuse, such that he is experiencing withdrawal symptoms, but also that he needs treatment and management of the condition before he suffers severe complications.

Similarly, acute drug intoxication or withdrawal may also cause symptoms in the patient that the clinician should be familiar with in order to best recognize them as they are happening. An older adult who is experiencing acute drug withdrawal during the nursing assessment may demonstrate signs or symptoms that are similar to those of acute alcohol withdrawal. The patient who is going through withdrawal may experience tremor, insomnia, fatigue, headache, nausea, sweating, and hallucinations.<sup>8</sup>

Psychiatric conditions make up a number of comorbidities present when a patient presents for care of drug or alcohol abuse. According to the National Institute on Drug Abuse (NIDA), approximately 6 out of 10 people who have a problem with substance abuse also have a mental health problem.<sup>22</sup> Also termed dual diagnosis, this situation develops when a person struggles with both substance abuse and a mental illness. Depression is one of the most common comorbid conditions associated with substance abuse, occurring in approximately 25 % of older adult patients seeking treatment for misuse of alcohol or drugs.<sup>12</sup> Other mental illnesses commonly seen as comorbidities

associated with substance abuse include anxiety disorders and cognitive disorders.

A patient with a mental health diagnosis and concurrent substance abuse is said to have comorbid conditions, but this does not mean that one condition caused the other. They may be related, one may have preceded the other, or there may be other risk factors present that increased the risk of one or both conditions. For example, early exposure to drugs and alcohol increases the risk of later substance abuse, while genetic vulnerabilities increase the risk of both substance abuse and mental illness.<sup>16</sup> Regardless of how substance abuse and a mental illness developed in a patient, the important aspect to remember is the appropriate treatment of both conditions.

The clinician who manages a patient with substance abuse and mental illness must ensure that he or she is treating both conditions and must monitor the symptoms carefully, as they may overlap. Symptoms of withdrawal after substance abuse may be similar to symptoms of some forms of mental illness. However, treatment of one condition may more likely control and manage symptoms of the other condition, so management of substance abuse in a patient has been shown to improve symptoms of his or her concurrent mental health condition, or will at least improve prognosis of the mental health condition.<sup>16</sup>

### **Family or Caregiver Collateral Information**

When assessing an older adult for a medical condition or for signs of substance abuse, the provider should consider collateral information from family members or caregivers who are present. Often, these people are a significant source of support to the patient and can provide an additional point of view about the patient's behavior, habits, and lifestyle. If the patient

is forgetful or is unwilling to share information, the caregiver may be able to answer questions.

When assessing the elderly patient for signs of substance abuse, the clinician is often able to determine much information from the patient. However, family or caregivers who are close to the patient may also provide information that can fill in any gaps that are present; whether because of memory loss or other changes that have occurred in the patient as a result of aging or due to the effects of substance abuse, or if the patient is feeling pressure or refuses to give information because he or she does not see a problem with their own behavior. Family members may also bring forth concerns about their observations or conversations with the patient that can indicate the need for further investigation.

A family member of the patient may alert the provider to odd behaviors or those that signify that there is a problem. The family member may be aware that the patient has demonstrated changes in his or her behavior, particularly at certain times of day or after engaging in some activities. The caregiver may also be able to tell the clinician if an elderly patient is exhibiting other signs that there is a problem with substance abuse, such as an increase in defensive behavior or excuses related to substance use, whether the caregiver has seen extra bottles or pill containers in the patient's home, and if the patient gives excess attention focused on accessing a substance with a fear of going without. For example, the caregiver of an elderly client may state that she has noticed that the client seems to go through his or her prescriptions for pain medication fairly quickly and becomes agitated when it seems that the medication is close to running out.

