Late Life Addictions

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Support

- NIH
- Department of Veterans Affairs
  - VISN 4 MIRECC
- Hazelden Research Foundation
- Commonwealth of Pennsylvania
Overview

- It is not all about addiction
- What everyone needs to know about treatment

Focus –
  - Alcohol and “Addictive” Medications
  - Non-addiction treatment settings
The importance of context

- Context 1: 80 year old, with poorly responsive major depression, hypertension who drinks 1 glass of wine per night.

- Considerations
  - Confirm 4-5 oz only
  - Impact of moderate alcohol on depression
  - Appropriate treatment plan
Improvement in Mental Health with abstinence and depression treatment

(Oslin et. Al., 2000)
Benzodiazepine Discontinuation

Habraken et. Al., 1997
The importance of context

- **Context 2**: 73 year old, with early signs of dementia, admitted to a nursing home has a past history of excessive alcohol use.

- **Considerations**
  - Prognosis and course of treatment
  - Focus of treatment
Alcohol Related Dementia

- Longitudinal study of nursing home residents with Alcohol related dementia (n=16) or Alzheimer’s Disease (n=26).
- Subjects identified from consecutive nursing home admissions (n=212) evaluated for cognition, disability, addiction history
- Subjects followed every 6 months for 2 years.

(Oslin, et. al. 2003)
Disability and cognition

- Linear (AD - MMSE)
- Linear (ARD - MMSE)

P=0.006
Past History of Addiction

• Many older adults especially those of the “Woodstock” generation will enter late life with a past history of alcohol or drug abuse

• 5 fold increase in late life mental disorders (depression and dementia)

• Treatment of late life depression (3-5 yr outcomes)
  ▪ 88% of those without an alcohol history significantly improved
  ▪ 57% of those with an alcohol history significantly improved

Saunders et al. 1991, Cook et al. 1991
The importance of context

- Context 3: 68 year old, presents for evaluation of chronic health problems, drinks socially

- Considerations
  - Appropriate evaluation
  - Interpreting the evaluation
What constitutes a good evaluation?

- **Screening** – AUDIT C or TLFB
- **Full assessment** should include
  - Quantity and frequency of use
  - Urine drug screen
  - Biomarkers – MCV, GGT
Alcohol Screening:

How often did you have a drink containing alcohol in the past year?
- Never (0 points)
  If you answered never please the questionnaire is complete
- Monthly or less (1 point)
- Two to four times a month (2 points)
- Two to three times per week (3 points)
- Four or more times a week (4 points)

How many drinks did you have on a typical day when you were drinking in the past year?
- 1 or 2 (0 points)
- 3 or 4 (1 point)
- 5 or 6 (2 points)
- 7 to 9 (3 points)
- 10 or more (4 points)

How often did you have six or more drinks on one occasion in the past year?
- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use). A score of 4 or more is considered positive and suggests the need for further evaluation. Generally, the higher the AUDIT-C score, the more likely it is that the patient’s drinking is affecting his/her health and safety.
Importance of Standard Drink Sizes

Although they restricted themselves to one drink at lunch time, Howard and Tom still found they were not at their most productive in the afternoons.
What is a Drink?

12 fl oz of regular beer = 8-9 fl oz of malt liquor (shown in a 12-oz glass) = 5 fl oz of table wine = 3-4 oz of fortified wine (such as sherry or port; 3.5 oz shown) = 2-3 oz of cordial, liqueur, or aperitif (2.5 oz shown) = 1.5 oz of brandy (a single jigger or shot) = 1.5 fl oz shot of 80-proof spirits ("hard liquor")

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.
When should I be concerned?

Public Health

- Drinking no more than an average of 1/1.5/2 drinks/day
- No binge drinking (4 or more drinks in one day)
- No drinking while taking certain medications or in patients with certain illnesses

Addiction

- Loss of control
Alcohol use across the lifespan

NHSDU – SAMHSA 2006
Medications
(opioids, benzodiazepines, etc)

Public Health
- Use with no therapeutic effect
- Use in combination with certain other medications or in patients with certain illnesses

Addiction
- Loss of control
Number of new non-medical users of therapeutics
Relevance to Aging

- Past history of addiction – impacts treatment choice, prognosis for other disorders
- Light to Moderate use impacts other psychiatric illness and is a target for intervention
- Addiction does occur in older adults and is often overlooked
What are my treatment options?
What are my treatment options?

- Past addiction
- Light to excessive
- Addiction
Past Addiction

- Relapse prevention – avoid unnecessary medications, cross tolerant medications
- Aggressive management
Light to Excessive Use

• Education and advice

• Use of motivational interviewing or brief interventions
Brief Advice and Brief interventions

- **Brief advice**
  - Express concern
  - Make relevant

- **Brief Interventions**
  - Time-limited (20 minutes in 1-3 brief sessions)
  - Workbook driven
Brief Interventions

- Can decrease alcohol use for 12 months
- The effect size is similar for men and women
- No difference in effect by age
- Can lead to decreased use of emergency rooms, clinic visits, etc.
Key Components of Alcohol Brief Interventions

- Identification
- Feedback
- Motivation to change
- Strategies for change
- Behavioral contract
- Follow-up
Treating Addiction

