



Older Adults: Issues of Aging, Alcohol and Medication

Presenters

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Margaret Anne Lane



“For many boomers, turning 60 is a fairly significant shock. The generation that believed it would be young forever, clearly will not.”

Karl Pillemer, Professor
Cornell University

Older Adults

- “Older Adults”
- Becoming “older” . . .
- Issues/stressors related to aging
- Use of alcohol and drugs
- Cumulative effects on body and mind



Substances

- Alcohol
- Drugs (“street” & “recreational”)
- Prescribed drugs
- Over-the-counter drugs
- Interactions between alcohol and all other drugs



Effects on Older Adults

Physical, psychological, social impacts:

- Falls, injuries, accidents, medical conditions worsen
- Anxiety, mood lability, depression, personality changes
- Relationships deteriorate, isolation increases, cycle repeats and reinforces itself



Projected Population Growth

Currently

35 million over 65
12% of U.S. population

By 2030

71 million over 65
20% of U.S. population

*“One million Americans reach 60
each month.”* (AARP)



An Invisible Epidemic

Substance Issues in Older Adults:

- Hard to detect under routine circumstances
- Mimic symptoms of other health problems
- Symptoms perceived as part of normal aging
- Shame, guilt, stigma
- Family and others ignore or enable
- Absence of previous consequences



An Invisible Epidemic

Two trends:

1. Aging of the population
 - 16% of 35 million = 5 million with SUDs
 - 16% of 71 million = 11 million with SUDs
2. Impact of aging “Boomers”
 - Characteristics, behaviors, and expectations of the “Boomer” cohort (1946-1964)



Implications

Implications of “**Substance Use Issues in an Aging Population**” on:

- Policy-makers and decision-makers
- Providers of services to Older Adults
- Older Adults as Consumers





Dr. Patricia Slattum

Alcohol and Drug Interactions in Older Adults

Scope of the Problem

- 25% of community dwelling older adults at risk for alcohol-drug interactions
- 38% of older people in retirement communities were drinkers who used alcohol-interacting drugs
- 60% of older people referred for prescription drug abuse showed evidence of alcohol use
- 77% of older adult prescription drug users were exposed to alcohol-interacting drugs; 19% of those taking alcohol-interacting drugs reported concomitant alcohol use