While it is important to bring in information from concerned family members or friends of the patient, the clinician should continue to respect the patient's right to dignity and privacy. Upholding a level of respect for the older adult involves including the individual in the conversation and not discussing his or her condition in front of others. Although the patient may have changed in his or her behavior and family members might be concerned about the patient's actions, the provider must still remember to talk to the patient and not around him or her as if not there. It is only with the permission and partnership of the patient that all parties involved in identification and management of substance abuse can be successful in treating the condition and getting help for the patient.

### **Family Issues Surrounding Addiction**

Family members and close friends who are caring for an older person with substance abuse problems may also need to seek some help for themselves. Being the caregiver of a person with an addiction can be difficult and can lead to feelings of helplessness, frustration, and sadness. The family member of a person with an addiction may find help and support through groups that meet with others who are experiencing similar situations, such as Al-Anon Family Groups. These groups allow others to meet and share their experiences while providing support and resources for those who are suffering from watching a loved one with substance abuse.

While family members may be a source of help and information about the older adult patient who has been abusing drugs or alcohol, there may also be times when family members prove to be a hindrance to appropriate patient care. When hurt feelings or anger are present, family members may bring tension or strife to the situation. Sadly, some family members see their loved one struggling with substance abuse but are not of any help

because of past hurts or selfish inclinations. Family members may also be unable to provide help if they do not know how to talk to the struggling older adult, they fear confrontation, or they are in denial that there is even a problem.

### **Quality of Life Expectations**

Older adults may be more likely to drink or use drugs at home, instead of in public places or at social gatherings. Although an elderly person may still attend social functions, misuse of substances often occurs in the home. This may make detecting a problem much more difficult for family members and friends, particularly when the older person lives alone. Living alone can be isolating and lonely for an older adult, but it can also be a time when no one else is around to judge or confront the person because of his or her substance use. A retired person who lives alone may not have as many social interactions that require the person to hide substance use, such as with a job or work-related functions.

Family members may not recognize the difficulties associated with growing older and the potential risk for substance abuse in elderly adults caused by these difficulties. Younger siblings, grown children, and nieces or nephews who care for elderly individuals may believe that their loved one deserves to use drugs or alcohol because there is not much left in life to enjoy. Unfortunately, many people believe that retirement and getting older is a time of such decline that there is little room for any joy in life. They hold few expectations for contributions from older adults, instead believing that the elderly are destined to finish their days in isolation, living in nursing homes, or generally feeling lonely and bored.

With these types of viewpoints in mind, family and friends of the older adult struggling with substance abuse may be less likely to intervene to stop harmful behaviors and they may believe that overcoming substance abuse is pointless. Often the healthcare provider must educate both the elderly patient who struggles with drugs or alcohol and his or her family members in these situations. The elderly patient and their family members may need to be taught and informed about substance abuse by the elderly so they may understand that substance abuse should not be the norm. The provider may give referrals to treatment facilities that will further reinforce this idea but may also provide information about other activities and interests that the older adult can develop instead of focusing on his addiction. With time, both the elderly client and their family may be able to adjust expectations and learn that an older adult can have a high quality of life.

### **Fear of Confrontation**

Some family members or friends of an older adult who is abusing drugs or alcohol may recognize a problem but may be afraid to broach the subject because of fear of confrontation. The elderly patient may believe that he or she is being criticized and may feel angry or betrayed when a loved one tries to talk with the patient about their drug use. Fear of confrontation has unfortunately kept many well-meaning people from taking steps to resolve a harmful situation.

Confrontation occurs when two people disagree about something; the situation can become argumentative or tense between the two opposing parties. A family member who wishes to avoid the tension and potential anger of confrontation may fail to bring up his feelings about a distressing situation. An adult who has concerns about a parent abusing substances may worry that it is not their place to say anything. The grown son of a

woman who abuses alcohol may avoid talking about the problem with his mother because he does not want to argue or because he believes that it will upset her if he brings it up. An older adult may chastise a son or daughter for confronting them about these issues, effectively trying to place them back into the role of a child. An older adult may respond to a son or daughter's concerns by reminding them of their roles within the relationship. This may result in responses such as:

- "I am your mother/father and you do not tell me what to do."
- "I was drinking alcohol before you were even born, I think I know what I am doing."
- "Mind your own business. I can take care of my own life."
- "I raised and took care of three children, don't think I can't take care of myself."
- "You do not know what it is like to be in my shoes. I deserve this."

