Older Adults: Alcohol and Medication Dependence

Friday, February 13, 2009

12:00 p.m. – 1:00 p.m.

at

the Portland Building Auditorium

1.0 MCLE credit pending

Part of the February brown bag series:

Challenges Families Face
Challenges Families Face

Opiate Abuse: Alcohol and Medication Dependence

Panel 1: February 15, 2009

10:00 AM to 1:00 PM
in the Heritage Building
Auditorium

Panel 2: February 16, 2009
10:00 AM to 1:00 PM
in the Heritage Building
Auditorium
Meloney Crawford Chadwick is a graduate of Temple Law School and a member of the Pennsylvania Bar. She practiced law in Philadelphia before going to work for West Publishing Company’s WESTLAW and CD-ROM divisions, marketing online legal research services to the Northeast’s largest law firms. In 1991, she transitioned to a career in writing, editing and publishing that eventually lead her to Oregon.

In recovery since 1988, Ms. Chadwick joined the OAAP staff in 1999. She is certified as an alcohol and drug counselor both nationally (NCAC II) and in Oregon (CADC III), and received her certification in gambling addictions (CGAC II.) She was President of the Board of Directors of the Oregon Addiction Counselors Certification Board (ACCBO) from November 2006 to 2008, and still serves on the Board.
Seniors and Substance Use

Meloney Crawford Chadwick, J.D., CADC III, NCAC II
Attorney Counselor
Oregon Attorney Assistance Program
Substance Use: Issues of Concern for Older Adults

- How often does the problem occur?
- Alcohol
  - How much is too much?
- Prescription Medication Misuse
- Over-the-Counter (OTCs) medications
- Illicit Drug Use
- Issues unique to older adults
  - Depression
  - Barriers to treatment
- Questions to ask

A Growing Problem...

- Alcohol problems among older adults:
  - 2%-10% of community-based treatment
  - 6% to 11% of hospital admissions
  - 14% in Emergency Departments
- Prescription Drugs
  - 17% of hospitalizations of older adults are related to an adverse drug reaction - a rate 6 times greater than for entire population.
- OTC Products: Adults ages 65+ consume more OTC medications than any other age group.
- Illicit drug use - Low rate, but increasing trend?

Prevalence

- Older adults with alcohol use problems are not recognized by many professionals
- Few older adults with alcohol abuse or dependence seek help in specialized addiction treatment settings
How Does the Problem Break Down?

- Abstinence
  - No alcohol use for past year
- Low risk
  - Alcohol use with no problems
- At-risk
  - Alcohol use with increased chance of problems/ complications
- Problem
  - Experiencing adverse consequences
- Dependent
  - Loss of control, drinking despite problems, physiological symptoms (tolerance, withdrawal)

Defining Alcohol Use Patterns

Older Adults and Alcohol Use

- Increased risk of:
  - Stroke (with overuse)
  - Impaired motor skills (e.g., driving) at low level use
  - Injury (falls, accidents)
  - Sleep disorders
  - Suicide
  - Interaction with dementia symptoms
Drinking Guidelines

- No more than 1 standard drink per day
- No more than 2-3 drinks on any day (binge drinking)
- Limits for older women should be less than for men

(Source: NIAAA, 1996; Tanner & Faller, 1995)

<table>
<thead>
<tr>
<th>1 oz of beer or ale</th>
<th>5 oz of wine</th>
<th>5 oz of spirits</th>
<th>1 oz of cognac</th>
<th>1 oz of rye or unaged whiskey</th>
<th>1 oz of brandy</th>
<th>1 oz of limoncello</th>
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<tbody>
<tr>
<td>12 oz</td>
<td>5 oz</td>
<td>1 oz</td>
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Current Advice

- Maximum of 2 drinks on any drinking occasion (New Year’s Eve, weddings)
- Somewhat lower limits for women.

Just a couple of beers ...

Drinking Guidelines

- Lower limits for older adults because:
  - Increased alcohol sensitivity with age
  - Greater use of contraindicated medications
  - Less efficient liver metabolism
  - Less body mass/fat increases circulating levels
Older Adults and Alcohol Use

- Other effects:
  - Higher blood alcohol concentrations (BAC) from dose
  - More impairment from BAC
  - Medication effects:
    - Potential interactions
    - Increased side effects
    - Compromised metabolizing (especially benzodiazepines, barbiturates, antidepressants, digoxin, warfarin)

Signs of Potential Alcohol Problems

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

S-MAST-G
(Short Michigan Alcohol Screening Test- Geriatric)

- Yes or no answers to:
  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?"
S-MAST-G (continued)

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?”

S-MAST-G (continued)

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?”

2 or more positive responses = indicative of an alcohol abuse problem (range of scores of 0-10 possible)

Quantity/Frequency Screen

1. “Do you drink alcohol?”
2. “On average, how many days a week do you drink?”
3. “On a day when you drink alcohol, how many drinks do you have?”
4. “What is the maximum number of drinks you consumed on any given occasion in the past month?”