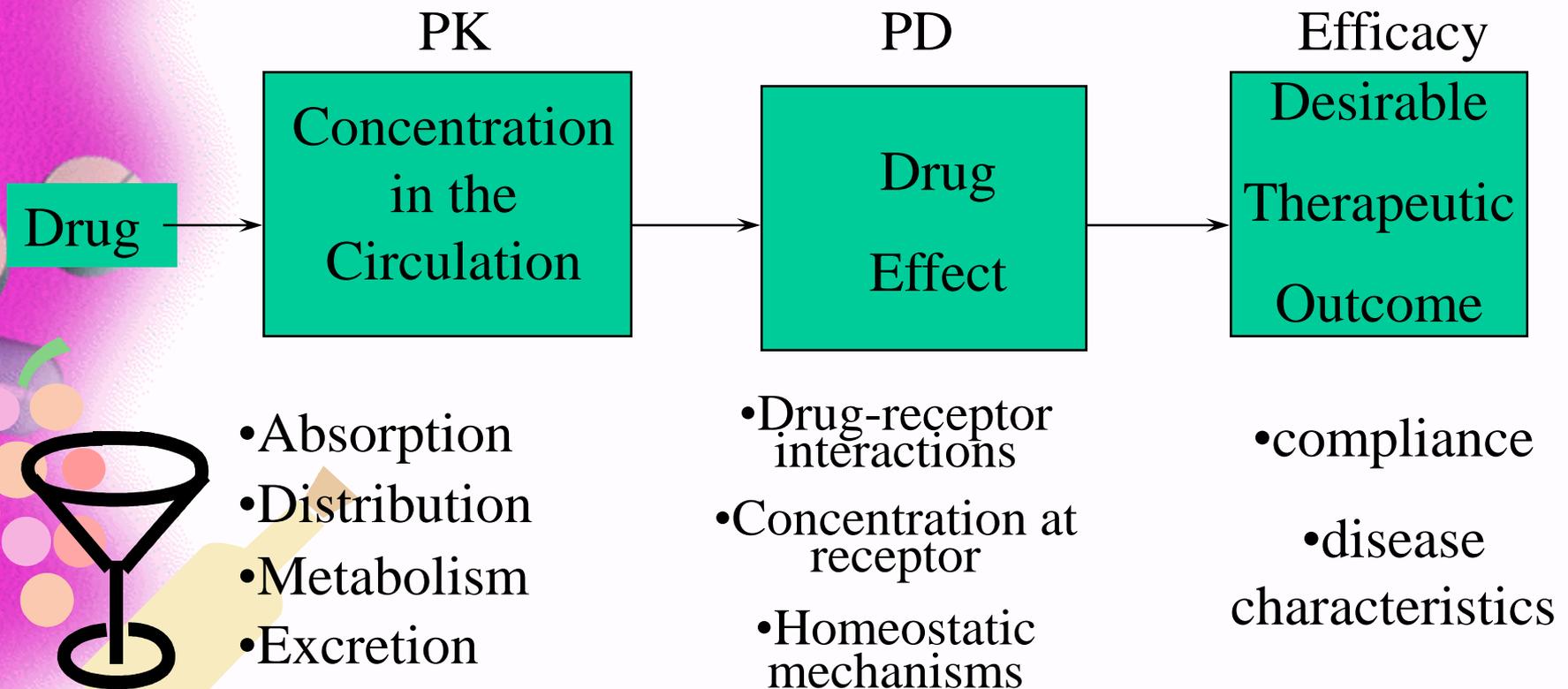


Mechanisms of Alcohol-Drug Interactions

- Pharmacodynamic
- Pharmacokinetic
 - Acute alcohol exposure
 - Chronic alcohol exposure



Pharmacokinetics/Pharmacodynamics



Pharmacodynamic Drug-Alcohol Interactions

- Enhanced central nervous system effects
 - Antidepressants --Muscle Relaxants
 - Antihistamines --Benzodiazepines
 - Sedative/hypnotics --Opioids
- Increased gastrointestinal toxicity
 - Nonsteroidal anti-inflammatory drugs
- Increased hypotension
 - Antihypertensive medications



Pharmacokinetic Drug-Alcohol Interactions

- Acute alcohol effects
 - Alcohol inhibits drug metabolism resulting in higher drug exposure (ex: warfarin)
- Chronic alcohol effects
 - Alcohol induces drug metabolism resulting in lower drug exposure (ex: warfarin)
 - Effect can last for several weeks after cessation of drinking
 - May transform some drugs into toxic chemicals (ex: acetaminophen)



Other Drug-Alcohol Interactions

- Tyramine (in some beers and wine) interacts with monoamine oxidase inhibitor antidepressants resulting in a dangerous rise in blood pressure.
- Medications that inhibit alcohol dehydrogenase (cefmandole, moxalactam, cefoperazone, chlorpropamide, tolbutamide, nitrates) can cause facial flushing, nausea and vomiting (disulfiram reaction) when mixed with alcohol.



Why are older adults at increased risk?

- Physiologic changes with aging
 - Decreased total body water
 - Decreased metabolism by liver
 - Decreased renal elimination
 - Decreased baseline performance
- Multiple medications
- Uncoordinated care
- Adverse events mistaken for normal aging



Adverse Consequences for Older Adults

- Adverse Drug Events
- Falls
- Automobile accidents
- Death





Dr. Slattum's Recommendations

1. Support educational initiative to raise awareness among older adults and their families, care providers, and health care professionals of the risks of alcohol use among older adults, particularly when mixed with prescription drugs.



Dr. Slattum's Recommendations (cont'd)

2. Support research to better understand the barriers to prevention and intervention among older adults in Virginia, and to identify the service gaps.



Dr. Slattum's Recommendations (cont'd)

3. Support funding for a demonstration project to define best practices for supporting decision making among older adults and their care providers concerning alcohol use.