Confrontation can put a strain on a relationship, particularly when one person sees something in another that is damaging and hurtful but cannot stop it. Sons and daughters of older adults who struggle with substance abuse are not the only people who may fear confrontation. Friends, nieces, nephews, grandchildren, spouses, and neighbors may also be close to the older adult but may fear saying anything to avoid an argument, especially if the subject was broached in the past.

Unfortunately, failing to talk with a person struggling with substance abuse because of fear of confrontation may further perpetuate enabling behavior, in which a friend or family member excuses the other person's addiction. Enabling involves doing something for someone that they should be doing themselves; the action is done in an attempt to help or cover up the person's problem.<sup>17</sup> For instance, the spouse of an older adult who struggles



with prescription drug abuse may apologize and make excuses for his wife's behavior when she is obnoxious at a party because she was drinking alcohol. The spouse tries to cover up for his wife and pretend that her behavior was because she "didn't have enough to eat," before coming to the party or "was not feeling well" that night. In reality, the person doing the enabling is making excuses to himself as well as to others.

For family members who fear confrontation when dealing with substance abuse in an elderly family member or friend, the first step is to recognize the behavior for what it is and to stop making excuses. The best time for a family member or healthcare provider to talk with a person who struggles with substance abuse is shortly after a problem has occurred that was related to the addiction.<sup>18</sup> For example, if the older adult is suffering from the effects of a hangover or was recently injured as a result of their behavior due to drinking, he or she may be more likely to realize that there is a problem and may be willing to listen instead of arguing about the situation.

If the family member is enabling their loved one to continue to abuse alcohol or drugs, they must recognize that it is hurting the older person even further by allowing the person to continue with harmful behavior. It may be difficult to face confrontation, which can cause hurt feelings, tension, and sometimes can destroy a relationship, but by allowing the negative behavior to go on, and not seeking help, the older person cannot change and will only do more harm to his or her health. If the person with substance abuse is not expected to change behavior or take responsibility for actions, then he or she will be less likely to change or make any improvements in behavior.

### **Lack of Awareness and Ageism**

Substance abuse among older adults is often considered a hidden epidemic; many people who do not recognize drug or alcohol abuse in an older adult may not consider that a problem could exist. Even when concern is present, a caregiver or family member may not fully recognize the extent of the problem. The older adult may have signs or symptoms associated with aging that are similar to the effects of substance abuse. When this occurs, the caregiver may not know if a parent is experiencing symptoms because of substance use or the normal aspects of aging. For example, the daughter of an older gentleman may worry that he is using alcohol excessively when she sees empty bottles in his trash. Her father is 80 years old and is shaky and somewhat slow in his movements, but these are also age-related changes or they may be associated with some prescription medications. The daughter, despite her concerns about alcohol, may attribute her father's behavior as simply a manifestation of growing older.

Unfortunately, many family members are not aware of the effects of alcohol and drugs on the aging body. Substance abuse is damaging to the body of a person of any age, but an older adult is even less likely to tolerate the effects of alcohol or drugs in the system and these substances can cause further damage to an already aging body. Alcohol and prescription drugs when misused may worsen conditions that can be debilitating in older adulthood, including such conditions as arthritis, heart disease, diabetes, glaucoma, and Alzheimer's disease.<sup>1</sup> Alternatively, caregivers may mistakenly believe that inappropriate substance use cannot be as damaging to a person who is older when compared to misuse in a younger person. The mistaken belief is that a younger body is more likely to suffer damage than an older body that has already developed diseases or conditions associated with aging. Instead, substance abuse makes these conditions worse for the older adult.

