

# Alcohol and Medication Misuse Among Older Women: Screening and Interventions

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# Introduction

- As a larger proportion of the US population reaches late life, there are new challenges to providing quality health care services for this group.
- Record numbers of older adults are seeking health care for acute and chronic conditions.
- Older women represent the largest single group of health care utilizers in this country.
- Research has shown that 12% of older women regularly drink in excess of recommended guidelines and can be considered hazardous drinkers.
- Problems related to alcohol use and misuse can seriously affect many of the health concerns common among older women, including chronic illnesses, depression, and health functioning.

# Issues Unique to Older Adults

## (\*Issues particularly affecting women)

- \* Loss (people, vocation, status)
- \* Social Isolation and loneliness
- \* Major financial problems
- \* Changes in housing
- \* Family concerns
- Burden of time management
- \* Complex medical problems
- \* Multiple medications
  - Sensory deficits
  - Reduced mobility
  - Cognitive impairment or loss
  - Impaired self-care
  - \*Reduced self-regard, demoralization

# Issues: Continued

- Because most older women who drink at risky levels do not meet DSM criteria for alcohol abuse or dependence, alcohol use disorders are least likely to be detected and treated in this population.
- In addition, there are more older women living alone and their substance abuse can be difficult to identify.
- Older women with alcohol problems often conceal their drinking or medication/drug misuse because they experience greater stigma associated with use than do men

# Magnitude of the Problem

- Reports of alcohol/medication abuse in older women vary from less than 1% to 7%.
- Older women more likely to be hospitalized for alcohol-related problems than for heart attacks.
- Older adults seen in medical settings have higher rates of alcohol-related problems than the general population. Among older patients seeking treatment for other conditions, rates of concurrent alcoholism are ~15% (higher for men than women)

# Prevalence and Patterns of Drinking in Older Women

- Epidemiological Studies
  - Prevalence: 2-12% depending on definitions of at-risk or problem drinking
  - light/moderate drinkers maintain stable pattern
  - heavy drinkers/alcohol dependent tend to reduce or terminate
  - %? of older women have late onset of risky/heavy consumption

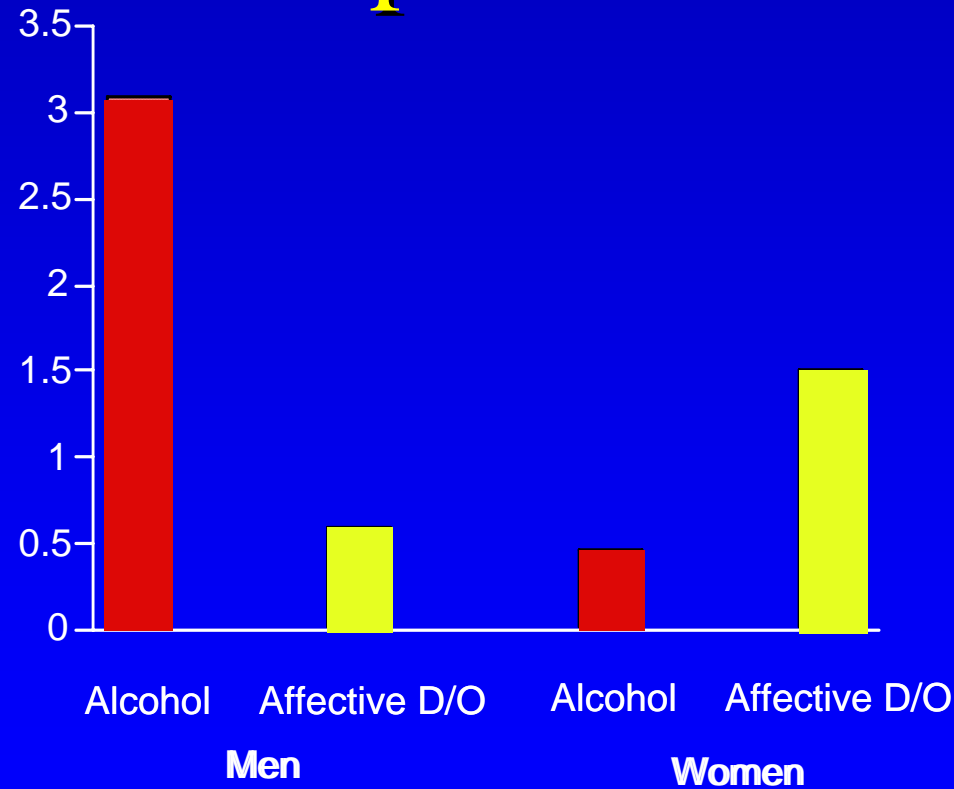
# Effects of Alcohol by Gender

- Women appear to be physiologically more susceptible to the effects of alcohol than men.
- Female bodies generally have less water than male bodies. Consequently, when a similar amount of alcohol consumed, it is less diluted and the alcohol level in the bloodstream typically reaches a higher level in women than in men.
- Women often may become more impaired by alcohol's effects, and can be more vulnerable to substance-related problems due to differences in the way female bodies absorb, distribute, eliminate and metabolize alcohol or other substances
- Particular issues in aging

