Mental Health and Substance Use Problems in Late Life

Suzanna Waters Castillo PhD, MSSW
Distinguished Faculty Associate
Division of Continuing Studies
Professional Development in Geriatric Mental Health Care
University of Wisconsin-Madison
suzanna.castillo@wisc.edu
Topics

- Depression and Anxiety
- Alcohol Abuse in WI
- How elderly are affected differently
- Misuse, risky drinking, binge drinking abuse
- Impact on health
- Drinking guidelines
- Treatment
Mental Health and Aging

• Aging is not an illness
  • Most elderly are mentally well
  • However, incidence of acute and chronic Illness and multiple losses = Vulnerability
    • Depression
    • Anxiety
Mental Illness

Depression in Americans 65+

- 20% of suicides per year are people 65+
- About 1 in 15 people 65+ suffer from depression
- Only 10% of those 65+ get help for depression
Mental Illness

• Geriatric Depression is Different
  • Greater risk for depression w/chronic illness
    • Chronic conditions often mask depression
  • Often undetected and undertreated
    • Myth that it is a normal part of aging
    • Do not know @ treatment
    • Elderly and family do not recognize depression as a medical illness
Mental Illness

- Often unrecognized by older adults
  - “I didn’t know anything about depression, so I didn’t know I was depressed. ... The questionnaire was essential to getting me in for treatment. It was sent to me three times before I sent it back. I took medication and went to a class that helped me learn skills to work on the depression. ... I now have two friends getting treatment for depression since I told them about my situation.”

- Source: Participant in a depression care management program (Centers for Disease Control, 2009)
Mental Illness

• Geriatric depression is different
  – “...we do know that people with geriatric depression present with more extreme weight loss, hypochondriacal preoccupation, trouble falling asleep, agitation, and preoccupation with guilt.”
    (Brown et al., 1984)
Mental Illness

• Geriatric Depression is Different
  • GI complaints not medically substantiated
  • Irritability
  • Lack of expression of sad emotions
    • Depression without sadness
  • Increased self deprecation and regret
  • Reduced energy and concentration
    • Executive dysfunction
  • Decreased appetite, weight loss
  • Sleep complaints
  • SOMATIC COMPLAINTS
  • Pseudodementia
  • Guilt, self recrimination
Mental Illness

Geriatric Depression Model Onset and Maintenance

**Figure 2**

Behavioral model of late life depression. Model depicting onset and maintenance of depression in late life.

**Images in this article**
Mental Illness

• Medications that cause or worsen depression
  
  • Blood pressure medication (clonidine)
  • Beta-blockers (e.g. Lopressor, Inderal)
  • High-cholesterol drugs (e.g. Lipitor, Mevacor, Zocor)
  • Tranquilizers (e.g. Valium, Xanax, Halcion)
  • Calcium-channel blockers
  • Medication for Parkinson's disease
   
  • Sleeping pills
  • Ulcer medication (e.g. Zantac, Tagamet)
  • Heart drugs containing reserpine
  • Steroids (e.g. cortisone and prednisone)
  • Painkillers and arthritis drugs
  • Estrogens (e.g. Premarin, Prempro)
Mental Illness

• Geriatric Anxiety
  • Prevalence
    • Symptoms = 15-20%
      • Chronic Conditions = 40% +
    • Any anxiety disorder = 3-15%
Mental Illness

- Geriatric Anxiety

Diagram:
- Getting more anxious
- Limiting your activities
- Worse shortness of breath
- Getting anxious
- Tense muscles
- Shallow breathing
- Shortness of breath
Mental Illness

• Geriatric Anxiety
  • Often missed and difficult to diagnose
    • Co-morbid medical conditions
      • Chest and abdominal pain
      • Agitation and irritation
      • Headaches
      • SOB
    • Co-morbid with SUDS
    • Co-Morbid with Geriatric Depression
Mental Illness

Geriatric Depression Co-Morbid with Anxiety

- 42% (simple phobia + depression²)
- 62% (GAD + depression¹)
- 56% (PD + depression³)
- 48% (PTSD + depression⁴)
- 37% (SAD + depression²)
- 27% (OCD + depression⁵)
Mental Illness

• Late Life Depression and Anxiety
  • Early Onset
    • Chronic
    • Intermittent
  • Late Onset
    • Initial Onset
Mental Illness