8 or more drinks/week or 2 or more occasions of binge drinking in last month are indicative of alcohol use problems.
Screening Results

Percent reporting:

![Bar graph showing percent reporting by gender and level of substance use frequency]

Expert panel recommendations for screening and treating the older adult:

SAMHSA/CSAT Treatment Improvement Protocol (TIP) #26

TIP#26
Expert Panel Recommendations

- Age-specific, group treatment that is supportive, not confrontational.
  - Attend to depression, loneliness; address losses.
  - Teach skills to rebuild social support network.
  - Employ staff experienced in working with elders.
  - Create a "culture of respect" for older clients.
  - Broad, holistic approach recognizing age-specific psychological, social & health aspects.
  - Link with aging, medical, institutional settings.
  - Adapt treatment as needed to address gender issues.
  - Content should be age-appropriate and offered at a slower pace.
**Action Appropriate to Problem**

1. Preventive education for abstinent, low-risk drinkers
2. Brief, preventive intervention with at-risk and problem drinkers
3. Alcoholism treatment for abusing/dependent drinkers

**Medication Use: Look Out For:**

- Takes more than one type of prescribed medication
- Difficulty remembering how many meds to take
- Prescriptions from two or more doctors
- Felt worse soon after taking meds
- Taking meds to help sleep
- Uses up meds too fast
- Takes meds for nervousness or anxiety

**Medication Use: Look Out For:**

- Doctor/nurse expressed concern about use of meds
- Take pain relieving meds
- Take pills to deal with loneliness, sadness
- Saving old medications for future use
- Chooses between cost of meds and other necessities
- A family member reminds them to take pills
- Uses dispenser or other method to help remind
- Fails to take meds when supposed to
- Borrow someone else’s meds
- Feel groggy after taking certain medications
Medication Misuse – “BrownBag” Review

Interviewer's impressions of the person after completing the "Brown Bag Review" of prescriptions:

1. Does not correctly recall the purpose of one or more medications
2. Reports the wrong dose/amount of one or more medications
3. Takes one or more medications for the wrong reasons or symptoms
4. Needs education and/or assistance on proper medication use

OTC Drug Use: Ask About

1. Do you frequently take aspirin, Tylenol, Advil, or other non-prescription pills for pain?
2. Do you ever tell your physician about the type of non-prescription pills you buy?
3. Do you use herbal pills such as Ginkgo, Saw Palmetto, St. John’s Wort?
4. Do you take non-prescription pills or remedies for improving your memory?
5. Have you ever felt worse soon after taking over-the-counter remedies?
6. Are you taking medications to help you sleep?
7. Do any of the non-prescription pills you take make you feel groggy?
8. Do you use plants or herbs to make your own remedies such as garlic, or aloe?

The need to screen for illicit drug use...

An increasing trend among older adults?
General Issues for Older Adults

- Loss (status, people, vocation, health, etc.)
- Social isolation, loneliness
- Major financial problems
- Housing changes
- Family concerns
- Time management burden
- Complex medical issues
- Multiple medications
- Sensory deficits
- Reduced mobility
- Cognitive impairments
- Impaired self-care, loss of independence

Co-Occuring Conditions

Alcohol Use can interact with other conditions older adults experience:

- Impaired Activities of Daily Living (ADL’s)
- Psychiatric symptoms, mental disorders
- Alzheimer’s disease
- Sleep disorders

Brief Intervention

- Short conversations
- Targeted at a specific behavior
- Goal directed
  - Reducing alcohol consumption, and/or
  - Facilitating entry into formal treatment
Talking with Older Adults About Substance Use

- Brief intervention/motivational enhancement are effective approaches
- Accepted well by older adults
- Can be conducted at home or in doctor’s office
- Reduces alcohol use
- Reduces alcohol-related harm
- Reduces visits to emergency room/hospital

What to Mention...

Ten components:
1. Identify future goals (health, activities, etc.)
2. Personalize the conversation
3. Define drinking patterns and compare to suggested limits
4. Discuss pros/cons of drinking (motivation to change)
5. Discuss consequences of heavier drinking

More Points to Cover...

6. Identify reasons to cut down or quit drinking
7. Setting sensible limits, devising strategies for quitting or cutting down
8. Develop a drinking agreement
9. Anticipate and plan for risky situations
10. Summarize
Effective Treatment Approaches
- Cognitive-behavioral therapy
- Group-based counseling
- Individual counseling
- Medical/psychiatric approaches
- Marital and family involvement/family therapy
- Case management/community-linked services & outreach
- Formalized substance abuse treatment

Self-Management Skills for Older Adults in Recovery

<table>
<thead>
<tr>
<th>High Risk Situation</th>
<th>Skills Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Pressure</td>
<td>Drink Refusal</td>
</tr>
<tr>
<td>loneliness</td>
<td>Rebuild Social Network</td>
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<tr>
<td>Depression</td>
<td>Cognitive Restructuring</td>
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<tr>
<td>Anxiety</td>
<td>Thought-stopping</td>
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<tr>
<td>Anger/irritation</td>
<td>Relaxation, Problem-solving</td>
</tr>
<tr>
<td>Cues</td>
<td>Assertiveness Training</td>
</tr>
<tr>
<td>Urges</td>
<td>How to dispose, avoid, rearrange</td>
</tr>
<tr>
<td>Slips</td>
<td>Thought-stopping, Learn to Delay</td>
</tr>
</tbody>
</table>

Conclusions
- Screening for alcohol use problems among older adults is important
- Brief interventions are effective
- Treatment approach depends on client background; assessment of needs, goals, resources; and preferences
- Success in Treatment is Likely!
Beware…
The Baby Boomers are getting older!
A-A-R-P! I wanna join the A-A-R-P!

