

Substance Use Disorders in Older Adults

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Overview

- **Nothing to disclose. Not active in the field at present. Honoraria from American Journal of Geriatric Psychiatry (Associate Editor), Harvard Medical School (consultant for project on delirium), occasional royalties.**
- **Will focus upon alcohol use disorder and opioid disorder – these are the most of concern, yet other conditions persist, such as substance use disorder associated with benzodiazepines and occasionally stimulants.**
- **Research into substance use disorders is quite limited, even compared to overall research into other mental illnesses in later life.**
- **Research into treatment of these disorders in the elderly is extremely limited.**

Epidemiologic Highlights

- **Between 2000 and 2020, rates of drug overdose deaths for the 65+ increased from 2.4 deaths per 100,000 to 8.8.**
- **For men, after increasing by 5% annually on average between 2000 (2.7) and 2014 (5.7), drug overdose death rates (per 100,000) increased by 14% annually on average and more than doubled between 2014 and 2020 to 12.3%.**
- **Alcohol is the most used drug among older adults, with about 65% of people 65 and older reporting high-risk drinking, defined as exceeding daily guidelines at least weekly in the past year.**
- **Of particular concern, more than a tenth of adults aged 65 and older currently binge drink.**

Epidemiologic Highlights

- **Persistent pain may be more complicated in older adults experiencing other health conditions. Up to 80% of patients with advanced cancer report pain, as well as 77% of heart disease patients, and up to 40% of outpatients 65 and older. Between 4% and 9% of adults age 65+ use prescription opioid medications for pain relief.**
- **From 1995 to 2010, opioids prescribed for outpatient elders increased by a factor of nine. The proportion of people 55+ seeking treatment for opioid use disorder increased nearly 54% during that time.**
- **The proportion of older adults using heroin more than doubled between 2013-2015, in part because some people misusing prescription opioids switch to this cheaper drug. (think fentanyl recently)**

Screening and Diagnostic Workup

- The CAGE-AID tool contains the following four questions, which can be used for both alcohol and other substance and is successfully administered to older adults: C – cut down; A – annoyed; G – guilty; E – eye opener. **Screening is essential and all too often neglected.**
- Using a DSM-V screen, older adults were half as likely to endorse the criteria related to tolerance, activities to obtain alcohol, social/interpersonal problems, and physically hazardous situations (driving). Criteria most effective in identifying alcohol use disorder among older adults were **unsuccessful efforts to cut back, withdrawal, and social and interpersonal problems.**
- Consider other substance use symptoms, such as **falling, confusion, hoarding alcohol and drugs, weight loss, and group alcohol use.**

Non-pharmacological Interventions

- Must not be treatment nihilist. Treatment of SUDs in older adults can be very effective. **Specialized services are limited.**
- **Brief office-based interventions** by health care professionals can be most effective, especially when both patient and family are involved.
- **Motivational interviewing**, which includes factual information about the dangers of the substance(s) coupled with practical advice on withdrawing from the substance, has been proved an effective therapy with older adults.
- Make certain that **withdrawal symptoms do** not become dangerous.
- **Age- appropriate group interventions**, especially AA, have been demonstrated to be effective in older adults and are used worldwide.

Pharmacological Interventions

- **Data on its use of disulfiram in preventing alcohol abuse among older adults are unclear. Clinicians have been reluctant to use the medication, given its side effects yet it is generally considered safe.**
- **Buprenorphine is the preferred treatment for opioid dependence, and appears to be safer than methadone.**
- **Naltrexone is the most well-studied medication used for substance use disorder treatment among older adults, and it has demonstrated effectiveness. Yet older persons recovering from surgery who can benefit from opioids present a dilemma for clinicians.**

Take Away Points

- Clinicians should be better educated regarding the less frequent yet perhaps more dangerous outcomes from substance use disorders in older adults.
- We have relatively good population data regarding the public health burden of substance use disorders.
- Screening and the diagnostic workup usually will help the clinician identify substance use disorders IF implemented (a BIG IF).
- Minimal data available from clinical trials regarding interventions, yet we must not be therapeutic nihilists.
- Involve the family!