- Video – Depression

Depression in old age

Bupa Health UK
Mental Illness

Geriatric Depression and SUDS

Bi-directional relationship with depression and anxiety

Depression & Anxiety

Alcohol Abuse
Mental Illness

• Screening Tools
  • GDS/Geriatric Depression Scale
  • PHQ-9/Patient Health Questionnaire
  • GAD-7/Generalized Anxiety Disorders
  • SLUMS
  • MOCA
  • Mini-Cog
  • ADL and IADL
  • Nutrition Screening
  • Pain Screening
Mental Illness

- Mental Illness and Alcohol Abuse = 37%

**Mental Illness & Substance Abuse**

Very common

**Known As:**

Dual Diagnosis

Approximately 37% of alcohol abusers and 53% of drug abusers also have a serious mental illness.
Alcohol Abuse - Nationally

• Alcohol most common substance misused/abused
  • @40 percent of adults ages 65 and older drink alcohol. (National Institute on Alcohol Abuse and Alcoholism, 2008 survey)
  • 1-15% at risk drinking

• Complicated by:
  • Mental Illness
  • RX & OTC Medications
  • Illicit drug use
Alcohol Abuse

Caterogies

1. **USE**
   Following prescribed guidelines

2. **MIS-USE** – 1 in 5 older adults
   - Risky drinking
     - Pattern maintained will lead to abuse
   - Unsafe use of medications
     - Not taking on time
     - Not taking proper dose
     - Mixing with alcohol and other drugs

3. **ABUSE**
   - Chronic
   - Heavy
   - Binge
Alcohol Abuse

• What is a standard drink?

<table>
<thead>
<tr>
<th>10-12 oz Beer</th>
<th>5 oz Wine</th>
<th>1 shot of liquor in 1 mixed drink</th>
<th>1.5 oz shot</th>
</tr>
</thead>
</table>

STANDARD ALCOHOLIC DRINK CHART
Alcohol Abuse

• Guidelines for low risk
  • US Department of Health and Human Services
    • 1 drink/day - women
    • 2 drinks/day - men.
  • The National Institute on Alcohol Abuse and Alcoholism
    • 3 drinks/day - women
    • 7 drinks/wk - women
    • 4 drinks/day – men
    • 14 drinks/ week - men
Alcohol Abuse

Binge drinking
76% of costs

Binge drinking is defined as 4 or more alcoholic beverages per occasion for women or 5 or more drinks per occasion for men.

1 in 7 people binge drink
Alcohol Abuse: Binge Drinking

30 day Binge Drinking Age 65+ with Wisconsin Leading the Region

![Graph showing binge drinking rates by age group and location.]

Source: BRFSS, 2011
Alcohol Abuse

- Older women are at great risk
  - Metabolize alcohol differently
    - lack of water increases the concentration of alcohol in their bodies
  - More older American women than ever are drinking
  - The prevalence of binge drinking among older women is increasing dramatically, faster than older men (source: CBS news 3/29/17)
Alcohol Abuse

Problem Drinking in Older Adults

NIHSeniorHealth
Alcohol Abuse

- Older men are at risk
  - Suicide
    - SUDS
    - Mental Illness
    - Life losses
    - Major Medical Illness
    - HX of Suicide
Impact of Alcohol Use Wisconsin 65+

- MADISON (WKOW) -- More older adults in Wisconsin are falling down as a result of drinking, according to a statewide study.
  - *Wisconsin Epidemiological Profile on Alcohol and Other Drugs*, the rate of heavy drinking among those age 65 and older increased in 2016.
    - 8+ or more drinks/wk. for women
    - 15+ or more drinks/wk. for men.

  "We saw that heavy drinking, among senior citizens, jumped dramatically," said Julia Sherman, coordinator of the Alcohol Policy Project at UW-Madison, who notes a 36 percent increase of alcohol-related falls since 2012. "That's a flashing red light, that we need to get a handle on this issue."

- According to the Epidemiological Profile
  - 365 older adults died as a result of alcohol-related falls in WI.
    - This represents 37 percent of all alcohol-related deaths in WI
Mental Illness

• Co Morbid with Alcohol Abuse
  • At risk for:
    • Falls
    • Malnutrition
    • Dehydration
    • Delirium
    • Insomnia
    • Medication misuse and Abuse
      • 1 in 5
    • Isolation and loneliness
    • Increase in morbidity and mortality
      • Suicide risk
Mental Illness

• Dangerous RX with Alcohol
  • Benzodiazepines i.e., Valium, Ativan or Centrax
  • Sleeping Medications i.e., Ambien
  • Pain Medications i.e., Codeine, Percoset
  • Antipsychotic Medications
  • Antiseizure Medications
  • Antihistamines both otc and RX
  • Aspirin
Mental Illness + SUDS