The Retirement Village People
Drug Combinations Putting Seniors at Risk

By Steven Reinberg
HealthDay Reporter
Tuesday, December 23, 2008; 12:00 AM

TUESDAY, Dec. 23 (HealthDay News) -- As many as 4 percent of older adults in the United States combine over-the-counter medications with prescription drugs in ways that put them at risk for potentially dangerous interactions, a new survey finds.

A recent report estimated that adults over 65 account for more than 175,000 emergency department visits for adverse drug reactions each year, and commonly prescribed medications accounted for 33 percent of these drug reactions.

"The vast majority of older adults are using at least one medication and more adults are using more medications, particularly prescription medications, compared to a decade ago," said survey author Dima M. Qato, from the University of Chicago.

In addition, almost 30 percent of seniors are taking at least five prescription medications and many combine prescription and nonprescription drugs. Among commonly used medications, drug-to-drug interactions extend beyond prescription drugs, with nearly half involving the use of over-the-counter medications or dietary supplements.

"And despite limited availability of drug safety information for nonprescription medications, particularly dietary supplements, they are frequently used in older adults," Qato added.

Patients need to know that while medications are often beneficial, there are often risks associated with their use, Qato said.

"If they need to self-medicate with over-the-counter drugs or dietary supplements, they should consult with their physician or pharmacist. This is particularly important in older people because as people get older, they are more vulnerable to the negative effects of medications, including drug-to-drug interactions," Qato said.


For the study, Qato's team used survey data collected on more than 3,000 adults aged 57 to 85. The researchers looked for all medications, both over-the-counter and prescription, used between June 2005 and March 2006.

The researchers found that 91 percent of U.S. adults, about 50.5 million, used at least one medication regularly. Prescription medicines were used by 81 percent of adults, or 44.9 million older Americans.
Most medications were used by those 75 to 85 years old.

In addition, almost 50 percent of older adults used at least one over-the-counter medication or dietary supplement. More women than men used prescription medications and dietary supplements. However, the use of over-the-counter medications was the same for men and women, the researchers found.

More than 50 percent of those surveyed used five or more prescription drugs, over-the-counter medications or dietary supplements. Among those taking prescription medications, 29 percent used more than five drugs and drug use increased with age among both men and women. Qato's group reports.

In addition, the researchers found that 68 percent of older adults used prescription drugs plus over-the-counter medications or dietary supplements. Among those combining drugs, 4 percent were in danger of having an adverse drug reaction.

Moreover, the rate of adverse drug interactions increased with age, particularly among women. Over 50 percent of these interactions involved the use of over-the-counter medications, the researchers found.

The most common adverse interactions occurred with blood thinners such as warfarin and antiplatelet drugs such as aspirin, Qato's group found.

"Physicians and pharmacists need to ask older patients about all the medications they use -- prescription and nonprescription -- and patients need to be prepared to share this information," Qato said. "This is especially important in patients who see multiple providers and patients that fill at multiple pharmacies."

Dr. Laurie Jacobs, chief of geriatric medicine at Montefiore Medical Center in New York City, believes that the potential for adverse drug reactions by mixing drugs is great and patients need to coordinate their medication use with one doctor to guard against harmful interactions.

"No one is looking over the number of medicines they are on to look for potential interactions," Jacobs said. "Someone other than the patient should go over the whole list."

Jacobs noted that the increase in the number of people taking drugs is a good thing. "There has been an intensification of therapy for disease," she reasoned.

However, there has also been a growth in the number of medications and an increased effort in marketing them, which makes people seek out doctors who will prescribe them, Jacobs said. In addition, there has also been an increase in the use of supplements, she noted.

"Often patients have difficulty evaluating the appropriateness of supplements with their own medical problems," Jacobs said. "They are not seeking the advice of their physician on supplement use." she said.

Common adverse drug reactions include:

Lisinopril (Prinivil) plus potassium can elevate blood-potassium levels and disrupt heart rhythm. Warfarin (Coumadin) plus simvastatin (Zocor) can increase bleeding risk. Warfarin (Coumadin) plus aspirin can increase bleeding risk. Atorvastatin (Lipitor) plus niacin can cause muscle weakness. Muscle breakdown. Simvastatin (Zocor) and niacin can cause muscle weakness and muscle breakdown. Ginkgo plus aspirin can increase bleeding risk.

More information
This Is Your Mom on Drugs: Aging Doesn't Stop Drug Use

For many baby boomers, recreational drugs continue as a way of life

By Peter Brown

It’s the kind of tongue-in-cheek concept that might have percolated out of the subversive imagination of R. Crumb, underground cartoon chronicler of the 1960s. Grandma and Grandpa are passing the time in their rockers—and passing a joint back and forth as they recall their youthful marijuana-smoking days in Haight-Ashbury. In fact, according to three investigators at the National Institute on Drug Abuse, the image is no joke.

Writing in the journal Neuropsychopharmacology, Gayathri J. Dowling, Susan R. B. Weiss and Timothy P. Condon warn that many aging baby boomers, long accustomed to using illicit drugs for recreation and medicinals of all kinds for treating whatever ails them, will carry their love affair with drugs into old age. Medicine is only beginning to appreciate the consequences.