# Comorbidities

- Female substance use is more likely than male substance use to be associated with high rates of mental health problems, such as depression, anxiety, bipolar affective disorder, post-traumatic stress disorder (PTSD), phobias, eating disorders, psychosexual disorders and suicidal ideation.
- The onset of affective or anxiety disorder more commonly preceded substance use disorders in women than in men.

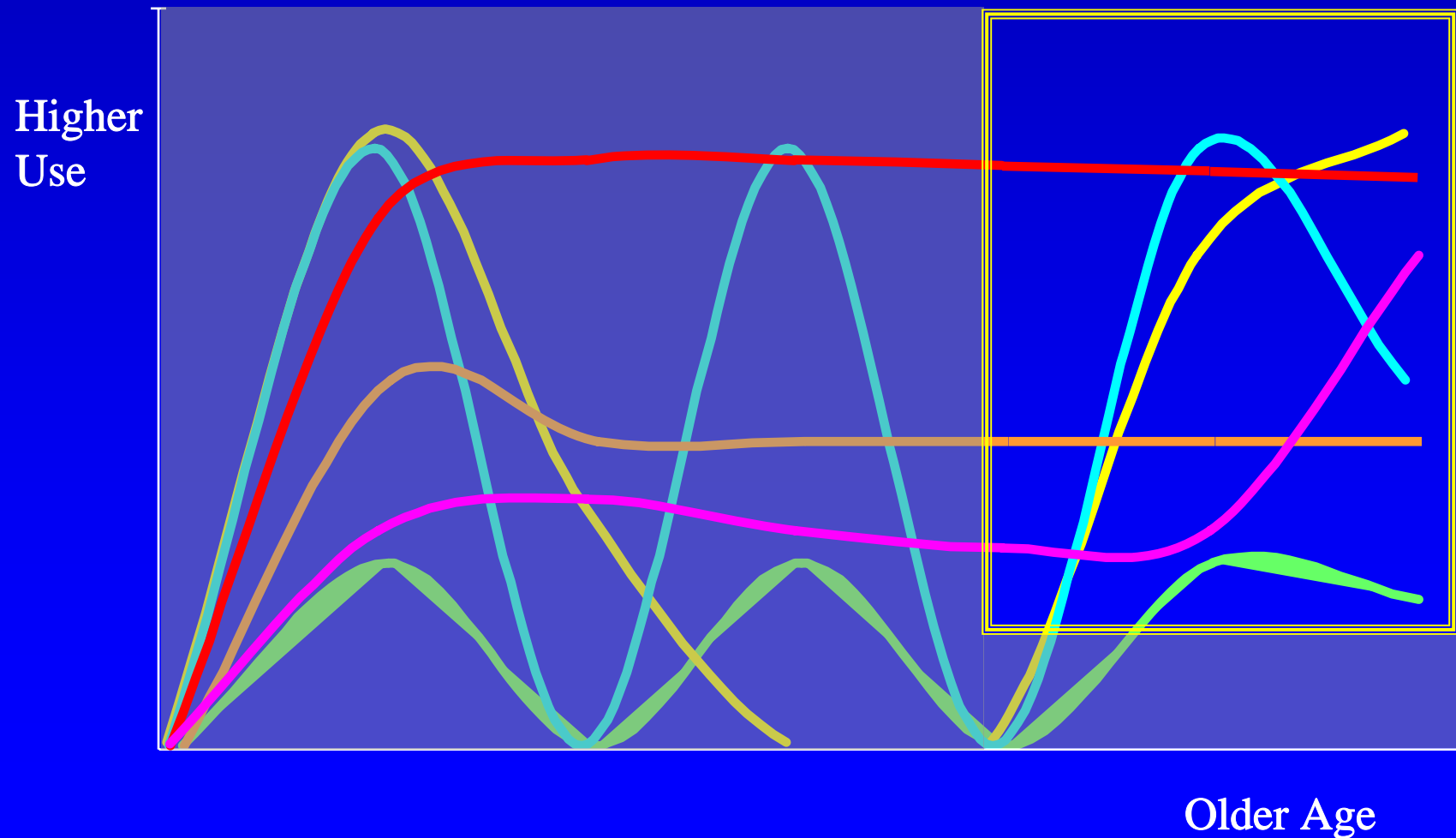
# Prevalence of Affective Disorders and Alcohol Abuse or Dependence