Family members or the aging patient himself may be aware of a stigma associated with drug or alcohol abuse. A stigma is associated with feelings of humiliation and disrespect because of a particular condition that others may see as shameful, including substance abuse disorders. A patient who is struggling with substance abuse may not feel as if there is support available for a person in his position; likewise, his family members may feel embarrassed that their loved one is struggling in such a way. The people involved may not understand that substance abuse is a growing problem among older adults and that help is available. Instead, they may try to solve the problems themselves instead of asking for help because they are embarrassed.

Ageism is a term used to describe the negative stereotypes sometimes given to older adults that assumes that problems occur with some people because of their advanced age.<sup>19</sup> Ageism can cause others to overlook the problems caused by substance abuse and assume that the older adult is suffering from mental decline or health problems because he or she is getting older. Friends or family of the older adult may not have enough awareness of the problem and may instead only think of someone with substance abuse as being young, homeless, or with a history of mental health issues. Unfortunately, the lack of awareness about the rates of substance abuse in elderly persons often delays or prohibits the hurting person from getting help and recovering from this very harmful situation.

## **Denial**

Denial can be a powerful mechanism for avoiding what may be obvious to everyone else. The older adult who struggles with substance abuse may be in denial about how bad things have gotten; additionally, family members

may also deny that there is a problem with their loved one, assuming that changes in behavior and health are part of the aging process. It can be difficult to accept that substance abuse is happening, especially when it affects an older person. Substance abuse is often associated with youth, such as drinking while in college, having fast metabolism that enables a person to “hold his liquor,” or going to bars and parties where there are alcohol and drugs.

An older person and their family may assume that alcoholism and substance abuse do not affect the elderly and may make excuses for behavior based on health and physical abilities. For example, when confronted about drinking too much alcohol, an older adult may make excuses and say that it is a phase or that he or she is dealing with pain or disability of aging. A family member may excuse a parent’s behavior by understanding that loneliness can come with aging. For example, the son of a man who abuses alcohol may make excuses that his father has been increasingly lonely since his wife died last year, or he may deny that there is a problem because his father deserves to relax.

Some family members believe that substance abuse is not as harmful in the elderly when compared to younger adults. They may think that their loved one is far enough along in years that using excess alcohol or certain drugs may make their retirement years more pleasant or that there is no point in trying to change this late in life. For those who do recognize that a problem might exist, they may avoid discussing the situation with their family member because they believe that the older person has to “hit bottom” before they can change or accept any help. They may feel that unless alcohol or drug use is causing outward harm, such as in the form of a driving

under the influence (DUI) or substance-induced health problem, there is no reason to get involved.

The clinician can use the time of teaching to talk about recommendations for alcohol and drug use with the client. The patient may or may not understand that there is a problem or may need to discuss the situation further before being willing to accept the situation and resolve feelings of denial. A discussion is most successful in this case when the information is presented in a gentle and considerate manner, rather than being critical of the patient's activities. The clinician can help the patient to feel more comfortable by communicating empathy for his or her situation without being condescending. Starting the conversation by saying something such as, "It must feel quiet around the house since your wife died. I know that most people feel very lonely after losing a spouse and sometimes they find comfort in drinking alcohol because it is calming. Do you ever drink alcohol to feel better when you are lonely?"

The discussion that follows may be an opportunity for the clinician to talk to the patient about the effects of alcohol on the patient's health, including affecting balance, sleep, nutrition, and memory. The clinician may also help the patient consider other ideas for relaxation that can be performed when he or she feels lonely instead of drinking alcohol, such as by reading a book, taking a walk, or meditating.

Further, it is important to talk to family members and other sources of support for the patient about intervening if the problem continues. The older adult who has been in denial about the significance of his or her substance abuse needs education and teaching about its detrimental effects; likewise, the family member or friend who cares for the client and who has been in a

state of denial must also be taught about the harmful effects of substance abuse and about how to stop excusing the older person's behavior.<sup>18</sup>

### **Substance Abuse Treatment**

Treatment is possible for the older adult who is struggling with substance abuse. Despite advancing age, many older adults can and do overcome substance abuse and go on to live healthy lives. When a person seeks help for substance abuse, there are various programs available that can work with the person to offer support and to intervene before any more harm is done.