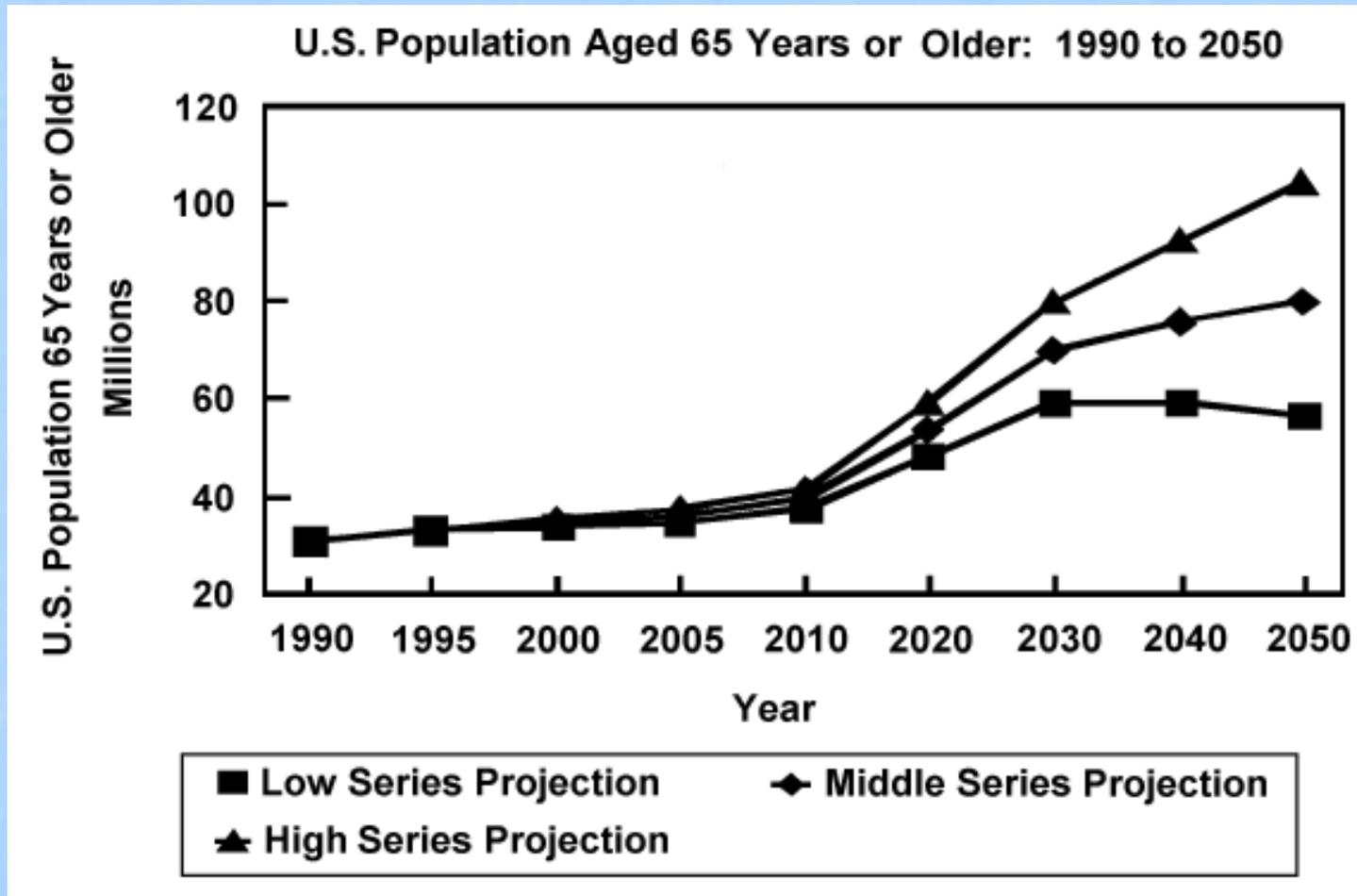
References

- Moore AA, et al. Risks of combined alcohol/medication use in older adults. *Am J Geriatr Pharmacother* 2007;5:64-74.
- Pringle KE, et al. Potential for alcohol and prescription drug interactions in older people. *J Am Geriatr Soc* 2005;53:1930-1936.
- <http://pubs.niaaa.nih.gov/publications/aa27.htm>. NIAAA Alcohol Alert. Alcohol-Medication Interactions. Accessed 5/9/07
- SAMSHA—Get Connected: Linking Older Americans with Medication, Alcohol, and Mental Health Resources. DHHS Pub No (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2003.