# Spectrum of Drinking Among Older Adults



# Lifetime Patterns of Drinking and Other Drug Use: Focus for Interventions



# Misuse of Psychoactive Prescription Drugs

- Estimated that 11% of women over 59 misuse/abuse psychoactive drugs.
- Use of psychoactive prescription drugs is most common among white, older women.
- Psychoactive medications are the leading cause of hospitalizations due to adverse drug interactions.
- Women who use psychotropic drugs, such as sedatives or tranquilizers, are more likely than men to develop dependence on those drugs.

# Barriers to Identification, Intervention, and Treatment

- Hidden drinking, shame, and guilt.
- Lack of recognition by health care providers.
- Lack of mobility.
- Transportation issues.

# Treatment Research

- Few systematic studies of alcoholism treatment outcomes among older adults, and even fewer included women.
- Alcohol treatment research including older women generally focuses on alcohol abuse and dependence, even though the majority of older women with alcohol-related problems drink at risky levels but do not meet criteria for abuse/dependence.
- Limited samples have been a barrier to studying treatment outcomes for older women; however, development of elder-specific treatment programs has provided a larger number of older women to study.

# Alcohol Consumption Recommendations for Older Adults

- Drinking limits should not exceed:
  - No more than one drink per day
  - A maximum of two drinks on any drinking occasion (e.g. New Year's eve, weddings)
- Limits for older women should be somewhat lower than those for older men
- These limits are consistent with NIAAA guidelines

# Screening

# Identification, Screening and Assessment Recommendations

Every 60-year-old person should be screened for alcohol and prescription drug use/abuse as part of regular physical examination- 'Brown Bag Approach'

- Screen or re-screen if certain physical symptoms are present or if the older person is undergoing major life changes or transitions
- Ask direct questions about concerns
  - Preface questions with link to medical conditions or health concerns
  - Do not use stigmatizing terms (e.g. alcoholic)

# Examples: Screening Instruments

- Health Screening Survey (including other health behaviors, e.g. nutrition, exercise, smoking, depressed feelings)
- Michigan Alcoholism Screening Test-Geriatric Version (MAST-G)
- CAGE (Cut down, Annoyed by others, feel Guilty, need 'Eye-opener')

# Screening for Medication Use/Misuse

- **Methods**
  - Self-report
    - List of prescription medications
    - List of over-the-counter medications
  - Observation of medications (e.g. in office; in home)
    - ‘Brown Bag’ approach
  - Explore potential consequences (e.g. she has trouble sleeping; fell in middle of night, etc)

# Case Study

- Catherine Jackson is a 67-year old woman living alone in an apartment in a mixed-age housing project. For the past month she has been seen by a visiting nurse from your agency. The nurse was assigned upon her discharge from the hospital where she spent 4 days. She had a fall in the middle of the night prior to the hospitalization, was a bit confused on admission, and was also diagnosed of anemia in the hospital. The nurse noted the smell of alcohol during two of her visits, but Mrs. Jackson did not ever appear intoxicated.
- When the nurse asked her about her drinking, she said, “Oh, I don’t drink very much, really. I just seem so tired all the time and a little drink now and then makes me feel better”. She has complained about difficulty sleeping at night and was prescribed medication for sleep 6 months ago.
- A homemaker is assigned to her case and visits two times/week. In addition, she has one female friend who visits almost every day. Not counting her stay in the hospital, she has been confined to her apartment for the last two months.
- The nurse asked you to see Mrs. Jackson to assess her alcohol problems and determine what additional services are needed.

# Questions for Case Study

- What are the signs that Mrs. Jackson may have a problem with alcohol use?
- What screening and assessment questions would you ask to determine the extent of the alcohol problem?
- Do we know if she takes medications?
- What other types of questions would you ask about her life and how she is feeling?
- What intervention strategies might be helpful?
- What would you recommend to her now?
- What steps are needed to make sure that Mrs. Jackson's care for any problems related to alcohol or an alcohol/medication problem are integrated with her other medical and mental health care needs?

