Aging and Addiction: How C.U.R.E.S. and other modalities can Assist in Addressing Addiction in Older Adults

VCMC CME Series

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Learning Objective

Health care providers will:
- identify barriers to recognizing addiction among older adults early in its course
- exhibit competence in utilizing prescription drug monitoring programs to help identify individuals at risk
- exhibit competence in making referrals to local substance use disorders treatment programs
Pre Test Questions

- What percentage of women over age 60 misuse prescription medications?
  - A. 5%
  - B. 33%
  - C. 11%
  - D. 51%
The Aging Population

- 13% of the U.S. population is age 65 or over
- By 2030, 20% of the U.S. population will be ≥ 65 years
- 78 million are “baby boomers” (born 1946-1964)
Accidental Substance Related Deaths in Ventura County 2008-2012 (all ages)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>total # accidental drug/EtOH</td>
<td>77</td>
<td>68</td>
<td>74</td>
<td>95</td>
<td>103</td>
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<tr>
<td># accidental deaths Rx opioids</td>
<td>34</td>
<td>38</td>
<td>42</td>
<td>48</td>
<td>44</td>
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<tr>
<td># accidental deaths heroin</td>
<td>23</td>
<td>17</td>
<td>16</td>
<td>27</td>
<td>43</td>
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<tr>
<td># accidental deaths other Rx drugs</td>
<td>22</td>
<td>18</td>
<td>23</td>
<td>24</td>
<td>25</td>
</tr>
</tbody>
</table>
## Ventura County Non Fatal Opioid Related Emergency Department Visits 2008-2011

<table>
<thead>
<tr>
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<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td># of total ED visits related to opioid overdose pts 18 &amp; older</td>
<td>112</td>
<td>126</td>
<td>146</td>
<td>177</td>
</tr>
<tr>
<td># of total ED visits related to opioid overdose pts 17 &amp; younger</td>
<td>14</td>
<td>10</td>
<td>14</td>
<td>24</td>
</tr>
</tbody>
</table>
Prevalence of Use and Misuse of Psychoactive Medications

1 out of 4 older adults use psychoactive medications with abuse potential

– (Simoni-Wastila, Yang, 2006)
Prevalence of Use and Misuse of Psychoactive Medications

11% of women > 60 years old misuse prescription medication

(Simoni-Wastila, Yang 2006)
Prevalence of Use and Misuse of Psychoactive Medications

18-41% of Older Adults are affected by medication misuse

(Office of Applied Studies, SAMHSA, 2004)
Prevalence of Use and Misuse of Psychoactive Medications

By 2020, non-medical use of psychoactive prescription drugs among adults > 50 years will increase from 1.2% (911,000) to 2.4% (2.7 million)

Colliver et al, 2006
Prevalence of Use and Misuse of Psychoactive Medications

In 2004, there were an estimated 115,803 emergency department (ED) visits involving medication misuse by adults aged 50 or older.

In 2008, there were 256,097 such visits, representing an increase of 121.1%.

SAMHSA, DAWN Report, 2010
Emergency Department (ED) Use Related to Misuse/Abuse

One fifth of ED visits involving prescription medication misuse/abuse among older adults were made by persons age 70 or older
Emergency Department (ED) Use Related to Misuse/Abuse

Medications involved in ED visits made by older adults:

- Pain relievers (43.5%)
- Sedative/hypnotics (31.8%)
- Antidepressants (8.6%)
Emergency Department (ED) Use Related to Misuse/Abuse

Results of ED visit:

52.3% were treated and released
37.5% were admitted to the hospital
Commonly Abused Substances in Older Adults

- Most common addiction: Nicotine 18-22%
- Alcohol: 2-18%
- Psychoactive Prescription Drugs: 2-4%
- Other illegal drugs substances (cocaine, cannabis, narcotics): <1%
  - SAMHSA
Definition of Misuse

- Taking a higher dose than prescribed
- Taking the Rx for a longer duration than prescribed
- Using the Rx for a purpose other than prescribed
- Using the Rx in combination with alcohol or other substances
- Skipping or hoarding doses
Definition of Abuse

- Use resulting in declining physical or social function
- Use in continued risky situations
- Continued use despite adverse social or personal consequences
Definition of Dependence

- Use resulting in tolerance or withdrawal symptoms
- Unsuccessful attempts to stop or control use
- Preoccupations with using or obtaining the drug
Question

- SAMHSA recommends that the following be pre screened for substance misuse/use of prescription medications:
  - A. all adults over the age of 60
  - B. older adults who show signs/symptoms of potential misuse/abuse of prescriptions
  - C. older adults who have a history of substance abuse
Risk Factors Associated with Prescription Drug Misuse/Abuse/Dependence in Older Adults

- Female gender
- Social isolation
- History of mental health disorder
- Medical exposure to prescription medication with abuse potential
  - Simoni-Wastila, Yang, 2006
Barriers to Recognizing Substance Misuse/Abuse in Older Adults

• Stereotypes
• Misdiagnosis with dementia
• Attributing functional decline/cognitive problems to “normal aging”
• Denial
• Stage of life, with reduced external responsibilities, may hide impairments—ie, occupational impairment may not be relevant in retired individuals, family obligations are reduced in empty nesters
• When impaired by substance use, older adult may use medical illness as an excuse to evade social situations
Symptoms of Substance Use in Older Adults

- Confusion/memory problems
- Depression
- Delirium
- Insomnia/somnolence
- Incontinence
- Gait and balance problems
- Weakness
- Lethargy
- Falls
- Loss of appetite
- Speech changes
Signs of Potential Substance Misuse/Abuse/Dependence

- Loss of motivation
- Marital/family discord
- New problems with ADLs
- Drug seeking
- Doctor shopping
Prescribing benzodiazepines to Older Adults

• Among patients > 60 prescribed benzodiazepines for insomnia and/or anxiety for the first time by their primary care provider, 30% were still using benzodiazepines 2 months later.