- Screening for Alcohol Abuse
  - CAGE (first 4 questions)
    - Short 4 questions
  - AUDIT –
    - Alcohol Use Disorders Inventory Test
    - Short 3 questions
  - SMAST – G
    - 10 short questions
    - Short Michigan Alcohol Screening Test
MI = SUDS Interventions

- Medical
  - Physical Examination
  - SSRI’s – depression, anxiety

- Psycho-social
  - CBTs
  - Problem Solving Therapy
  - Interpersonal Therapy
  - SBIRT – Brief Intervention Approaches
SUDS Intervention: SBIRT

- Screening
- Brief Intervention
- Referral
- Treatment
SUDS Intervention: SBIRT

**Screening**
- Quickly assess the severity of substance use and identify the appropriate level of treatment.

**Brief Intervention**
- Increase insight and awareness of substance use; motivation toward behavioral change.

**Referral to Treatment**
- Provide those identified as needing more extensive treatment with access to specialty care.
SUDS Intervention

• SBIRT
  • Brief Treatment for individuals at:
    • MODERATE TO HIGH RISK,
    • Emphasizes Motivations to Change
    • Client Empowerment.
  • Referral to Treatment: for those whose screening indicates a SEVERE PROBLEM or dependence
SUDS Intervention: SBIRT

- SBIRT Focus

Dependent Use
- 4%
  - Brief Intervention and Referral to Treatment

Harmful or Risky Use
- 25%
  - Brief Intervention

Low Risk Use or Abstention
- 71%
  - No Intervention

SAMHSA
SUDS Intervention: SBIRT

• Alcohol Pre-Screen:

How many times in the past year have you had 5/4 or more drinks in a day?

(X equals 5 for men and 4 for women or anyone 65 or older). Reporting 1 or more occurrences of this is considered a positive result and should trigger more in-depth screening and possibly a brief intervention.


• Drug Pre-Screen:

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

A score of 1 or more is considered a positive result and should trigger more in-depth screening and possibly a brief intervention.

SUDS: SBIRT

• Risky Drinking

Risky Drinking
For healthy **men up to age 65** –
• More than 4 drinks in a **day** AND
• More than 14 drinks in a **week**

For **all healthy women** and healthy **men over age 65**
• More than 3 drinks in a **day** AND
• More than 7 drinks in a **week**

*As recommended by NIAAA*
SUDS Intervention: SBIRT

• Assess for Readiness to Change
  – Pre-contemplation: The client is not yet considering change or is unwilling or unable to change
  – Contemplation: The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain
  – Preparation: The client is committed to and planning to make a change in the near future but is still considering what to do
  – Action: The client is actively taking steps to change but has not yet reached a stable state
  – Maintenance: The client has achieved initial goals such as abstinence and is now working to maintain gains
SUDS Intervention: SBIRT

“On a scale from 1 to 10, how ready are you to make a change to reduce your drinking?”

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td></td>
<td></td>
<td>Somewhat ready</td>
<td></td>
<td></td>
<td></td>
<td>Extremely Ready</td>
<td></td>
</tr>
</tbody>
</table>
SUDS Intervention: SBIRT

- SBIRT Pocket Guide
SUDS Guide

• SUDS Guide for Professionals and Older Adults
SUDS Intervention: SBIRT

• SBIRT Example Video

SBIRT for alcohol use: older man
Mental Illness and SUDS

• Chronic Illness and Loss
  • Depression
  • Anxiety
• Alcohol
  • Early and Late Onset
• Co-Morbidity
• Interventions
Resources

- **Older Adults and Alcohol**
  - [https://pubs.niaaa.nih.gov/publications/olderAdults/olderAdults.pdf](https://pubs.niaaa.nih.gov/publications/olderAdults/olderAdults.pdf)

- Alcohol Use Among Older Adults: Pocket Screening Instruments for Health Care and Social Service Providers
  - [https://store.samhsa.gov/shin/content/SMA02-3621/SMA02-3621.pdf](https://store.samhsa.gov/shin/content/SMA02-3621/SMA02-3621.pdf)

- Get Connected
  - [https://store.samhsa.gov/shin/content/SMA03-3824/SMA03-3824.pdf](https://store.samhsa.gov/shin/content/SMA03-3824/SMA03-3824.pdf)
References

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• National Institute on Alcohol Abuse and Alcoholism
• US Census Bureau
• Wisconsin DHS Demographic Report
• Wisconsin 2016 Epidemiological Profile on Alcohol and other Drugs
• Wisconsin Academy State Profile 2012