

Ask Dr. Zorica

Substance Abuse Among Older Adults

By Dr. Zorica Ljaljevic, M.D.

“America’s addicts are graying” – a powerful message and fact.

The most recent report from the Substance Abuse and Mental Health Services Administration is pointing to the aging baby boomer generation and former “flower children” of the 1960s continuing to use substances (alcohol, marijuana, cocaine, heroin) into their 50s, 60s and beyond.

Alcohol is the most common substance of abuse among older adults and the one I will mostly focus on in this article.

There are two distinct groups of “early-onset” and “late-onset” alcoholics. The “early-onset” alcoholics typically begin as teenagers or in their early 20s, have a high genetic predisposition (another family member that drank heavily) and, of course, that affects their health, professional and personal relationships to a greater extent.

They are often more socially isolated and have more psychiatric and medical co-morbidities. There is an increased risk for falls, fractures, hypertension, stroke, peptic ulcer disease, liver disease, memory loss and dementia in patients that drink alcohol.

“Later-onset” alcoholics are people who drank moderately or rarely but then increased alcohol



intake as they aged. They are in general more emotionally stable, have a better social support system and started drinking more after a stressful life event like a job, home, spouse loss.

They have fewer medical complications due to shorter duration of alcohol use.

They have better treatment adherence and less likelihood of relapse.

Nevertheless, both types of alcoholism are still a huge individual and societal problem. Alcoholism in the elderly is under diagnosed and undertreated.

Screening for alcohol and substance use is an essential part of the assessment of an older adult. Patients often minimize and deny their drinking amounts and behaviors. It is not uncommon that alcohol dependence is diagnosed upon admission to the hospital for another ailment. The patient shows signs of alcohol withdrawal that potentially could be life threatening if not diagnosed and treated aggressively.

Risk factors for alcohol abuse and dependence in the older adult include personal history of alcohol use or abuse, family history of alcoholism, loss of spouse or significant other.

Other factors include new onset or exacerbation of medical illness, chronic pain, anxiety, depression, insomnia, loss of social support,



retirement, heightened financial stress, boredom and decreased alcohol metabolism as older adults achieve higher blood levels and become clinically intoxicated after drinking smaller amounts than younger persons.

Two or three drinks tolerated well when younger can cause intoxication and confusion in an older adult.

There are a number of screening questionnaires that are being used to detect alcoholism. CAGE questionnaire is the most commonly used screening instrument for alcohol use disorders in primary care settings. It consists of four questions:

- Have you ever tried to cut down your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning to settle your nerves or to get rid of a hangover? (Eye-opener)

The clinician and family members should also be concerned about any patient that arrives for an appointment with the smell of alcohol on their breath. Plus patients who decline in their personal hygiene and appearance and/or poor management of their chronic medical conditions like diabetes, hypertension and medication non-compliance.

Treatment of alcohol use and abuse includes counseling, referral to a structured alcohol and drug treatment program and medication management. Medications that are currently approved for treatment of alcoholism include naltrexone,

disulfiram and acamprosate. More information about alcohol and aging can be found at the National Institute on Aging website at www.nia.nih.gov. A list of treatment providers can be found at <http://findtreatment.samhsa.gov>.

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