• There was NO significant difference in improvement between those continuing to use benzos v. those who did not.

• A significant minority developed a pattern of long term use.
  – Simon and Ludman 2006
Diagnosing Substance Misuse/Abuse/Dependence in Older Adults

- Screening, Brief Interventions and Referral to Treatment (SBIRT)
- Ample evidence that SBIRT works (Havard et al, 2008; Barry et al, 2006; Whitlok et al, 2004; Dunn et al, 2001)
- SAMHSA: ALL older adults should be prescreened for prescription misuse/abuse
- Evidence that it works in Older Adults:
  Florida BRITE project: Brief Intervention and Treatment for Elders (Schonfeld et al, 2010)
BRITE

- Screened 6205 older adults in 15 Florida Counties
- Took place in EDs, Urgent Cares, Primary Care offices, Senior Housing, private homes, aging services
- Everyone who consented was screened with the Patient Health Questionnaire 2 (4 questions on alcohol/drugs)
- If positive, ASSIST was administered
- If positive, GPRA was administered
- Brief intervention after assessment
- Sample was followed up in 6 months
BRITE

- 70% got screening and feedback only
- 27% got brief intervention
- 2% got brief treatment
- 2% referred to specialty services
PreScreen Targets Medications with the highest misuse/abuse potential

- opioid analgesics
- CNS depressants - benzodiazepines, barbiturates
PreScreen Questions for Psychoactive Prescriptions

- During the past 3 months have you used any Rx for back pain, muscle pain, arthritis, fibromyalgia, headaches __yes __no
- If yes, what Rx for pain do you take?__________________
- (for interviewer) Is this medication on the targeted list of pain medications? ____yes ____no  If yes, this is a positive screen
- During the past 3 months, have you used any prescription medications to help you fall asleep or for anxiety or for your nerves or for feeling agitated? ____yes ____ no. If yes, this is a positive screen
Alcohol Misuse/Abuse (age 60+)

- Women 60+ years: 10 drinks/week
- Men 60+ years: 14 drinks/week
- Combined use of psychoactive medications and alcohol
Screening

- What prescription medications do you take?
  (if the medication is on the targeted list, and the patient uses alcohol, this is a positive screen. If there is no alcohol use, proceed to next question).
- In the past 3 months, how often have you used the medication for reasons and doses other than prescribed?
  __Never (0)
  __Once or twice (2)
  __Monthly (3)
  __Weekly (4)
  __Daily or Almost Daily (6)
Screening Questions

- For any non-medical pain medication use (for reasons or doses other than prescribed), ask the following:
- In the past 3 months, how often have you had the urge to use or the desire to use the medication you mentioned?
  __Never (0)
  __Once or twice (2)
  __Monthly (3)
  __Weekly (4)
  __Daily or Almost Daily (6)
Screening Questions

- During the past 3 months, how often has the medication you mentioned for pain led to problems with health, social, legal, or financial issues?
  - Never (0)
  - Once or twice (4)
  - Monthly (5)
  - Weekly (6)
  - Daily or Almost Daily (7)
Screening Questions

- During the past 3 months, how often have you failed to do what was normally expected of you because of your use of the medication you mentioned for pain/anxiety?
  __Never (0) __
  __Once or twice (5) __
  __Monthly (6) __
  __Weekly (7) __
  __Daily or Almost Daily (8) __
Screening Questions

• Has a friend or relative EVER expressed concern about your use of the medication for pain or anxiety that you mentioned?
  ___Never (0)
  ___yes, but not in the last 3 months (3)
  ___yes, in the last 3 months (6)
Screening Questions

- Have you ever tried but failed to cut down, control, stop using the medication for pain/anxiety that you mentioned?
  ___Never (0)
  ___yes, but not in the last 3 months (3)
  ___yes, in the last 3 months (6)
Screening

- Add up the scores
- The higher the score, the greater the risk
- Patients with moderate to high risk should receive a work book driven brief intervention
Recommendations for Screening

• Ask direct questions
• Imbed the questions with other health related questions (ex: exercise, nutrition, smoking)
• Preface questions with links to medical/health conditions
• Do not use ‘stigmatizing’ terms
Prescription Drug Monitoring Programs

- In California, the PDMP is the Controlled Substance Utilization Review and Evaluation System (CURES)

- http://oag.ca.gov/CURES-PDMP
Ventura County ADP

- Ventura Center
  - 24 East Main St, Ventura CA 93001
  - 805-652-6919
- Oxnard Center
  - 1911 Williams Dr, Oxnard CA 93036
  - 805-981-9200
- Simi Valley Center
  - 3150 Los Angeles Ave, Simi Valley CA
  - 805-577-1724
- A New Start for Moms
  - 1911 Williams Dr, Oxnard CA 93036
  - 805-981-9250
Ventura County ADP

Prevention Services
5850 Thille St
Suite 205
Ventura CA 93003
805-662-1870

www.venturacountylimits.org