The baby boomers, the generation born between 1946 and 1964, make up 29 percent of the U.S. population today. By 2030 this “pig in the python” of the nation’s age-distribution profile will swell the number of people aged 65 and older to 71 million. The baby boomers, of course, became well known in the 1960s for their significantly higher use of illicit drugs than that of preceding generations. At one time, investigators were convinced that as people aged, they would “grow out of” the use of recreational drugs. There is little evidence that any such thing has taken place today.

Dowling and his colleagues cite hospital data that record the number of people aged 55 and older who sought emergency-room treatment and mentioned using various drugs. The number of cocaine mentions rose from 1,400 in 1995 to almost 5,000 in 2002, an increase of 240 percent. Similarly, mentions of heroin increased from 1,300 to 3,400 (160 percent), marijuana from 300 to 1,700 (467 percent) and amphetamine from 70 to 560 (700 percent).

Data from the National Survey on Drug Use and Health corroborate those trends. In 2002 some 2.7 percent of adults between 50 and 59 admitted to illicit drug use at least once in the preceding year. By 2005 that number had increased significantly, to 4.4 percent. The investigators attribute the rise to the aging baby boomers, as well as to enhanced longevity coupled with people’s tendency to retain their long-held patterns of drug use as they grow older. Those numbers will put substantial new strains on the medical system: by one estimate, the number of adults aged 50 and older treated for drug abuse will rise from 1.7 million in 2000 and 2001 to 4.4 million in 2020.

Of most concern to Dowling and his colleagues are the effects of drug abuse on the brain. The systems most affected are the ones involving the neurotransmitters dopamine, serotonin and glutamate, and all three systems change with age. The ability of receptors to bind dopamine, for instance, declines with age, and those declines often lead to some loss of motor and cognitive functioning. Cocaine users and the elderly exhibit similar brain changes, so seniors who use cocaine could be compounding the damage.

Intriguingly, the so-called cannabinoid system, which mediates the effects of marijuana in the brain, reduces addictive behavior in aging mice that have been genetically altered to crave alcohol. As the mice age, the cannabinoid receptor binds less frequently to a specific protein, which seems to diminish the animals’ taste for alcohol. No one knows how aging may alter the cannabinoid system in people, but the system has wide-ranging
effects on appetite, memory, addiction, and the perception of pain and pleasure.

Aging also leads to changes in metabolic rates and, in particular, in the processes whereby a drug is absorbed, distributed, metabolized and eliminated. The changes can lead to what Dowling and his colleagues call "devastating consequences" from the use of alcohol as well as from the abuse of medicines and illicit drugs. As older bodies become lean, water content is reduced and kidneys become less efficient; the concentration of a drug in the blood can remain high for a much longer time than it does in a younger person. That, in turn, poses the additional risk of adverse drug interaction, as high concentrations of various substances overlap in the blood.

The increased health risks become particularly hard to assess in connection with abused drugs because of the ethical bind it imposes on physicians. If a patient reports drug use, a doctor should include that fact in the patient's notes because of its potential effects on future treatment. But despite privacy protections under the law, many physicians hesitate to do so for fear of insurance and legal complications. For those reasons (and perhaps others), medical personnel are reluctant to question their patients' drug use, according to Dowling and his colleagues. Consequently, serious problems may go untreated.

In spite of what can be inferred about the effects of drugs on the aged, relatively little has been studied systematically. That lack of attention traces directly to the traditional—and now demonstrably false—assumption that the elderly do not abuse drugs, particularly illicit drugs. But the nation may soon discover that the pig will move more painfully through the python than anyone could have imagined.

Editor's Note: This story was originally printed with the title "When I'm Sixty Four"

Further Reading
Exploring the Folds of the Brain--And Their Links to Autism
When Grasshoppers Go Biblical: Serotonin Causes Locusts to Swarm
Voodoo Correlations: Have the Results of Some Brain Scanning Experiments Been Overstated?
Atomic Weight: Balancing the Risks and Rewards of a Power Source

Want Clean Water? Turn on the Lights
John Updike in Scientific American: The Dance of the Solids
Reactivating Nuclear Reactors for the Fight against Climate Change
The Curious Case of J. Robert Oppenheimer
Substance abuse among older adults is an invisible epidemic.1
- Alcohol and prescription drug problems affect up to 17% of older Americans.1
- The rate of alcohol-related hospitalizations is roughly equal to that of heart attacks.1

As the aging population grows, the treatment needs of older adults will significantly rise.
By addressing the unique issues associated with aging and substance use, treatment providers
can improve the health—and quality of life—of countless older adults.