A caregiver who suspects that an older adult, such as a parent, neighbor, or friend has a problem with addiction can contact a healthcare professional for guidance about how to handle the situation and get help for the older person. If an older person, caregiver, or family member approaches a clinician for help, the clinician should have access to resources of professionals who specifically work in the areas of substance abuse in order to guide the concerned person toward getting help.

It also helps to know what substances the person is taking to include as part of risk assessment. The suspected substance abuse may initially be only one substance, such as alcohol, but further investigation may reveal that the person is also using other substances, such as prescription drugs, inappropriately. A list of prescribing providers is necessary, as many older adults see more than one healthcare provider and may have overlapping prescriptions. When an older person is suspected of prescription drug abuse, the patient should bring in all medications that the patient currently uses; this may require the help of a family member, if necessary.

It is important to note that the process of treatment may be slower for an older person who is recovering from alcohol or drug addiction when compared to a younger adult. The changes that are associated with aging, such as slowing of body processes and decreased sensory perception may make the process of overcoming addiction longer for an older adult. It can be frustrating for the patient who chooses to seek care for addiction to find that he or she must spend significant time in recovery during which side effects and symptoms of withdrawal are expected to occur for a long period of time. The older adult may also accept and learn the information at a slower pace when compared to a younger person. Aging may slow down cognitive perception, and it might be necessary to present information and to reinforce teaching multiple times for the older adult patient to fully grasp the material.

### **Inpatient Programs**

Inpatient programs are designed for more intensive treatment of drug and alcohol abuse. An older adult may need treatment at an inpatient program if he or she has not responded to outpatient therapy and attempts at counseling or outpatient rehabilitation in the past. Some patients experience severe symptoms of withdrawal, including delirium tremens associated with alcohol withdrawal. In these cases, inpatient treatment is also warranted to protect the patient's health until he or she reaches a more stable state.

Inpatient detoxification is a process of assisting a patient as he or she withdraws from regular use of a substance; the patient is admitted to a hospital or detoxification center and monitored closely during the period of withdrawal. The clinician who cares for a patient undergoing withdrawal and detoxification must provide not only for the patient's symptoms as the body goes through withdrawal from the substance, but also for the patient's

emotional and psychological state, as he or she may experience intense feelings of grief, anger, frustration, and anxiety. When caring for an older adult who requires inpatient detoxification, the clinician may also need to provide care for chronic medical conditions that may also be present, such as diabetes, COPD, or rheumatoid arthritis.

When a patient is an inpatient at a detoxification center for withdrawal from drugs or alcohol, the nurse should focus interventions on providing a quiet environment that is safe for the patient. This may mean keeping the client in an area that is not overstimulating, such as by keeping the lights low and minimizing outside noise. The patient may need seizure precautions to avoid becoming injured if he or she has a seizure because of withdrawal. Another part of nursing care in an inpatient program may be to administer medications that will manage symptoms if the patient is going through withdrawal. This often means giving drugs as scheduled to minimize the effects of tremor, hypertension, or agitation that can develop and to help the patient overcome the physical effects of withdrawal. Only after the physical effects have been managed can the patient begin to negotiate therapy and rehabilitation required to overcome substance abuse.

Inpatient rehabilitation is an option that can provide inpatient care for the older adult who is past the point of detoxification, but still needs ongoing care to avoid relapsing into drug or alcohol abuse. Inpatient programs are specialized facilities that have programs designed to provide psychological counseling and case management services for patients. The older adult may be admitted for care as an inpatient in a rehabilitation center and may stay for a period of 3 to 6 weeks, depending on the program available.



