

ETOH: Medical Aspects

- The older you are the more susceptible to the negative impact of ETOH particularly **WOMEN!!!!!!**
- **Skeletal System** - accelerates bone loss.
- **Blood** - deficits in red cell formation, decrease in white cells and platelets.
- **Immune System** - increased susceptibility to infection.

ETOH: Medical Aspects

- **Cancer** - increased risk with reduced recovery rates.
- **Muscles** - atrophy and weakness.
- **Cardiovascular System** -
 - Heart muscle shrinks.
 - Blood pressure increases.
 - Cardiac Arrhythmia.
 - Cerebral hemorrhage.
 - Heart attacks.

ETOH: Medical Aspects

- **Endocrine System** - increased estrogen in women (40%-100% greater chance of breast cancer), decreased testosterone in men, (can lead to erectile dysfunction).
- **Nervous System** -
 - Alcohol induced dementia.
 - Enlargement of the ventricles.
 - Impairment in short term memory and verbal skills.
 - May contribute to Alzheimer's.
 - Peripheral Neuropathy.

Identification, Screening, Assessment Physical Symptoms

- Sleep complaints or a change in sleep patterns.
- Cognitive decline.
- Seizure.
- Malnutrition and muscle wasting.
- Liver function abnormalities.
- Altered mood - sudden onset.

ETOH: Medical Aspects

- **Gastrointestinal System-**
 - Esophagus: increased risk of cancer, break down of the mucosal cell barrier, increased gastric secretion.
 - Small intestines: malabsorption of vitamins.
 - Pancreas: acute pancreatitis can lead to death. Chronic can lead to diabetes.
- **Liver:** alcoholic hepatitis and Cirrhosis (50% of pts over 60 with Cirrhosis die with in a year).

ETOH: Medical Aspects

- **Psychiatric Comorbidity:** Remember that ETOH complicates ALL psychiatric illness. It can undermine the usefulness of certain medications and exaggerate others. In the older patient, particularly the white male do not forget the significant role alcohol plays in **SUICIDE!**
- **Withdrawal:** is particularly hard on the elderly - people do die from DTs.

Misuse of Prescription Drugs

- Biological processes tend to slow down.
- Elderly women are more likely to seek help from a physician and more likely to be given psychoactive medications.
- Often multiple providers.
- Isolation increases use of medication across the board.
- 35% of prescriptions for 15% of population.

Misuse of Prescription Drugs

Associated Variables

- Use of multiple psychoactive drugs.
- Insomnia.
- Chronic pain.
- Anxiety disorders or symptoms.
- Depressive disorders or symptoms.
- Falls.
- Cognitive impairment.

Misuse of Prescription Drugs

Most common drugs of concern

- Benzodiazepines.
- Depression often misdiagnosed and mistreated with benzo's.
- Pts more likely to receive increased doses over a longer period of time (particularly women).
- Well established link between falls, confusion and hip fractures and benzo's.

Misuse of Prescription Drugs

Most common drugs of concern

- Opioids.
- Largest group of pain patients.
- Largest group of Chronic pain patients.
- Symptoms of opiate abuse are similar to those of mild strokes, dizziness, lethargy, loss of balance (not unilateral).

Misuse of Prescription Drugs

Drug interactions and alcohol

- Hepatic compromise in 10% of pts.
- Mild to moderate use can be an issue with a variety of drugs
 - Analgesics.
 - Antibiotics.
 - Antidepressants.
 - Aspirin and other nonsteroidal anti-inflammatory.
 - Benzodiazepines.
 - Cardiovascular drugs.

Misuse of Prescription Drugs

Drug interactions and alcohol

- Mild to moderate use can be an issue with a variety of drugs:
 - Diabetes management.
 - Diuretics.
 - Gastrointestinal medications.
 - Heparin.
 - Vasodilators.
- Bottomline: ETOH and other drugs are not a good idea and are NOT safe.

Identification, Screening, Assessment

- The elderly visit a physician several times a year and EVERY 60+yr. old should be screened.
- However, the medical setting is only one contact point.
 - Home health.
 - Church.
 - Senior Centers.

Identification, Screening, Assessment Physical Symptoms

- Sleep complaints or a change in sleep patterns.
- Cognitive decline.
- Seizure.
- Malnutrition and muscle wasting.
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Identification, Screening, Assessment Physical Symptoms

- Unexplained complaints about pain.
- Incontinence.
- Poor self care.
- Unusual restlessness or agitation.
- Blurred vision or dry mouth.
- Gastrointestinal distress.

