

# Addiction and Mental Health among older adults

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# Disclosure of Conflict of Interest

- The materials and views expressed in this presentation are the views of the presenters and may not necessarily be the views of the group being presented to. The speaker is an independent licensed provider and not aware of any conflict of interest in relation to the presentation of today's CE .
- Jeffrey Huttman, Ph.D. is a FL Licensed Psychologist and Chief Clinical Officer and Executive Vice President of iRecovery and the Medication Assisted Recovery Institute.

# Learning Objectives

At the completion of this CE, participants will be able to:

- Become familiar with and state at least 3 current trends regarding the population impacted by addiction and co-occurring disorders in the United States.
- Become familiar with the impacts of substance abuse and mental health symptoms in the older adult population.
- Understand the DSM-5 criteria for a substance use disorder diagnosis.
- Have the ability to identify safety precautions senior facilities and providers may implement with a SUD or co-occurring disorder patient.
- Understand obstacles in providing effective outcomes.
- Understand the levels of treatment available for individuals suffering with a Substance Use or Co-occurring Disorder and identify at least 2 ways that care providers can help to engage the individual in treatment.

# Substance use and mental health in the United States

- 2018: 164.8 million people aged 12 or older in the United States (60.2 percent) were past month substance users (i.e., tobacco, alcohol, or illicit drugs)
- 2018: 139.8 million Americans aged 12 or older were past month alcohol users
- 2018: Aged 12 or older (19.4 percent) used an illicit drug in the past year
- Prescription pain reliever misuse was the second most common form of illicit drug use with 3.6 percent of the population. (Older adults may routinely have 4-5 prescription medications).
- 20.3 million people age 12 or older had a substance use disorder (SUD)
- 47.6 million people age 18 or older (19.1 %) experienced mental health illness in the past year.
- 11.4 Million people age 18 or older had a series Mental Health Disorder.
- 2 million people had an opioid use disorder
- 9.2 million adults ages 18 or older had co-occurring disorders

# Opioid overdose epidemic in the United States

- 2013: accidental drug overdose surpassed motor vehicle crashes as a leading cause of death.
- 2014: over 47,000 drug overdose deaths. 26,000 of which were opioid overdoses.
- 2017: over 70,200 Americans died from drug overdoses
- 2017: 47,600 overdose deaths from any opioids
- 2017: 17,029 overdose deaths from prescription opioids
- 2017: over 28,400 overdose deaths related to fentanyl and fentanyl analogs
- 2019: 69,029 overdose deaths; 7 out of 10 due to Opioids
- Over 770,000 Americans have died from drug overdoses since 1999.
- There are apx 2 million individuals in the United States suffering from Opioid use disorders.

# What factors determine a substance use disorder

A cluster of the following symptoms reflecting a continued pattern of use despite accumulating consequences and problems that come from use of alcohol or other drugs:

- Cognitive symptoms
- Behavioral symptoms
- Physical symptoms

# A problematic pattern of use with 2-3 symptoms across four different areas.

## Impaired Control

- Amount increases over time.
- Ongoing failed attempts to cut down.
- Increased time spent obtaining, using, and recovering.
- Cravings

## Social Impairment

- Failure to fulfill obligations in work, school, and home.
- Continued use despite repeated social or personal problems.
- Giving up social, occupational, and/or recreational functions.

## Risky Use

- Continued use in physically hazardous situations.
- Continued use despite awareness of physical or psychological problems caused by drug or alcohol use.

## Pharmacological

- Tolerance  
(The need for more to get the same or less effect)
- Withdrawal  
(Physical effects if not taking the substance)

# Severity of Substance Use Disorder

- At least 2 out of 11 possible symptoms occurring within a 12-month period.
- Each substance treated as a separate disorder.
- Severity determined as mild, moderate, or severe.