Issues Facing Older Adults

- Physiological changes related to aging (e.g., decrease in alcohol and drug metabolism)
  that cause stronger and longer lasting effects from substance use
- Health problems triggered or worsened by misuse/abuse/addiction
- Harmful reactions and interactions from using many prescriptions, over-the-counter drugs,
  and herbal remedies, especially when combined with alcohol
- Pain and discomfort, including sleep problems, from various physical and mental health
  conditions that may lead to self-medication with alcohol or drugs
- Incorrect use of medications (e.g., misunderstanding directions, forgetting to take them)

Other issues

- Loss of friends/family members, decreased social status and/or professional identity,
  reduced self-esteem, hopelessness, isolation, loneliness, boredom
- Problems with self-care, poor eyesight/hearing, loss of mobility, lack of transportation, financial issues
- Greater chance of unidentified and untreated substance use problems (e.g., due to stigma/denial,
  symptoms mistaken for other conditions, lack of awareness of symptoms)

Communicating with Older Adults

- Show respect (e.g., address the patient according to his/her preference; do not condescend).
- Stress confidentiality to help patients speak more openly.
- Be gentle, empathetic, and non-confrontational—without minimizing the problem—to help
  patients overcome shame/guilt issues regarding substance use.
- Be supportive. Show confidence in the patient’s ability to succeed in treatment.
- Consider hearing and visual problems and language barriers (e.g., use large-print materials,
  settings with good light and little noise, translators).
- Be patient and persistent. Repeat messages to aid memory and understanding, and to motivate change.
- Speak slowly and use clear language, without being patronizing; provide information
  in small “chunks” that older adults can easily absorb.
**Substance Use Problems Among Older Adults**

**Treatment Approaches**

Tailor goals, setting, and length of treatment to each patient, his/her readiness to change, and his/her different needs over time. Some general treatment strategies are listed below.

- Consider screening triggers (e.g., major life transitions; physical symptoms like sleep problems, frequent falls, and cognitive impairment) and use appropriate screening tools to identify older adults needing treatment (see [www.naclearinghouse.com/PDFs/SubstanceAbuse/ProviderUpdate.pdf](http://www.naclearinghouse.com/PDFs/SubstanceAbuse/ProviderUpdate.pdf)).

- Coordinate care with the patient's primary care physician and other health care providers.

- Provide age-specific group treatment; if not possible, group older and younger adults who will feel comfortable together or whose lifestyles/problems are similar.

- Provide a continuing care plan that links patients to older-adult-friendly groups (e.g., AA), medical care, and support services.

- Consider the different needs of patients with late-onset substance use problems versus those with early-onset problems.

- Educate patients about aging and substance use (e.g., risks, taking medications properly).

- Address life changes and help patients understand possible reasons for their difficulties with substances.

- Motivate older adults to follow treatment recommendations by focusing on their greatest concerns (e.g., staying healthy and independent).

- Teach patients ways to cope with depression, loneliness, and loss.

- Work with patients to build their self-esteem and social support networks.

- Make sure detoxification procedures meet the special needs of older adults (e.g., appropriate doses of stabilizing medications and hospital stays).

- Help patients identify and manage triggers of misuse/abuse/addiction.

**RESOURCES:**

- MA Executive Office of Elder Affairs, 800-AGE-INFO, www.800ageinfo.com


- MA Substance Abuse Information & Education Helpline, 800-327-5050, www.helpline-online.com

- Bureau of Substance Abuse Services, MA Department of Public Health, www.state.ma.us/dph/bsas


References: [Center for Substance Abuse Treatment, Substance Abuse Among Older Adults: Treating Older Patients: A Clinician's Handbook](http://www.naclearinghouse.com)
How to Talk to an Older Person
Who Has a Problem with Alcohol or Medications

ALCOHOL/PRESCRIPTION DRUGS

If your parents or neighbors were ill or needed help, you’d do everything you could to help, wouldn’t you?

But when that same older person show signs of having a problem with alcohol or prescription drugs, it’s hard for most people to know what to do or say.

Yet alcoholism and the misuse of prescription drugs are becoming a life-threatening epidemic in older people. It is estimated that 70% of all hospitalized older persons and up to 50% of nursing home residents have alcohol-related problems. Among older people there is reason for concern about mixing alcohol and drugs. Of people over 65, 83% take some prescription. Over half of all prescriptions for older persons have some sedative. Combining prescriptions with alcohol can be deadly at any age, and especially so among the older age groups.

Yet the symptoms may be difficult to recognize. For example, shaky hands and forgetfulness could be normal symptoms of aging — or a sign of alcohol or prescription abuse.

It may be difficult to know how to talk to an older relative, friend, or neighbor about this issue. When deciding whether to talk to them, you may think:

"My father has been drinking all his life. He's too old to change."

This is not necessarily so. Older people have the highest recovery rate of all age groups. In fact, research has shown that a key factor in the recovery of older adults is the concern and involvement of family and friends. And as people get older their tolerance to alcohol and other drugs decreases dramatically. What older persons thought they could “handle” at an earlier age may affect them in confusing and alarming ways now — making them more receptive to help than ever before.

"Drinking is the only pleasure mom has left. Why deprive her of the one thing that makes her happy?"

Alcohol is a depressant. Chances are that drinking is not making your mother happy at all, but instead causing her misery, depression, remorse and shame.

Since people in their seventies live another 5, 10, or even 25 years, helping to remove alcohol and unnecessary drugs could improve both their physical and emotional health. The misuse of alcohol and prescription drugs can worsen diseases normally associated with aging, including heart and liver disease, arthritis, diabetes, glaucoma, cataracts, hearing loss, pancreatitis, colitis, ulcers, gastritis and Alzheimer’s disease.
And the thousands of older adults who do recover physically and emotionally from alcohol and drug dependency echo hope and joy when they talk of their newly sober lives. Invariably they say, “These are the best years of my life,” whether they stopped drinking at 65, 75 or even 85.