Rehabilitation programs may have different approaches for management of substance abuse; these often involve psychoeducation for the patient about the ill effects of substance abuse as well as treatment for emotional or psychological effects of substance abuse. Psychoeducation refers to the education of a patient with a mental health condition to teach about the patient's condition and to help the family come up with ideas for coping and management of the patient's mental illness. The elderly person is often not only physically addicted to drugs or alcohol when he or she enters a treatment program, but also needs psychological counseling to cover what and why he or she started abusing substances in the first place.

Several approaches are available for providing counseling and inpatient therapy, such as cognitive-behavioral therapy, which helps a person to consider how a person's thoughts affect behavior; if the person can recognize how his or her thoughts contribute to behavior, bad habits may be able to be changed, such as turning to alcohol when the person feels depressed. Psychological counseling helps a patient to talk about his or her feelings of why the patient started using substances, but also for any other factors that may be causing feelings of shame, grief, or depression.

Group therapy may also be available, and can be with others who are also residents of the rehabilitation center and who need counseling for their substance abuse. This allows the older adult to meet with others who may share similar problems. Group therapy with family members is an important part of healing for many older people and their loved ones. Facilitated by a staff member, family therapy allows the older adult patient and family members to meet together and to talk about how substance abuse has impacted their lives, as well as to come up with solutions for how they can relate to each other in the future without abuse of alcohol or drugs.

The amount of time that an older person spends in inpatient treatment varies, depending on the type of program and the point at which the patient is ready to be discharged to home. A case manager can work with the patient throughout the time of inpatient hospitalization to set goals for treatment and to develop plans for continuing care after discharge. The case management nurse can provide discharge-planning right from the start so that the patient is ready to be discharged back to his home after he or she has met goals for treatment. The older adult should not be dismissed from the facility until resources and help for continuing care have been arranged after he or she goes home. This may mean referrals to outpatient programs for substance abuse counseling, recommendations for Alcoholics Anonymous or Narcotics Anonymous, or standing appointments for a visiting nurse to follow up and check in with the patient after discharge.

### **Outpatient Programs**

The patient with a substance abuse problem may be able to undergo therapy with a trained counselor who specializes in drug or alcohol abuse in the geriatric population. This can take place in such locations as a community center, outpatient drug rehabilitation center, or a private counseling office. The purpose of one-to-one counseling is to give the patient time to talk with a therapist about his or her drug or alcohol use, the reasons for why a problem with substance abuse has developed, and what can be done to cut back or completely eliminate using the particular substance.

Brief intervention strategies describe situations that involve meeting with the older patient to provide psychoeducation. These are often suitable interventions that involve motivational interviewing to promote change in the patient, which can be effective as part of outpatient treatment.

Psychoeducation may be offered in counseling sessions with the patient and his or her family to discuss methods of cutting back on alcohol consumption and to talk about the effects of drug abuse. These sessions are opportunities to further provide a plan for abstinence or at least an appropriate use of prescription drugs and alcohol, with guidelines for combating triggers that may cause the patient to slip in behavior and go back to old patterns of abuse. Bogunovic (2012) has shown that between 10 and 30 percent of older adults who struggle with alcohol abuse are able to reduce their drinking after 1 to 3 sessions of psychoeducation.<sup>12</sup>

Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) may be options for some older adults as part of outpatient therapeutic treatment. While some elderly people may cringe at the idea of attending such a meeting, believing they will be the oldest person there, these groups are made up of people of all ages and backgrounds. Joining a group such as AA or NA may foster new friendships with others that can help a person with loneliness. These groups provide a sense of support and help during times when it may be difficult to stop using drugs or alcohol. If the person is drinking or using drugs more because of loneliness or isolation, a group such as NA or AA can also provide a social outlet and more contact with others, particularly with those who are also experiencing struggles with substance abuse.