Wayde Glover

The Growing U.S. Population Aged 65 Years or Older



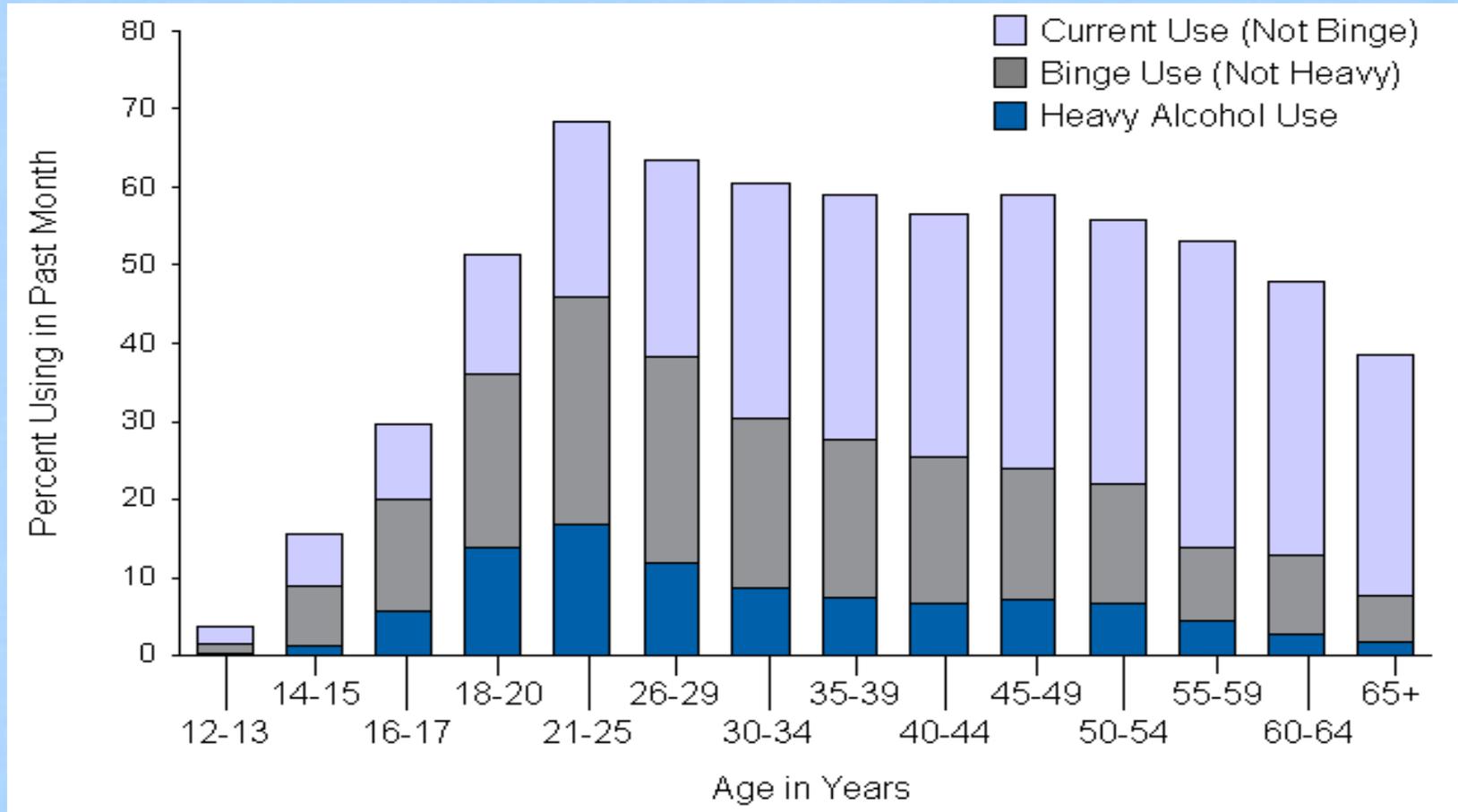
Federal Intraagency Forum on
Aging Related Statistics (2000)

Aging of Virginia's Baby-Boom Population

Year	Age Range of Year 2000 Baby-Boom Group	"Survived" 2000 Baby-Boom Cohort	"Survived" 2000 Age 60 & Over Cohort	Ratio
2000	36 - 54	2,078,199	1,065,502	1.950
2003	39 - 57	2,057,052	1,291,378	1.593
2006*	42 - 60	2,030,373	1,418,238	1.432
2010	46 - 64	1,983,501	1,592,044	1.246
2020	56 - 74	1,789,340	1,865,056	0.959
2030	66 - 84	1,390,393	2,139,359	0.650