“The doctor says a glass of wine in the evening is good for Aunt Mary’s heart.”

Many doctors suggest small amounts of alcohol to help older patients sleep better, improve their appetites, or calm their nerves. However, a physician may not realize that an older person predisposed to alcoholism can’t stop at one drink. And because of changes in metabolism, drinking two or three beers at age 65 can have the same effect as seven or eight beers at age 20.

In addition, an older patient may be taking medications prescribed by a specialist that a general internist may not know about. Keep in mind that 83 percent of people over 65 take at least one prescription drug, and over half of all drugs prescribed to older persons have some form of sedative. Many older adults have two or more doctors, each prescribing certain medications. Drinking on top of taking prescription drugs can be extremely dangerous, since the alcohol can quadruple the effect of a drug.

“My Uncle Harry says he drinks to relieve the pain.”

What your Uncle Harry is really saying is that when he drinks, he is unaware of the pain. The pain is still there, but he can’t feel it — which means he probably won’t get appropriate treatment for it either. For example, a drink may lessen the pain of a stomach ulcer, but alcohol actually increases the acids that cause an ulcer to get worse.

“I’m only a neighbor. I’m sure his family would do something if it were that bad.”

If your neighbor lives alone and has been drinking or taking prescription drugs, his family may not have noticed that the problem has gotten worse — or they have learned to ignore it. He may have also cut down his drinking — or hidden prescription pill bottles — when his family visits.

Also, he may have only recently started drinking heavily, for example, since retirement or in response to the death of his wife or close friend.

As a neighbor, you may be the only one to see how many empty liquor bottles end up in the trash or how unsteadily he walks. And, you may be the one that he really listens to and allows to help him.

“I live too far away to be of any help.”

Even if you live on the other side of the country from an elderly relative or friend, you can still help. By reading this information, you can learn about the special symptoms of alcoholism and drug misuse that older people experience, treatment options that are available, and how to start a conversation on the subject either by telephone, in person, or in writing.

This information was developed so you can help an older relative or friend get the assistance they need. By learning the best way to reach out, you may save a person’s life and make it worth living again.
Signs of alcoholism and drug abuse in older people

Alcoholism

There are two types of alcoholism that are found in older people. Early-onset alcoholics have been drinking for much of their adult life and account for two-thirds of older alcoholics. The remaining third are late-onset alcoholics who began drinking excessively later in life, sometimes as a response to the loss of a spouse or retirement.

Abuse of prescription drugs

Physicians routinely write prescriptions for tranquilizers for older patients — over 16.9 million prescriptions each year — second only to heart medications. And, about half of all drugs prescribed for older persons include some form of sedative.

Older people often take higher doses than prescribed because they forgot that they already took a pill or because “if one is good, two are better.” It is not unusual for older persons to take their prescription drugs to a friend or spouse — even when the prescription is old — if the drug fits a self-diagnosed ailment.

An older person may also become dependent on alcohol or drugs after a major operation or a lengthy hospital stay. This dependency can be life threatening, yet is treatable.

Some signs you should look for

As you might guess, the signs of alcoholism and drug abuse are different in older adults than in younger people.

For example, the majority of older people drink at home to avoid high bar prices and driving at night. Therefore, often their drinking is hidden. If they live alone, no one may notice when they pass out in front of the television. And, if someone comes to visit unexpectedly, they may use the excuse of ill health to avoid answering the door when they have been drinking.

Also, since they’re often retired, they don’t have the work problems that often reveal substance abuse. And they don’t often get arrested for drunk driving because they don’t drive as much.

However, here are some signs you may notice:

- Prefers attending a lot of events where drinking is accepted, such as luncheons, “happy hours” and parties
- Drinks in a solitary, hidden way
- Makes a ritual of having drinks before, with or after dinner, and becomes annoyed when this ritual is disturbed
- Loses interest in activities and hobbies that used to bring pleasure
- Drinks in spite of warning labels on prescription drugs
- Always has bottles of tranquilizers on hand and takes them at the slightest sign of disturbance
- Is often intoxicated or slightly tipsy, and sometimes has slurred speech
- Disposes of large volumes of empty beer and liquor bottles and seems secretive about it
- Often has the smell of liquor on his/her breath or mouthwash to disguise it
- Is neglecting personal appearance and gaining or losing weight
- Complains of constant sleeplessness, loss of appetite, or chronic health complaints that seem to have no physical cause
- Has unexplained burns or bruises and tries to hide them
- Seems more depressed or hostile than usual
- Can't handle routine chores and paperwork without making mistakes
- Has irrational and undefined fears, delusions or seems under unusual stress
- Seems to be losing his or her memory

Many of the symptoms listed above are often attributed to other diseases or are accepted by relatives, friends or older persons, as part of the aging process. However, many older people find that once they stop drinking and have their prescription drug doses adjusted by a physician, these symptoms disappear.

GETTING HELP

The first step to getting help for an older person

Before speaking up, you may wish to consult a professional who is knowledgeable on the needs of older adults. This could be an alcoholism counselor, psychologist, doctor, minister, or social worker. They will help you look at the situation more objectively and evaluate your options.