Severity	# Symptoms
Mild	2-3
Moderate	4-5
Severe	6 or more

# Specific Terms of Recovery From Substance Use Disorder

## In Early Remission

- After full criteria (symptoms) for a substance use disorder were met, none of the criteria met for at least 3 months, but less than 12.
- Excluding cravings or strong desire to use.

## In Sustained Remission

- After full criteria for a substance use disorder were met, none of the criteria met during a 12-month period.
- Exception of cravings and strong desire to use.

## In a Controlled Environment

- Treatment Center
- Half-Way-House (sober home)
- Transitional program
- Incarceration

## On Maintenance Therapy

- Medication Assisted Treatment (MAT)
- Medications effective in blocking and/or eliminating drug of choice.

# Classes of Drugs

1. Alcohol
2. Caffeine
3. Cannabis
4. Hallucinogens
5. Inhalants
6. Opioids
7. Sedatives
8. Hypnotics
9. Anxiolytics
10. Stimulants
11. Other or unknown substances

**DSM-5 Substance Use Disorder Assessment**

**A. A pattern of substance use leading to clinically significant impairment or distress as manifested by at least 2 of the following, occurring within a 12-month period:**

Met	Symptom	Substance(s)	When Symptom Was Experienced
<input type="checkbox"/>	1) The substance is often taken in larger amounts or over a longer period than was intended.		
<input type="checkbox"/>	2) There is a persistent desire or unsuccessful efforts to cut down or control the use of the substance.		
<input type="checkbox"/>	3) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.		
<input type="checkbox"/>	4) Craving, or a strong desire or urge to use the substance.		
<input type="checkbox"/>	5) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.		
<input type="checkbox"/>	6) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.		
<input type="checkbox"/>	7) Important social, occupational, or recreational activities are given up or reduced because of the use of the substance.		
<input type="checkbox"/>	8) Recurrent substance use in situations in which it is physically hazardous.		
<input type="checkbox"/>	9) The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the use of the substance.		

**10) Tolerance, as defined by either of the following:**

- a) A need for markedly increased amounts of the substance to achieve intoxication or desired effect; and/or**
- b) A markedly diminished effect with continued use of the same amount of the substance.**

**11) Withdrawal, as manifested by either of the following:**

- a) The characteristic withdrawal syndrome for the substance; and/or**
- b) The substance is taken to relieve or avoid withdrawal symptoms.**

Mild Substance Use Disorder (2-3 Symptoms): Substance(s):

Moderate Substance Use Disorder (4-5 Symptoms): Substance(s):

Severe Substance Use Disorder (6 or More Symptoms): Substance(s):

In Early Remission (no symptoms, except for craving, for 3 to under 12 months) Substance(s):

In Sustained Remission (no symptoms, except for craving, for more than 12 months) Substance(s):

In a Controlled Environment (if in an environment in which access to substances is limited)

On Maintenance Therapy (if taking a prescribed agonist medication and none of the criteria have been met for the agonist medication except symptoms 10 and 11) Medication:

## CO-OCCURRING DISORDER DEFINED

- **The simultaneous existence of one or more disorders relating to the use of alcohol and/or other drugs of abuse as well as one or more mental health disorders.**
- **An individual is considered to have co-occurring disorders if he or she has had both a substance use disorder and a mental health disorder at some point in his or her lifetime.**

# Who Is Impacted by a Co-occurring disorder

- 9.2 million adults ages 18 or older had co-occurring disorders
- 20.3 million people age 12 or older had a substance use disorder (SUD)
- 2 million people had an opioid use disorder
- 47.6 million people age 18 or older (19.1 %) experienced mental health illness in the past year.
- 11.4 Million people age 18 or older had a series Mental Health Disorder.