- Drug Free Housing
- Pharmacotherapy
- Residential Treatment
- Motivational Enhancement
- CBT
- 12 step Facilitation
- Telephone Aftercare
- Intensive Outpatient
- AA / Peer Support
- Supported Employment
Addiction

Things to Avoid

- Refer to peer support only
- Simple referral
- Treat concurrent disorder alone
- Abstinence as the only acceptable outcome

Things to Learn

- Brief intervention and refer
- CBT or other evidenced based psychotherapy
- Pharmacotherapy
- Patients may have different goals than you
- Toxicity is often dose dependent. Strive for the lowest dose possible.
# Simple vs Brief Intervention Referral

<table>
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<tr>
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<th>Attended 1&lt;sup&gt;st&lt;/sup&gt;</th>
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<tbody>
<tr>
<td><strong>Motivational Session</strong></td>
<td>70%</td>
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<tr>
<td><strong>Control Group</strong></td>
<td>32%</td>
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</table>

\[ p = .006 \]

Zanjani F, Oslin D (2005). Telephone Based Referral-Care Management. Grant Supported by Philadelphia Veteran’s Affairs: Mental Illness Research Education and Clinical Center (MIRECC)
# 12 Step Attrition

## 1 month

<table>
<thead>
<tr>
<th></th>
<th>Elderly Subjects</th>
<th>Middle Aged</th>
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<tbody>
<tr>
<td>Attend AA</td>
<td>81.2</td>
<td>91.1</td>
</tr>
<tr>
<td>Have a sponsor</td>
<td>54.6</td>
<td>64.7</td>
</tr>
<tr>
<td>Attend Aftercare</td>
<td>31.2</td>
<td>56.4</td>
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</table>
Treating Depression and Alcohol Dependence

- Current depressive syndrome
- Current alcohol dependence
- Age 55 and over
- 10 sessions of BRENDA – supportive therapy focused on both alcohol use and depression
- All subjects receive sertraline 100 mg
- Outcomes at 3 months
## Effect of not addressing alcohol to remission

<table>
<thead>
<tr>
<th></th>
<th>No Relapse</th>
<th>Relapse</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Remitted</td>
<td>63.3</td>
<td>32.0</td>
<td>0.011</td>
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<tr>
<td>HDRS – end of trial</td>
<td>8.8 (6.7)</td>
<td>12.7 (8.2)</td>
<td>0.013</td>
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Pharmacotherapy for Addiction

- Alcohol dependence
  - Naltrexone
  - Acamprosate
  - Antabuse
- Opioids
  - Buprenorphine
  - Methadone
- Cocaine
  - ?
- Nicotine
  - Nicotine replacement
  - Bupropion
  - Verenicline
- Antidepressants
- Mood Stabilizers
- Antipsychotics
- Benzodiazepines
- Sleep enhancers
- Cognitive Enhancers
- Stimulants
- Serotonergic agents
Naltrexone

- FDA approved for the treatment of alcohol dependence
- Functions as an opioid receptor antagonist (mu >> delta or kappa)
- Meta-analysis favors use
Naltrexone Should Be Used for Patients With:

- Prior treatment failure
- Presence of craving, stimulation, or reward
- High level of interest in biomedical therapies
- Low level of interest in traditional psychosocial therapies or settings
- Cognitive impairment
- In most alcohol-dependent patients
- Consider depot formulation for added adherence
Outcomes in Older vs younger adults

Age Group
- Age >59
- Age 40 - 59
- Age <40

Time to Relapse

Cumulative Survival

Oslin DW, et al. American Journal of Geriatric Psychiatry
Treatting Addiction Outside of Specialty Care

- Compare
  - VA Usual Care for Substance Treatment
  - Treatment provided using an alcohol care management program
Participants

• Inclusion:
  ▪ ≥ 18 years of age
  ▪ Alcohol Dependence

• Exclusion
  ▪ No current drug use (except Marijuana)
  ▪ No current hallucinations, manic episode, or major cognitive impairment.
  ▪ Not currently engaged in addiction treatment
  ▪ No current use of opioid medications
Study Participants

- N = 163
- Age
  - 21-83 years; mean age = 56 years
- 97% male
- 42% White/Caucasian
- 30% married
Care Management Arm

• Behavioral Health Specialist meets with patient for 16 sessions over 6 months

• Collaborates with provider to:
  ▪ Increase motivation to abstain
  ▪ Be supportive and optimistic
  ▪ Naltrexone
  ▪ Encourage AA attendance
  ▪ Provide education (health risks and detrimental outcomes)
Drinking Outcomes

Group means of Percent Days Heavy Drinking for Baseline and Tx Months

Month: 0 = Baseline, 1 through 6 in Treatment

acm * * * 0 *** 1
SSRI’s and other serotonergic agents

- By all accounts serotonin is important in addictions
- Very common clinical practice
- Results from treatment trials
  - Some say yes, most say no
- Efficacy for older adults with depression is questionable
Bottom Line

- Addiction treatment is not one size fits all. There are many options—use them.
- You play an important role in treatment outcome if you are not an addiction provider.
- Compliance with treatment is important. The next contact is the most important part of the session.
- Treatment is not a “carve out” available only in select settings.
- While abstinence is often the goal, it is not the only goal.