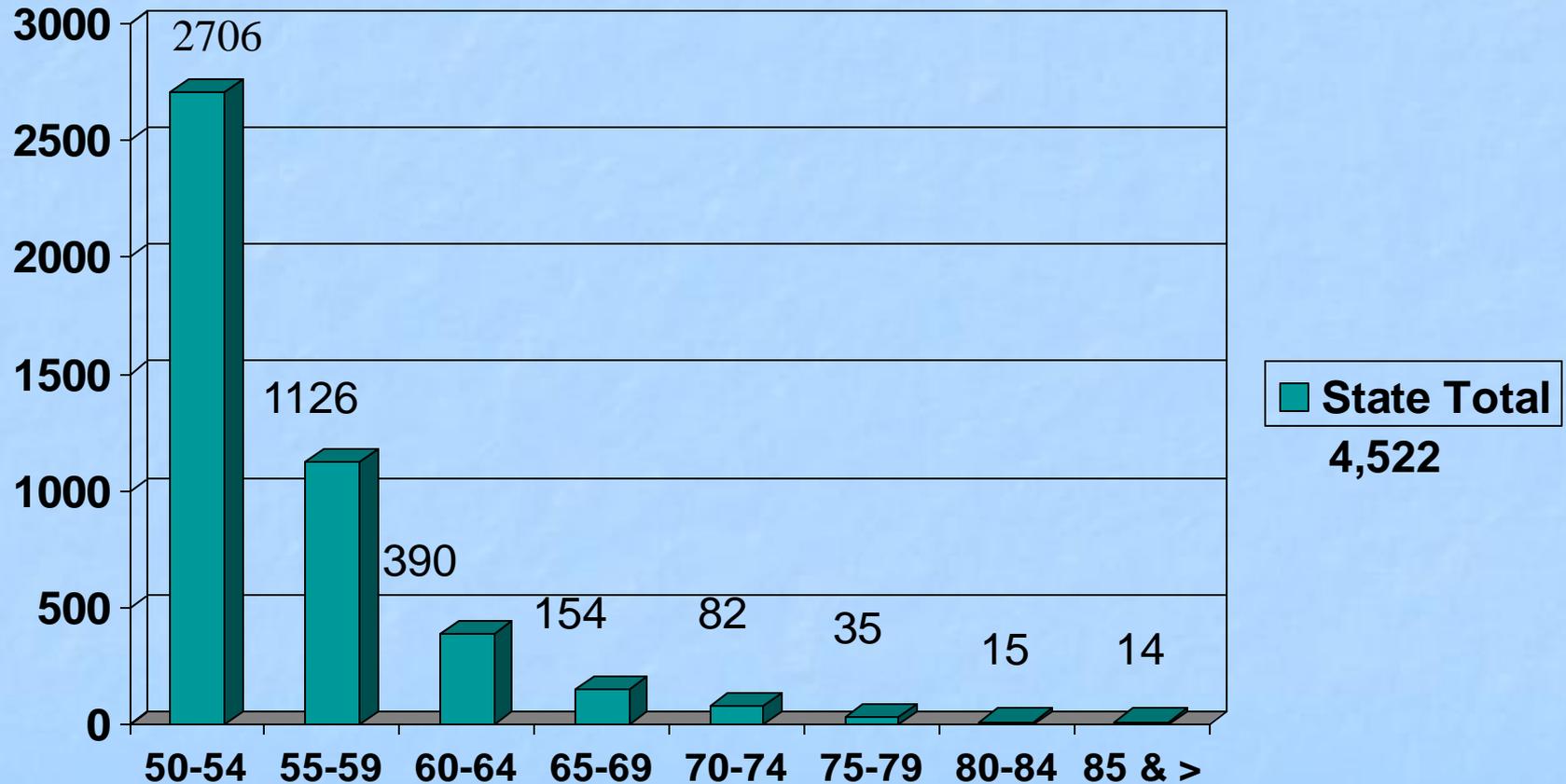
* 2006 = oldest Baby-Boomers, born in 1946, turn age 60

