Substance Misuse in Older People

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What are substances?

- Tobacco – great impact
- Alcohol – great impact
- Illicit drugs-heroin, amphetamines, cannabis – lesser impact
- Prescription drugs – impact not known
- Over the counter drugs – impact not known
1. Rising older population

2. Higher Substance Misuse related mortality rates in older vs younger people

3. High rates of mental health problems in older people

4. Older people show complex patterns and combinations of substance use

5. In Europe, numbers will double in the next 2 decades, and in the USA, set to treble
How much do older people use?

- 13% men and 12% women over 60 smoke
- 40% prescriptions dispensed are for over 65s
- Weekly alcohol consumption above ‘safe limits’ are 20% in men and 10% in women over 65
- In 2008, 4.5% over 45s use any illicit drug over the previous year, and 0.7% has used a Class A drug
- Rising numbers of over 40s coming into treatment – 17% in drug treatment units are over 40
• Liver disease
• Hypertension
• Delirium
• Falls
• Cognitive Impairment
• Depression
• Suicide
Precipitants and complications

- Older people are at increased risk of the adverse physical effects of substance use, even at low levels.
- Older women are at greater risk of prescribed and over-the-counter medications.
- Physical health problems and prescription of hypnotics, anxiolytics, and analgesics for sleep, anxiety, and pain.
- Psychiatric problems related to substance use e.g. delirium, intoxication, withdrawal syndromes, anxiety, depression, cognitive changes are common.
- Psychosocial factors e.g. bereavement, retirement, boredom, loneliness, homelessness, depression are associated with onset alcohol misuse.
Alcohol
“It would be too optimistic to suppose that the relative under-representation of subjects in the older age groups among clients of information centres is just explained by older people having generally got the treatment they required or having reverted to normal drinking...it seems likely that this finding is in part a hint of the diminished life expectancy of the alcoholic”

Professor Griffith Edwards
British Medical Journal 1967
<table>
<thead>
<tr>
<th>Early onset (65%)</th>
<th>Late onset (35%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age varies (&lt;25, 40, 45)</td>
<td>Age varies (&gt;55, 60, 65)</td>
</tr>
<tr>
<td>Men &gt; women</td>
<td>Women &gt; men</td>
</tr>
<tr>
<td>Lower s/e status</td>
<td>Higher s/e status</td>
</tr>
<tr>
<td>Stressors common</td>
<td>Stressors common</td>
</tr>
<tr>
<td>FH likely</td>
<td>FH unlikely</td>
</tr>
<tr>
<td>Legal/Work problems</td>
<td>Functional problems</td>
</tr>
<tr>
<td>Chronic medical illness</td>
<td>Acute medical illness</td>
</tr>
<tr>
<td>Amnestic Syndrome</td>
<td>Alcohol-related dementia</td>
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<tr>
<td>Less treatment compliance</td>
<td>Greater treatment compliance</td>
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Public Health aspects of Alcohol Consumption in Older People

An Unknown known
General Lifestyle Survey (ONS, 2013)

Between 2005 and 2013, percentage of men drinking 8 or more units of alcohol on any one day in past week reduced by

- 5% in 65+ age group
- 12% in 45-64 age group
- 19% in the 25-44 age group
- 30% in the 19-24 age group
Over 65+ age group *more likely to drink on 5 or more days of the week*

Between 2000 and 2012, percentage of men and women in England drinking over recommended limits *increased by 50% and 100% respectively*

Number of people aged 65 and over admitted to hospitals in England for alcohol specific disorders has *increased by 40% over the past 6 years*

In 60+ age group and over, hospital admissions in England for *mental and behavioural disorders* associated with alcohol use *outnumber those with alcohol related liver disease*.

Number of people aged 60 and over admitted to hospitals in England with alcohol related brain injury has *risen by over 140% over the past 10 years*, with an almost static rise in the 15-59 age group

*Population of aged 65+ age group and above in England and Wales increased by only 11% between 2001 and 2011*
### Alcohol-related mortality in men - London
(Office of National Statistics)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Men aged 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991-1997</td>
<td>21.7/100,000</td>
</tr>
<tr>
<td>1998-2004</td>
<td>25.7/100,000</td>
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### Alcohol-related mortality in men - Southwark
(Office of National Statistics)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Men aged 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2010</td>
<td>64.9/100,000</td>
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</tbody>
</table>
Obstacles to effective communication of public health messages

‘Scandinavian’ drinking culture still exists in the UK

Rationalisation such as ‘never did my dad any harm’

Understanding alcohol as a drug

Risky drinking patterns vs Total amount consumed

Under-reporting

Health risks not always ‘causal’
Identifying the need for an older people’s dual diagnosis service
Age standardised admission rates where the primary reason for admission was a disease directly related to alcohol 2003/04

H&F – Hammersmith & Fulham
K&C – Kensington & Chelsea

Source: LHO analysis of Hospital Episode Statistics
Alcohol-related admissions indirectly age-sex standardised
2001-02 to 2003-04