Identification, Screening, Assessment Physical Symptoms

- Changes in eating habits.
- Changes in social habits.
- Vertigo.
- Dizziness or loss of balance, unexplained bruising, tremor or loss of coordination.
- Slurred speech.
- Sudden onset of memory problems.

Identification, Screening, Assessment Other Warning Signs

- Excessive worry about a drugs effectiveness.
- A STRONG preference to a specific psychoactive medication.
- Fear about running out of a particular medication or structuring the day around its use.
- Continued use after initial need has been met.
- Complaining about Dr. 's unwillingness to refill.
- Increasing the dose or using over the counter meds to supplement prescription medication.

Identification, Screening, Assessment Other Warning Signs

- Avoiding social events where alcohol is not served.
- Withdrawing from family, friends and neighbors.
- Cigarette smoking.
- Minor traffic accidents.
- Sleeping during the day.
- Burns, fractures or other trauma (particularly if the event is not remembered).

Identification, Screening, Assessment Other Warning Signs

- Drinking before going to a social event or insisting on mixing own drinks.
- Changes in personal grooming or hygiene.
- Expulsion from public housing.
- Empty alcohol bottles in garbage or hidden around the house.
- Discomfort in talking about drug or alcohol use.

Treatment Motivation

- Acknowledge the positive role the alcohol or drug of abuse plays in the patient’s life.
- Levels of use tied directly to physical well being or potential harm.
- Clear partnership with treatment decisions.
- Family involvement if possible.
- Be sensitive to the Chronic nature of the disease and that the clinical needs change.

Treatment Motivation

- Include the “network” of resources in the assessment and treatment (social workers, visiting nurses, meals on wheels, clergy, etc.).
- The complexity of health care needs raises issues as to potential limitation in terms of participation in traditional SA treatment.
- Cultural sensitivity is important.
- Address continuity of care from beginning.

Treatment Recommendations

- Brief Interventions work: FRAMES
 - **F**eedback concerning personal risk.
 - **R**esponsibility for change.
 - **A**dvice given clearly and without judgment.
 - **M**enu of options.
 - **E**mpathic counseling style.
 - **S**elf-efficacy is supported.
- Motivational Interviewing

Treatment Recommendations

- Utilize ASAM Assessment Dimensions
- 1. Acute Intoxication and/or withdrawal potential.
- 2. Comorbid Biomedical conditions/complications.
- 3. Emotional/Behavioral conditions/complications.
- 4. Treatment acceptance or resistance.
- 5. Potential for recurrence of use/abuse.
- 6. Recovery potential.

Treatment Recommendations

- Age-specific treatment where possible.
 - Treatment congruent with life task.
 - Peer group support (improves compliance).
- A Culture of Respect
 - Abide by “customary” manners of the older patient.
 - Ask how they want to be addressed.
 - Avoid patronizing (read Tom Brokals book)
 - Address the patient directly, do not speak through a spouse or adult child.

Treatment Recommendations

- A Culture of Respect *(cont.)*
 - Respect privacy being sensitive to space particularly if in the patients home.
 - Honor the patients pain, joy, life experience.
 - Connect with other helping professionals.
 - Remember shorter more frequent sessions.
 - Be sensitive to the patients spirituality.
- Focus on depression, loneliness and overcoming losses *(griefwork very important).*

Treatment Recommendations

- Rebuilding the social support network.
- Developing the pace and content appropriate for the older patient.
- Staff the program with professionals with a particular interest and training in working with the geriatric patient.
- Insure linkages with medical services and case management resources.

Treatment Approaches

- Cognitive behavioral approaches.
- Group based approaches.*
- Individual Counseling.
- Marital and/or Family Counseling.*
- Case management/community-linked services and outreach.

Treatment Approaches Principles

- Program Flexibility.
- Non-confrontational.
- Motivational in philosophy and style.
- Patient Centered. (driven by what the pt wants).
- Relational in context.
- Appropriately paced.
- Stimulating.

Treatment Approaches Group

- Group is the therapeutic modality of choice.
 - Socialization groups.
 - Modified Interactive Group Psychotherapy.
 - Educational Groups.
 - Self Help groups.
- Group does not take the place of effective case management.

Treatment Approaches Case Management

- Geriatricians and geriatric counselors.
- Medical facilities for detox.
- Home health agencies.
- Specialized Housing.
- In-home support; house keeping, meals, etc.
- Transportation services.
- Vocational Training.

Treatment Approaches

Case Management

- Ties to Senior Centers and Faith Communities.
- Legal and financial services.
- The Area Agency on Aging (funded under Title 20).
- Anything else you can think of - be creative in partnership with you patients and let them teach you.