Some outpatient programs are more intensive than occasional counseling or therapy sessions. These programs may require a greater commitment from the patient, many appointments with a therapist, and dedicated time at group sessions, such as by attending AA meetings. Intensive outpatient programs often consist of the patient participating in substance abuse rehabilitation for several hours each day; for instance, a patient may live at home, but may spend the majority of the day at a treatment center for

intensive therapy and then return home in the evening. The benefit of using an outpatient program for treatment of substance abuse is that the patient can still live at home and continue to see family and friends while attending treatment sessions.

Group therapy may be provided as part of outpatient programs. Similar to such settings as AA or NA, group therapy is a chance to meet and talk with others who also struggle with substance abuse problems. Group therapy provided as part of outpatient drug or alcohol rehabilitation may be facilitated by a trained counselor who can lead discussions and foster conversations between group members. An elderly patient may feel more comfortable meeting in a group of other patients who are also older adults and who struggle with similar problems and may be more likely to attend group sessions and comply with the treatment regimen.

Providers who prescribe outpatient treatment to seniors who need help with substance abuse must consider the practical aspects of providing this type of care. An older adult who has difficulty with mobility or who lacks transportation may not be the best candidate for meetings at various locations scheduled several times per week. The potential barriers associated with the elderly patient who requires substance abuse therapy should be weighed against the benefits of using outpatient versus inpatient treatment.

### **Medical Intervention**

Medical intervention, often through administration of medications, may be given as part of detoxification protocol to protect the safety of the patient who is experiencing withdrawal symptoms. Traditionally, abstaining from drugs or alcohol was the only method of recovery for the patient with a substance abuse disorder; when undergoing detoxification and recovery, the

patient stopped using the substance of addiction and slowly and painfully recovered, if at all. Research now indicates that administering certain medications during recovery provides better neurological stabilization for the affected patient and is a much safer approach to care.<sup>22</sup>

A patient who is going through alcohol withdrawal can have debilitating symptoms that require appropriate treatment to avoid critical complications, such as seizures or coma. Alcohol withdrawal symptoms start to develop within 4 to 12 hours of the last drink, but they tend to worsen with time to the point that they peak in severity between 48 and 72 hours after stopping alcohol intake.<sup>8</sup>

Medications used as intervention for the treatment of substance abuse are most effective when supported by counseling or intensive therapy as part of a recovery program. Because acute withdrawal symptoms can be dangerous or life threatening to the older adult, detoxification is best performed in an inpatient setting where the elderly patient can be closely monitored and given medications that prevent seizures and other complications of withdrawal.

The initial alcohol detoxification period may result in delirium tremens, which can cause confusion, disorientation, tremor, fever, tachycardia, and hypertension. The patient may experience nausea, vomiting, sweating, hallucinations, and seizures. Because of the severity of these symptoms, initial treatment for delirium tremens is administration of benzodiazepines, which provide a sedative effect. Older adults should be given short-acting benzodiazepines with dosages adjusted for age and condition, as the elderly client may have a slower process of metabolizing and excreting drugs in the

body. Examples of drugs to consider for acute withdrawal symptoms in the older client include lorazepam (Ativan®) and oxazepam (Serax®).<sup>22</sup>

As the older adult continues through the process of recovery, other medications may also be given to combat cravings for alcohol or drugs. These medications are designed for use over a longer period of time after the patient has come through the initial stages of acute withdrawal and is receiving ongoing care. Naltrexone is an opiate antagonist that may be given for some older adults who struggle with alcohol abuse. This type of drug has been approved for use in patients trying to overcome opioid addiction as well. Naltrexone has been shown to be safe to use among elderly patients with alcoholism. Among patients who use Naltrexone for alcohol addiction, it reduces cravings for alcohol and decreases the risk of excess alcohol intake or binge drinking. It is available as an oral tablet or as a monthly, extended-release injection. When given as an injection, it is also known as Vivitrol®.<sup>20</sup>

The mechanism of how naltrexone works for alcohol addiction is not entirely clear. Because it is an opioid antagonist, researchers believe that it impacts neurotransmitters in the brain that cause an addicted person to want to drink alcohol. Injectable, extended-release naltrexone was approved for management of alcohol addiction by the U. S. Food and Drug Administration (FDA) in 2006.