Before your meeting, gather as much of the following information as you can:

- A list of prescribed and over-the-counter drugs the person is taking
- A list of doctors the person is seeing. For example, they may have a general practitioner and a specialist
- A brief life history of the adult including religious and cultural background and important life events
- An idea of the person's present condition. Is he/she able to live alone and take care of himself/herself? How is drinking or the misuse of medicines affecting the person's health, family, and social life, attitudes, etc.?

- A list of family members and friends who are concerned and would be willing to help, if necessary

Together, you and the professional should be able to make an informal assessment as to what type of help the older person needs and how the person should be approached. You may decide, for example, that it would be better for your friend's physician to bring up the problem, since many older people trust their doctors implicitly. Or perhaps you can ask a minister or an old acquaintance of your friend to sit down for a good heart-to-heart talk, if you feel you wouldn't be taken as seriously as someone known longer.

**WHAT TO SAY**

Here are some general guidelines to keep in mind as you prepare what you want to say:

- Don't talk to the older person when he/she is drinking. If evening is the usual drinking time, talk earlier in the day.

- Be gentle and loving. Avoid a confrontational style. Bring up the person's good qualities and the happy memories you have together.

- Avoid the words "alcoholic" or "drug addict" since they carry a heavy stigma. If they feel that they are "bad," they may retreat into resignation and even more solitary drinking.

- Don't bother pouring alcohol down the sink or throwing away tranquilizers. If older persons are not ready to get help, they will simply replenish the supply.

- Do not dig up painful events from the past. Focus on the effects alcohol and prescriptions are having now.

- Keep in mind the person's age and ability to understand. Instead of talking things out in one session, you may have to bring up the subject a little bit at a time. He/she may try to use old age as an excuse not to address the problem. Keep talking consistently and patiently without undue pressure.

- Be direct. Sometimes we coddle an older person like a child. Treat the person as an adult.

- Be specific. Present the facts in a straightforward manner, such as, "I've noticed that you drink almost a full bottle of wine over the course of an evening" instead of, "You're always drunk." Use "I" phrases, such as, "I noticed," or "I'm worried," since the older person can't argue with your feelings.

- Talk about the effect of alcohol or drug use on whatever the older person cares about most: what other people are saying, health, or memory loss. For example, they may have given up on themselves, but still care very deeply about their grandchildren.

- Don't worry if you don't say things perfectly. The suggestions that follow are just guidelines. The most important thing is that you express your concern with love, gentleness and respect.
STARTING A CONVERSATION

Getting the conversation started

Here are some opening lines to help you approach an older person in the most appropriate way, based on your relationship:

Situation #1: A parent or grandparent who lives nearby

“Dad, I’m concerned about the amount you’ve been drinking since mom died. I know you miss her very much, as I do, but drinking isn’t going to bring her back. The other night when you came over to dinner, you drank a lot of beer in a short time and looked pretty unsteady when you left. And, recently you seem to get more depressed when you drink. I’m worried about you and I’d like you to see the doctor to see if there’s anything physically wrong.”

Situation #2: A parent or grandparent who lives far away

“Mom, I wanted to call this morning because I’m worried about our phone conversation Tuesday night. You were crying and slurred your words. You kept repeating the same thing over and over again. This has happened before. I know you used to like a glass of wine with dinner, but the last time I was in town, it seemed that you were drinking more than that. I talked to my doctor about it, and he mentioned that as people get older, their metabolism changes and they can’t tolerate drinking as much as they used to. Please call Dr. Williams today and make an appointment to talk about it.”

Situation #3: A husband or wife

“Honey, when we were planning our retirement, we both looked forward to relaxing and socializing more. But now it seems that when we go out to dinner and visit with friends, you’re drinking more than you used to. And you seem to get more argumentative after a few drinks. The other night at the Philips, I was embarrassed when you got into that heated discussion over dinner. You’re never like that when you’re not drinking, so I was wondering if, perhaps, the gin is interacting with your heart medication. I think we should talk to the doctor about it.”

Situation #4: A good friend

“Eleanor, you’re my oldest friend, and I love you like a sister. So, I hope you won’t think I’m interfering when I tell you that I’m worried about you. I know your doctor prescribed tranquilizers after your operation last year, but I notice that you’re still taking them. You seem a little hazy and unfocused when we play cards, and I wonder if you still need that medication. I’m going over to the medical center tomorrow. Why don’t you come with me and we’ll ask the doctor about it?”

Situation #5: A neighbor

“Hi, Mr. McCabe. How are you feeling? I noticed that you haven’t been out much lately, and I was wondering if you’re okay. Last night, I got home late and saw that all the lights were still on, so I came over and knocked but there was no answer. I was worried
so I looked through the window and saw that you were asleep in front of the TV with a burnt-out cigarette in your hand. Since the cigarette was out, I didn't bother to wake you up then. But I thought I'd come over today, and see if there's anything I can do. After my father got out of the hospital, he found that even one beer on top of his medication was more than he could handle. I'd be happy to drive you to the doctor, or call one of your kids to come over.”

POSSIBLE RESPONSES

Possible reactions and what to say in response

“It’s just a phase. I’m only drinking more now because I’m depressed over (a death, retirement, or illness).” Remind them that alcohol is a depressant — it only makes things worse.

