

SUBSTANCE USE DISORDERS (SUD) AND ADDICTIONS AMONG OLDER ADULTS IN HEALTH CENTERS

Learning Collaborative (LC) #3: Screening and Assessment



National Center for Equitable Care for Elders (NCECE)

www.ece.hsdm.harvard.edu

Who We Are- Established in 2017, the National Center for Equitable Care for Elders (NCECE) is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to older adults

Our Mission is to build strong, innovative and competent health care models by partnering with CHCs, PCAs and FQHCs to provide quality, and inclusive care for older adults



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Health Center Resources Clearinghouse

- This comprehensive website provides easy access to a broad framework of resources, tools, and information developed by the National Cooperative Agreement (NCA) organizations, and additional partners soon! Check it out at www.healthcenterinfo.org.



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SUBSTANCE USE DISORDERS IN THE GERIATRIC POPULATION: SCREENING TOOLS AND CHALLENGES

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Objectives

- Describe screening instruments for substance use focused on the older adult population
- Discuss pros and cons of screening instruments in identifying SUD among older adults
- Discuss non-stigmatizing approaches for SUD screening among older adults

Why is screening important?

- SUD in older adults has been underidentified for decades
- Aging of the baby boom generation: changing attitude towards and rate of SUD
- SUD rates among people > 50 yo are projected to increase from 2.8 million (2006) to 5.7 million (2020)

Barriers to identification

- Physician factors:
 - stereotypes about addiction
 - stereotypes about older adults
 - lack of knowledge about treatment
- Patient factors:
 - denial
 - shame and guilt
- Diagnostic factors:
 - co-morbid conditions- may obscure or be used to explain symptoms of substance abuse
 - age related changes: falls, anemia, neuropathy, altered cognition
 - fewer overt warning signs
 - DSM criteria less applicable

DSM-5 Criteria for SUD	Consideration for Older Adult
A substance is often taken in larger amounts or over a longer period than was intended.	Cognitive impairment can prevent adequate self-monitoring. Substances themselves may more greatly impair cognition among older adults than younger adults.
There is a persistent desire or unsuccessful efforts to cut down or control substance use.	It is the same as the general adult population.
A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.	Consequences from substance use can occur from using relatively small amounts.
There is craving or a strong desire to use the substance.	It is the same as the general adult population. Older adults with entrenched habits may not recognize cravings in the same way as the general adult population.
There is recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or at home.	Role obligations may not exist for older adults in the same way as for younger adults because of life-stage transitions, such as retirement. The role obligations more common in late life are caregiving for an ill spouse or family member, such as a grandchild.
There is continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.	Older adults may not realize the problems they experience are from substance use.
Important social, occupational, or recreational activities are given up or reduced because of substance use.	Older adults may engage in fewer activities regardless of substance use, making it difficult to detect.
There is recurrent substance use in situations in which it is physically hazardous.	Older adults may not identify or understand that their use is hazardous, especially when using substances in smaller amounts.
Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.	Older adults may not realize the problems they experience are from substance use.
<p>Tolerance is developed, as defined by either of the following:</p> <ol style="list-style-type: none"> 1 A need for markedly increased amounts of the substance to achieve intoxication or the desired effect 2 A markedly diminished effect with continued use of the same amount of the substance 	Because of the increased sensitivity to substances as they age, older adults will seem to have lowered rather than increase in tolerance.
<p>Withdrawal, as manifested by either of the following:</p> <ol style="list-style-type: none"> 1 The characteristic withdrawal syndrome for the substance 2 The substance or a close relative is taken to relieve or avoid withdrawal symptoms 	Withdrawal symptoms can manifest in ways that are more "subtle and protracted." ¹⁴⁹ Late-onset substance users may not develop physiologic dependence; <i>or</i> nonproblematic users of medications, such as benzodiazepines, may develop physiologic dependence.

Categorization of substance use among older adults

Abstinence	No drinking at all and no use of illicit drugs
Low-risk use	Drinking within safety guidelines (7 standard drinks per week, no more than 2 drinks on any one occasion) Only appropriate/prescribed use of prescription or over-the-counter medications No guidelines for low-risk use for illicit drugs
At-risk use (also referred to as unhealthy or hazardous use)	Drinking beyond safety guidelines; drinking while taking medications in which consuming alcohol is contraindicated Intentional or unintentional off-label use of prescription or over-the-counter medications; taking medication, even once in awhile, that is not prescribed directly for that person Any use of illicit substances (primarily because these substance are not quality controlled or standardized)
Problem use	Substance use that results in social, medical, or psychological consequences, regardless of quantity or frequency of substance use ³³ Problem user may or may not meet criteria for SUD

Psychosocial stressors in aging

- Role and status change, especially retirement
- Income changes
- Physical health decline
- Cognitive changes
- Widowhood
- Shrinking social networks
- Loss of independence

Key points in the assessment

- Physical health: especially pain
- Co-morbid psychiatric disorders
- Sleep disturbance and sleep disorders
- Medications
- Cognition
- Coping style: avoidance
- History of substance use
- Social factors: relationship, social contacts, religious affiliation, life events (bereavement, loneliness, caregiving, change in living situation)

Screening tests: Alcohol use disorder

- Michigan alcoholism screening test – geriatric version (MAST-G)
- Short version of Michigan alcoholism screening test – geriatric version (SMAST-GS)
- Alcohol use disorders identification test (AUDIT)
- Alcohol use disorders identification test - 5 questions (AUDIT 5 or AUDIT PC)
- Alcohol use disorders identification test- Consumption (AUDIT-C)
- CAGE
- Alcohol-related problems survey (ARPS)