Additionally, naltrexone is also used for the management of drug addiction, specifically addiction to opioids. Naltrexone binds to opioid receptors and blocks them, thereby blocking the effects of the drugs. It has also been shown to reduce cravings for opioids, which can decrease the risk of opioid dependence or relapse after the patient has stopped taking the drugs. It can

be taken in tablet or injectable form for treatment and has been approved for treatment of opioid addiction by the U. S. FDA.<sup>20</sup>

Acamprosate (Campral®) has been shown to be effective in treating substance abuse and addiction and is safe to use among older adults. Acamprosate has been approved by the U. S. FDA for the management of alcohol addiction among people who have stopped drinking. It most likely reduces alcohol cravings by balancing neurotransmitters in the brain, which diminishes the desire for alcohol. Acamprosate can also be helpful for managing some other effects associated with alcohol withdrawal, such as anxiety, mood swings, and sleep disturbances.<sup>21</sup> The drug is typically administered as an oral tablet but it should be used carefully among patients who have kidney disease, and the dose may need to be modified in these situations. The patient who takes acamprosate must be compliant with the medication regimen, as it often requires several doses per day and takes at least 5 days to reach therapeutic levels in the body.<sup>22</sup>

The administration of medications for the treatment of drug or alcohol addiction requires further intervention from the clinician than simply monitoring vital signs and laboratory levels and giving a patient his medication. The clinician who works with an older adult who requires help and treatment for substance abuse must be cognizant of the negative emotional effects that substance abuse and recovery can have on the patient. Many older adults feel shame and stigmatized by admitting that they have a problem with drugs or alcohol, as they may be from a generation that believes that substance abuse is a problem for those who are out of control, people who are homeless, or those who do not have any social supports in place. The clinician must recognize how difficult it can be

for the patient to accept that he or she needs to take medication and receive treatment for substance abuse.

A significant part of the safety and efficacy of using medications to treat substance abuse disorders is the concurrent use of therapy or counseling for the patient. While many medications are successful in reducing cravings for alcohol or certain drugs, a patient is more likely to continue with taking medications and going through the recovery process when there are other supports in the place. In addition to administering medication, the clinician may also facilitate meetings and referrals for the patient to attend group counseling or psychotherapy to talk about his life outside of addiction as well as the effectiveness of medical therapy. A standard part of interventions when caring for a patient with a drug or alcohol addiction is to assess the effectiveness of all support given, including pharmacological factors and non-pharmacological interventions as well.

### **Summary**

The life changes that develop as a person ages can be painful and challenging for the older adult who may be faced with sudden periods of loneliness, isolation, or grief. An older adult may find himself or herself moving at a slower pace, spending more time alone, and having fewer activities to do, all of which can be difficult to accept because he or she was vibrant and active in the past. Some older adults turn to more activities and become involved with others to fill their time and continue giving purpose to life, while there are others who turn to drugs or alcohol.

Because of the growing numbers of older adults in society at large, there are also growing numbers of elderly substance abusers. This population can be difficult to identify, not only because of the physical changes that occur with substance abuse, but also because of the stigma often associated with drug



or alcohol use. Many older adults successfully hide their addictions from friends or family, feeling ashamed of their behavior, and yet needing help. Alcohol and drug addiction cause harmful changes in the body; older adults are particularly susceptible to these dangerous effects. Despite the potential shame associated with substance abuse, older adults who are addicted to drugs or alcohol need just as much help as other populations of patients with the same problems.

Fortunately, help is available, and with the increase in gerontological studies and outreach to this group of patients, there are programs available that are designed to specifically work with elderly patients who struggle with substance abuse. These patients do not need to feel alone in their struggles and can instead find help and work with others who may be struggling with similar issues. Whether through inpatient care, outpatient treatment, or ongoing counseling, help and support for substance abuse in older adults is available for those who need it.

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