“Leave me alone, it’s none of your business.” Gently say that the reason you're bringing it up is because you care. If the older person gets angry, close the conversation and try bringing it up another time.

“My doctor says it’s okay.” Ask if the doctor knows exactly how much the older person drinks and how many prescriptions they are taking. Offer to talk to the doctor yourself.

“I'm nervous these days and I need the tranquilizers to calm me.” Tell the person that there are other more healthy ways to deal with stress and that the drugs may be affecting his/her health.

“It doesn’t matter. Nobody cares if I live or die anyway.” State how much you care about the older person and that there’s help available.

“I don't want to go to the doctor. He'll just send me back to the hospital or to a nursing home.” Many older people are surprised to find that treatment is provided in a cheerful, campus-like environment. If a hospital stay is necessary, it may just be short-term. Getting treatment will make life better, not worse.

“I just drink because I’m lonely. There’s nothing to do once you get old.” Remind your friend of the pleasurable things he/she used to do and still can do. The world will get bigger, not smaller, once he/she stops drinking.

IF THEY ARE READY FOR HELP

If the older person is ready for help

The first thing to do is listen and be supportive. You may want to urge your friend to see a physician to get a professional assessment of the problem. Depending on the severity, the older person may need hospital care to treat the physical symptoms of alcohol and drug reactions.
Many older persons can benefit from inpatient treatment for alcoholism or drug dependency. There are some treatment centers that specialize in older adult chemical dependency. Some offer daytime outpatient care, residential treatment, or medical care along with continuing treatment for the older person. You may find that there is an outpatient or inpatient program nearby.

You or a counselor, social worker or treatment center should contact the older person’s health insurance company or Medicare to confirm coverage. Help make the older person comfortable about spending time away from home if that type of treatment is necessary. Promise to watch the house, water the plants, and handle the bills if he/she needs or desires inpatient care. If there is access to an outpatient program, you’ll be nearby for support.

Alcoholics Anonymous (A.A.) can be a good alternative — supplemented by one-on-one counseling with an alcoholism professional. Founded in 1935, A.A. has helped millions of people achieve sobriety. Find a local meeting by calling the A.A. number in the phone book. When you talk to the A.A. volunteer, ask for a meeting where an older person would be comfortable. A wide number of A.A. meetings exist, including groups for older people in recovery.

Offer to drive the older person to a meeting yourself. Or better yet, if you know another older adult who is in one of these programs, find out if he/she would be willing to help and introduce them.

IF THEY ARE NOT READY

What to do if the older person isn’t ready for help

Denying that there’s a problem is one of the symptoms of the disease. When older persons have been drinking or using prescription drugs over the years, they may not notice how bad things have gotten or they may have some brain damage that prevents them from relating to what you’re saying. On the other hand, they may be fully aware of the problem, but too scared to accept help.

Unless the older person’s physical or mental health is severely deteriorating, the best thing to do may be to drop the subject for now. However, you may wish to contact the person’s doctor about the condition.

Meanwhile, stay in touch and don’t despair. You have planted a seed of recovery that may grow when you least expect it. You have taken a loving and courageous action that may save a life down the road, and there probably will be other opportunities to offer your assistance. In certain situations, a trained alcoholism counselor may suggest a “formal intervention.” In this situation, you and other family members or friends, plus the counselor, will plan a meeting with the older person to specifically discuss the problem.
What to expect as the older person recovers

Although the recovery rate for older alcoholics is the highest for any age group, the recovery process may be slower.

Since aging slows down the ability to process information, they may be overwhelmed by everything they’re learning about their condition. They may have a more difficult time sharing their feelings, and may feel uncomfortable talking in a group. Therefore, an age-specific program provides a setting more conducive to sharing and relating to others. When the older person returns home, stay in contact as much as possible and continue to try to help where needed. Realize that you have given back a life and made it worth living again.

LIVING WITH ADDICTION

If you live with someone who has a problem with alcohol or prescription drugs

Living day in and day out with someone close who has a problem with alcohol or other drugs can be a difficult, heart-breaking experience. You shouldn’t try to handle it yourself.

Most important, please talk with a professional first. Don’t bring up the drinking problem until you first get help for yourself. By becoming informed on alcoholism and drug dependency, you’ll be in a better position to help a friend.

You can also get the support and information you need at Al-Anon Family Groups. For information, call your local Al-Anon number in the phone book. In addition, many treatment centers and substance abuse professionals have special programs for friends and family members. To receive hard copies of “How to Talk to an Older Person Who Has a Problem With Alcohol or Medications,” or to receive a copy of “What Can I Say to Get You to Stop?” a pamphlet on how to talk to someone who abuses alcohol or other drugs, call 1-800-I-DO-CARE.

GENERAL INFORMATION

About Hazelden

Hazelden is an internationally recognized nonprofit organization dedicated to helping people sustain lifelong recovery from alcoholism and drug addiction through treatment, publishing, education, research, public advocacy and shared learning with other organizations. Since 1949, Hazelden has provided a full continuum of care for people affected by alcoholism and drug addiction, and their families.

Hazelden provides services in Minnesota, Oregon, Illinois and New York. For information about Hazelden or any of our services, call 800-257-7800 or visit us at www.hazelden.org.