# Prevention and Intervention Methods

# Brief Intervention Definitions

- *Definition:* Time-limited (5 minutes to 5 brief sessions) and targets a specific health behavior
- *Goals:* a) reduce alcohol consumption  
b) facilitate treatment entry
- Relies on use of screening techniques
- Empirical support of effectiveness for younger and older at-risk drinkers

# The Spectrum of Interventions

A	B	C	D	E	F
Not Drinking	Light-Moderate Drinking	Heavy Drinking	Alcohol Problems	Mild Dependence	Chronic/Severe Dependence

Prevention/  
Education



Brief Advice



**Brief Interventions**



Pre-Treatment  
Intervention



Formal Specialized Treatments



# Current Knowledge

1. BI can reduce alcohol use for at least 12 months
2. Effect size is similar for men and women

# Key Components of Alcohol Brief Interventions

- Screening
- Feedback
- Motivation to change
- Strategies for change
- Behavioral contract
- Follow-up

# Settings for Brief Interventions

- Primary Care
- Emergency Department
- Hospitals
- Community
- Workplace
- Home Health Care
- Substance Abuse Treatment Programs

# Confrontation vs. Motivation

Confrontational Approach	Motivational Interviewing Approach
<ul style="list-style-type: none"><li>•Accept self as alcoholic</li></ul>	<ul style="list-style-type: none"><li>•De-emphasis on labels</li></ul>
<ul style="list-style-type: none"><li>•Personal pathology - reduces personal choice, judgment, control</li></ul>	<ul style="list-style-type: none"><li>•Emphasis on personal choice and responsibility</li></ul>
<ul style="list-style-type: none"><li>•Present evidence of problems</li></ul>	<ul style="list-style-type: none"><li>•Elicit concern/evidence</li></ul>
<ul style="list-style-type: none"><li>•Resistance = “denial”</li></ul>	<ul style="list-style-type: none"><li>•Resistance influenced/induced by interviewer</li></ul>
<ul style="list-style-type: none"><li>•Meet resistance with argumentation and correction</li></ul>	<ul style="list-style-type: none"><li>•Meet Resistance with Reflection</li></ul>
<ul style="list-style-type: none"><li>•Goals and strategies prescribed</li></ul>	<ul style="list-style-type: none"><li>•Goals and Strategies negotiated - involvement and acceptance of goals are vital</li></ul>

# Steps in Brief Intervention

- ID future goals
- Customize feedback
- Discuss types of drinkers
- ‘Standard drinks’
- Reasons to drink and to cut down/stop
- Benefits of change
- Drinking agreement
- Coping with risky situations
- Summary

# BI Steps

## *Identifying future goals*

- *This makes certain issues affected by alcohol salient, and may assist in **developing a discrepancy** between current drinking and valued goals during the course of the intervention.*

# BI Steps (continued)

## *Summary of health habits*

- *This is an opportunity for the intervenor to give individualized **Feedback**, and facilitates self-reflection regarding health status and alcohol use.*

## BI Steps (continued)

### *Standard Drinks and Types of Older Drinkers*

- *This assists participants in understanding that the effects of alcohol are similar across beverage groups and puts their drinking in perspective.*

## BI Steps (continued)

*Reasons to drink; Reasons to quit or cut down*

- *This assists patient in weighing the issues, and hopefully “**tipping the decisional balance**” in favor of changing drinking habits.*

## BI Steps (continued)

### *Drinking/medication agreement and plan*

- *This provides a **MENU** of options to the patient. Intervention staff may offer additional **Feedback/Advice**. Goal choice increases a sense of personal **Responsibility**.*

## BI Steps (continued)

### *Risky Situations and Alternatives are identified*

- *Increases insight into consumption and or medication interactions/misuse*
- *Allows patient to identify their own strategies for cutting down. Supports Self-efficacy.*

# Medical Issues to Consider for Brief Interventions

Alcohol can cause or exacerbate the following health problems:

- malnutrition, stomach problems, liver disease, stroke, cardiac problems, pancreatitis, hypertension, insomnia, cognitive problems/dementia, falls, depression, cancer, chronic pain, adverse medication effects/interactions, etc.

# Psychological Issues to Consider for Brief Interventions

Comorbidity with:

Mood Disorders

Anxiety Disorders

# Special Circumstances

Alcohol Withdrawal

Heavy Drinking

Benzodiazepine/Opioid Use

# Conclusion

- How much drinking is too much?
  - Depends on individual characteristics, medical issues, medications. Guidelines are only ‘guidelines’
- Screen for alcohol use/misuse/abuse in the context of health issues
- Brief alcohol interventions are effective
- Brief interventions are one of a spectrum of approaches for use with older women and men
- Older adults benefit from a nonjudgmental, motivational, supportive approach

# The 'Baby Boom' Cohort

- As the larger number of adults in the 'Baby Boom' generation reaches older adulthood, the need for new systematized alcohol/medication/illicit drug screening and brief intervention, and treatment techniques targeted to older women will be even more critical to national health care

# Contact Information

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