CAGE

CAGE Questionnaire for Detecting Alcoholism

Question	Yes	No
C: Have you ever felt you should C ut down on your drinking?	1	0
A: Have people A nnoyed you by criticizing your drinking?	1	0
G: Have you ever felt G uilty about your drinking?	1	0
E: Have you ever had a drink first thing in the morning (E ye opener)?	1	0

A total score of 0 or 1 suggests low risk of problem drinking

A total score of 2 or 3 indicates high suspicion for alcoholism

A total score of 4 is virtually diagnostic for alcoholism

AUDIT

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk,
 8 – 15 Increasing risk,
 16 – 19 Higher risk,
 20+ Possible dependence

AUDIT-C

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?					SCORE
Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	_____
2. How many drinks containing alcohol do you have on a typical day when you are drinking?					
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	_____
3. How often do you have six or more drinks on one occasion?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
TOTAL SCORE					
Add the number for each question to get your total score.					_____

Comprehensive evaluation: score 3 or more on items 1 through 3 OR self report of drinking 6 or more drinks on one occasion

SMAST- G

1) When talking with others, do you ever underestimate how much you actually drink?		
2) After a few drinks, have you sometimes not eaten or been able to skip a meal because you don'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 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?		

Comprehensive evaluation: YES to 2 or more questions

Evaluation for nicotine dependence

- Fagerstrom test for nicotine dependence (FTND)
- Heaviness smoking index (HSI)
- Modified cigarette evaluation questionnaire (mCEQ)
- Cigarette dependence scale (CDS-12 and CDS-5)

Screening for potential opioid Rx-abuse

- Screener and opioid assessment for patients with pain revised (SOAPP)
- Current opioid misuse measure (COMM)
- Drug assessment screening tool (DAST)

SOAPP

Please answer the questions below using the following scale:

0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, 4 = Very Often

1. How often do you have mood swings? 0 1 2 3 4
2. How often do you smoke a cigarette within an hour after you wake up? 0 1 2 3 4
3. How often have you taken medication other than the way that it was prescribed? 0 1 2 3 4
4. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years? 0 1 2 3 4
5. How often, in your lifetime, have you had legal problems or been arrested? 0 1 2 3 4

Cutoff score : 4

COMM

- 17-item questionnaire pertaining to 6 key issues- for patients already on opioids:

Signs & Symptoms of Intoxication - Emotional Volatility -
Evidence of Poor Response to Medications - Addiction -
Healthcare Use Patterns - Problematic Medication
Behavior

- High false positive, low false negative

DAST

		YES	NO
1.	Have you used drugs other than those required for medical reasons?	___	___
2.	Have you abused prescription drugs?	___	___
3.	Do you abuse more than one drug at a time?	___	___
4.	Can you get through the week without using drugs (other than those required for medical reasons)?	___	___
5.	Are you always able to stop using drugs when you want to?	___	___
6.	Do you abuse drugs on a continuous basis?	___	___
7.	Do you try to limit your drug use to certain situations?	___	___
8.	Have you had "blackouts" or "flashbacks" as a result of drug use?	___	___
9.	Do you ever feel bad about your drug abuse?	___	___
10.	Does your spouse (or parents) ever complain about your involvement with drugs?	___	___
11.	Do your friends or relatives know or suspect you abuse drugs?	___	___
12.	Has drug abuse ever created problems between you and your spouse?	___	___
13.	Has any family member ever sought help for problems related to your drug use?	___	___
14.	Have you ever lost friends because of your use of drugs?	___	___
15.	Have you ever neglected your family or missed work because of your use of drugs?	___	___
16.	Have you ever been in trouble at work because of drug abuse?	___	___
17.	Have you ever lost a job because of drug abuse?	___	___
18.	Have you gotten into fights when under the influence of drugs?	___	___
19.	Have you ever been arrested because of unusual behavior while under the influence of drugs?	___	___
20.	Have you ever been arrested for driving while under the influence of drugs?	___	___
21.	Have you engaged in illegal activities in order to obtain drug?	___	___
22.	Have you ever been arrested for possession of illegal drugs?	___	___
23.	Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	___	___
24.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	___	___
25.	Have you ever gone to anyone for help for a drug problem?	___	___
26.	Have you ever been in a hospital for medical problems related to your drug use?	___	___
27.	Have you ever been involved in a treatment program specifically related to drug use?	___	___
28.	Have you been treated as an outpatient for problems related to drug abuse?	___	___

Cutoff score: 6

Approaching the patient

- Use of a supportive no confrontational approach vs more assertive style of assessment and intervention
- Show genuine interest in overall health and wellbeing
- Discuss substance use in the context of an overall assessment with the goal of health promotion
- Show understanding of their health behavior

Approaching the patient

- Ask gently and respectfully questions related to quantity, frequency of use, medications and illicit drugs with the assumption that this information is important whether the patient's use is a problem or not
- Focus on facts rather than questioning the patient's judgment

Key points

- Although the current proportions of older adults with substance use disorders remain low compared with the general population, a growing proportion and number of older adults are at risk for hazardous drinking, prescription drug misuse, and illicit substance use and abuse.
- The identification of problematic substance use with older adults can be difficult because of overlapping symptoms with medical disorders that are common in older age.
- The assessment should include a respectful and nonstigmatizing approach along with direct questions about drinking, prescription medication, and illicit drug use

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