Current, Binge, and Heavy Alcohol Use Among Persons Aged 12 or Older, 2006



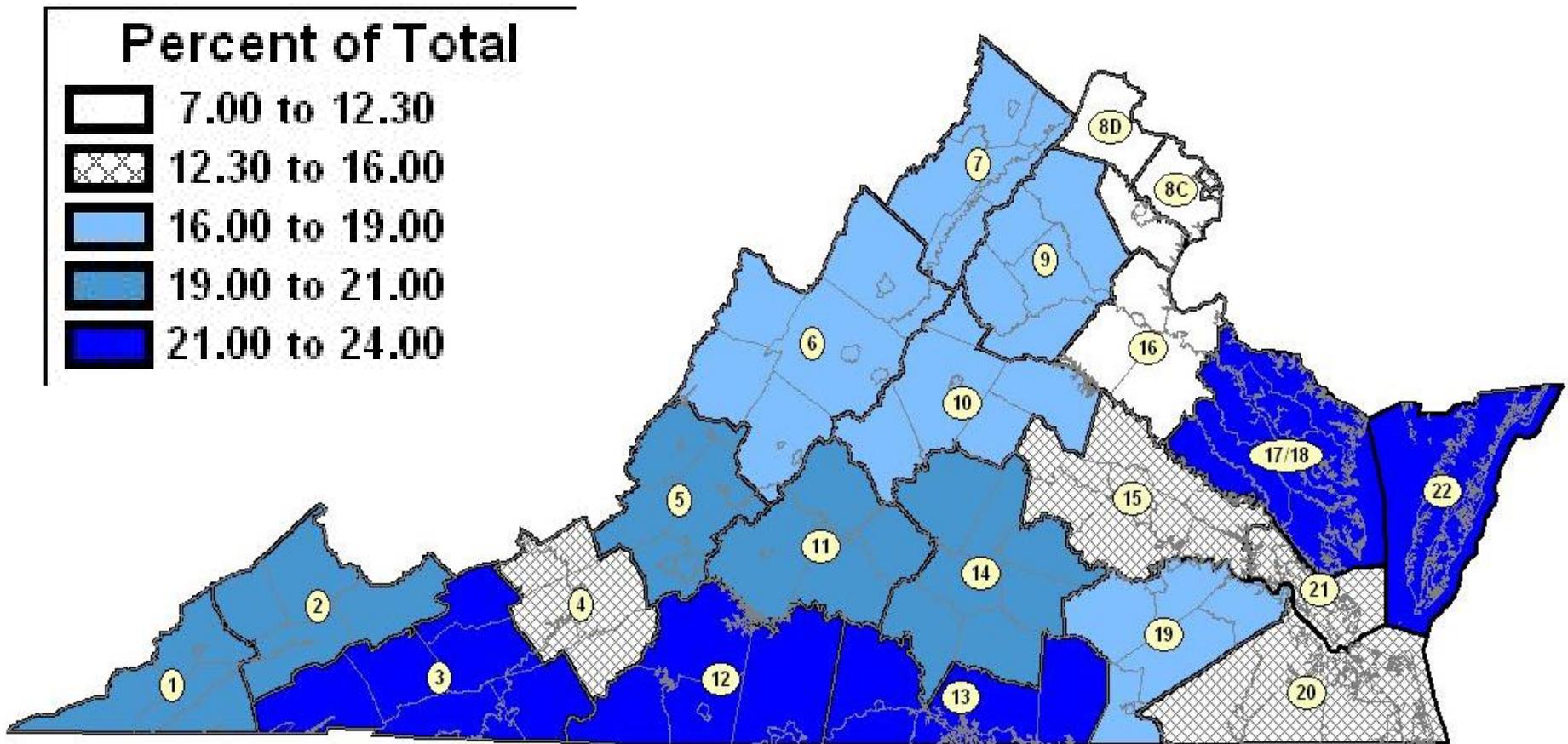
National Prevalence Data with Correlates of Substance Use: SAMHSA's National Survey on Drug Use & Health, 2006

CSB SA Patients by Age



CCS II 2006 Data

Population Age 60 and Over as a Percent of Total Population, 2000, for AAA Service Areas



Alcohol Use: Chronic Drinking*

Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
VA	1.0	No Data	1.6	No Data	0.4	No Data	2.7
US*	1.6	No Data	1.5	No Data	1.8	No Data	2.7

*Chronic drinking = All respondents 18 and older who reported an average of two or more drinks per day, i.e., 60 or more alcoholic drinks a month.