- 172 to 220
- 125 to 171
- 76 to 124
- 31 to 75
Hospital Admissions for alcohol related harm 2006 - 2010

Legend
- MSOA Boundary
- Ward Boundary

Alcohol related hospital admissions
Equal Range (5 ranges)
- 121.7 to 139.5 (3)
- 103.7 to 121.7 (2)
- 85.7 to 103.7 (13)
- 67.7 to 85.7 (10)
- 49.7 to 67.7 (5)

Number of people admitted/1000 indirectly age standardised ratio, all ages, persons.
Source: Hospital Episode Statistics (HES) 2012 © Crown Copyright 2012
Other substances
Benzodiazepines

• Most common prescribed substance in older people: 15% of community residents

• 50% increase in use between ages of 65 and 75

• 20% of older people admitted with alcohol misuse also have BZ misuse

Nicotine

Older tobacco smokers have higher rates of anxiety disorder, depression and alcohol misuse than non-smokers
PERCENTAGE OF U.S POPULATION TAKING 5 OR MORE PRESCRIPTION DRUGS IN PAST 30 DAYS (2011)
OUR INVISIBLE ADDICTS
Overview

- Nature and extent of substance misuse in older people
- Identification of precipitants and complications
- Best practice
- Training opportunities
- Development of future strategy for service, research, training and policy
Best practice

- High levels of unmet need
- GPs should screen all over 65s
- Caution when interpreting current safe drinking limits
- Re-screening if there are physical and/or psychological problems, and major life events
- Older people can and do benefit from treatment and in some cases may have better outcomes than younger counterparts
- Treatment of co-existing physical and psychological conditions is a very important part of management
- Close liaison between professionals, disciplines, agencies
Develop clinical guidelines through care pathways

- Embedding clinical guidelines into care pathways already developing in some Trusts (e.g. SLAM) through Dual Diagnosis Strategy

- Good practice guidance implementation now produced Information Guide (in Press)
Training level

- Not an optional extra – improves attitudes, reduces stigma, reverses therapeutic nihilism

- Undergraduate, specialist post graduate, continuing professional development

- Old age psychiatry, Care of the Elderly medicine, Addiction psychiatry, Hepatology, Nursing, Psychology, Social care and other Allied Professionals

- Competence at clinical skills include detailed assessment, understanding motivations, variety of effective treatment options and referral networks
Developing training packages for health professionals

- Bespoke training programmes, taking into account unique needs of older people (e.g. SLAM; Alcohol Concern)

- First 5 day dual diagnosis in older people course developed by Institute of Psychiatry and delivered by South London and Maudsley NHS Foundation Trust

- Further scope for rolling out training across the UK, including to Local Authority and voluntary sector
Developing consensus on drinking limits

- Chief Medical Officer reviewing evidence for separate drinking limits for older people
- Department of Health to include identification and brief advice within NHS Health Check for those aged 40 to 75 year from April 2013
Safe limits for older people (Crome et al, 2012)

- No set ‘safe’ limit for older people with mental disorders
- Adult safe limits may not apply
- For some healthy older people, 1 US drink (1.5 UK Units) a day, and no more than 7 drinks (11 UK Units) a week
- Should not drink and drive, swim, use machinery
- Eat before drinking
- Drink more slowly i.e over two hours
- For those with comorbid conditions, on medication, alcohol may be appropriate
- Under review by the Chief Medical Officer
Other recommendations & strategic direction

- Service delivery level- Removing barriers to assessment and treatment

- Treatment intervention level- Exploring drug treatment interventions

- Research and development level- Improving knowledge base for effective treatments from epidemiological research and exploring barriers to service provision from clinical audit

- Ethical level- Developing, implementing and promoting service delivery based on need, in age-appropriate way via multi-agency partnership
General approaches to assessment, treatment and care
Initial assessment of substance misuse in older people
Psychosocial Interventions for substance misuse in older people
Supporting families and carers
Legal and ethical considerations

Specialist Approaches to Substance Misuse
The emergency physical presentation
The emergency psychiatric presentation
Managing withdrawal syndromes in the community
Managing heroin/benzodiazepine substance misuse in the community
Alcohol related brain injury
Challenges to recovery
Older women and alcohol misuse
Drug interactions with substances
Driving and substance misuse in older people
Integrated care in dual diagnosis (Rao, 2013)

First UK naturalistic study to show positive outcomes from community treatment of alcohol misuse and dual diagnosis

- Retrospective case note study
- Referrals to four older adult liaison psychiatry services 2006 to 2011
- 420 unique case notes identified; 108 patients eligible for inclusion
- 60 alcohol withdrawal syndrome (42 of whom had alcohol-related brain injury)
- 14 were placed in continuing care facilities
- 50 taken on by community mental health teams (CMHTs): at 6 month follow-up, 19 (38%) achieved abstinence from alcohol or controlled drinking
- Patients with ARBI less likely than those without it to have changed their drinking behaviour after