Other Considerations With Older Adults

- **Early onset / chronic alcoholics**
 - Abused alcohol throughout their lives
 - = 66% of the Older Adult Alcoholic population
- **Late onset / “situational alcoholics”**
 - Loneliness, grief, boredom, retirement, isolation, loss of loved ones, health problems and self medication
 - = 33% of the Older Adult Alcoholic population

Barriers to Treatment

- Lack of age specific programs
- Complications with overall health
- Medication management
- Co-occurring disorders
- Transportation (rural setting)
- Support systems (family and self-help)
- Not a “sexy issue”

Co-occurring Disorders

- Concurrent treatment of substance abuse and depression may be effective in reducing alcohol use and improving depressive symptoms.
- The evaluation and treatment of co-occurring substance use and mental health problems among older adults is an under-studied area.

Recommendations

Wayde and Margaret Anne suggest that Council members consider supporting the following:

1. Addressing the issue of “**stigma,**” which leads to an unwelcoming attitude toward Older Adult consumers and, potentially, to denial of services based on age;





2. Supporting a two-part **research** study:

a.) to learn more about special issues of Older Adults with Substance Use Disorders;

b.) to gather more information about any Older Adult services the Boards are currently providing;



3. Funding a **model program** - similar to the Recovery Support Grants program - to enable one or more Boards to develop a pilot program (such as Pathways Senior Services at Colonial CSB) to serve Older Adults in the community;



4. Addressing the issues of **workforce development** and **staff training** by assessing current capabilities, projecting future needs, and providing direction, training and technical assistance to the Boards to better serve Older Adults;



5. Utilizing **existing resources** (e.g., the DMHMRSAS website, Guidance Bulletins, etc.) to promote knowledge and skills in providing/improving services to Older Adults;



6. Specifically **involving Older Adult consumers** in discussions and decision-making related to needs of their peer group.

Regina Whitsett

HB 110 (2006 Session) amended VA Code 2.2-5510

- Each state agency include in strategic plan “analysis of the impact the aging of the population will have on its ability to deliver services, a description of how agency is responding to these changes...”

VA ABC Action Steps 2007-2008

- Updated all training materials for licensees.
- Developed/disseminated “The Best Is Yet To Come” brochure.
- Articles published in quarterly employee newsletter, “Inside Spirits”.
- Article published in Licensee newsletter.
- Web site enhanced.
- Formation of the Alcohol and Aging Awareness Group (AAAG).

Agencies represented in AAAG

- Alzheimer's Association
- Chesterfield CSB
- Dept. of Alcoholic Beverage Control
- Dept. of Aging
- Dept. of Health
- Dept. of Medical Assistance Services
- Dept. Mental Health, Mental Retardation and Substance Abuse Services
- Dept. of Social Services
- Fauquier County Dept. of Social Services
- Hoffman Beverage Company
- Pecht Distributing
- Senior Navigator
- TRIAD/S.A.L.T. Council from Attorney General's Office

Agencies represented in AAAG (continued)

- VCU, Section of Geriatrics
- VCU, Internal Medicine & Psychiatry
- VCU School of Pharmacy
- VA AARP
- VA Assn of Area Agencies on Aging
- VA Assn of Nonprofit Homes for the Aging
- VA Assn Of Personal Care Assistants
- VA Center on Aging, VCU
- VA Health Care Assn
- VA Hospital and Health Care Assn
- VA Medical Society

AAAG Accomplishments

- Educational information disseminated.
- Developed medical, pharmaceutical and general curricula.
- Developed Resource Guide and Referral List.
- Created AAAG Speaker's Bureau.
- Articles published.
- Surveyed AAA.
- Service Provider Conference.

AAAG Future Goals

- Dissemination of educational materials.
- Maintain Active Speaker's Bureau.
- Present at VA CSB conference in October '08
- Train Area Agencies on Aging staff.
- Train Geriatric Physicians.
- Train Service Providers with DVD from "The Hidden Epidemic" Conference.

AAAG Future Goals (continued)

- Train point of access sites for referral of individuals to services/treatment.
- Design web based curricula.
- Develop/implement statewide media campaign.
- Enhance Resource Guide.
- Enhance Referral List.
- Data collection.

Governor's SASC Support for Alcohol/Aging Initiative

- Include initiative in 2008 Annual Report to Governor and General Assembly with the following recommendations:
 - Funding for VA ABC Budget Line Item
 - Funding for CSBs
- Include initiative at State level
- Council members' ideas.

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