Source: 2018 National Survey on Drug Use and Health (NSDUH)



Tai, J. (2020). Retrieved from <https://www.straittimes.com/singapore/health/mental-health-fallout>

## Common examples include

- Major depressive disorder and alcohol dependence
- Generalized anxiety disorder, benzodiazepine dependence and alcohol abuse
- Bipolar disorder and cocaine dependence

## Co-occurring disorders can relate in the following ways:

- A substance use disorder can **initiate and/or exacerbate a mental health disorder.**
- A mental health disorder can **initiate and/or exacerbate a substance use disorder.**
- Substance use disorders can **cause psychiatric symptoms and mimic mental health disorders.**
- A substance use disorder can **mask psychiatric symptoms and/or mental health disorders.**
- Psychoactive substance use withdrawal **can cause psychiatric symptoms and/or mimic mental health disorders**



# Risk factors



**Childhood  
adversity**

VectorStock. (2020). Retrieved from <https://www.vectorstock.com/royalty-free-vector/stop-child-abuse-children-with-chain-and-ball-vector-22821215>



**Stress**

CleanPNG. (2020). Retrieved from <https://www.cleanpng.com/png-stress-management-health-occupational-stress-well-953664/preview.html>



**Abuse and  
neglect**

Mental Health Foundation. (2019). Retrieved from <https://www.mentalhealth.org.uk/publications/state-generation-preventing-mental-health-problems-children-and-young-people>



**Adverse life  
events**



**Chronic  
stressors**

Sprouting Wholeness. (2018). Retrieved from <https://www.sproutingwholeness.com/7-overlooked-signs-of-chronic-stress/>



**Limited social  
support**

Mental Health Foundation. (2019). Retrieved from <https://www.mentalhealth.org.uk/publications/state-generation-preventing-mental-health-problems-children-and-young-people>



**Chronic medical  
disorder**

# Difference between a primary mental health and Substance Use Disorder diagnosis

**TABLE 3** Differential Clinical Characteristics between Primary/Independent Mental Disorder and Substance-Induced Mental Disorder

Primary or Independent Disorder	Substance-Induced Disorder
No chronological association between onset of psychiatric disorder and substance consumption, intoxication, and/or withdrawal	Chronological association between onset of psychiatric disorder and substance consumption, intoxication, and/or withdrawal
The amount of substance consumed does not explain the severity of the symptomatology	Association between the amount of substance consumption and the severity of symptomatology
Symptoms' persistence during abstinence	Remission of symptoms during abstinence
Typical clinical symptoms of the disorder	Atypical clinical symptoms (confusional states, unusual symptoms, and comorbidity with personality disorders)
Symptoms not quite related to substance's pharmacological profile	Symptoms according to substance's pharmacological profile
Relapsing course of the psychiatric disorder	No relapsing course of the psychiatric disorder (excepting cases of persistent substance consumption)
Psychiatric family history	SUD family history
Psychiatric personal history	Nonpersonal psychiatric history
Later substance use onset	Early substance use onset

# Impacts of substance use on older adults

- Pharmacokinetics: How the body absorbs, metabolizes, and excretes drugs, is often slowed in older adults and their bodies process drugs and alcohol differently than younger adults.
- Toxicity that may cause changes in cognition and mental health is more likely and may not be clearly or rapidly identified.
- Filtering process in the liver is slower causing effects of alcohol or drugs to be more profound and last for longer periods.
- May more readily lead to side effects and become addicted/dependent quicker.
- Older adults are less likely to tolerate the effects of alcohol or drugs in the system.
- May be more likely to suffer long-term health effects and health complications.
- Increased immune system disorders.
- Increased risk of liver damage.
- Increased risk of malnutrition.
- Increased risk of falls, accidents and traumatic injuries.
- Increased risk of cognitive difficulties such as confusion, delirium and dementia.

# Alcohol abuse in the elderly

- Approximately 3 million Americans over 55 suffer alcohol abuse. (Increased during the pandemic)
- Alcoholism causes 1 percent of hospitalizations among the elderly.
- More abusable due to availability.
- Often misused as a depressant that reduces anxiety and inhibition.
- Absorbs differently in the older individual due to decreased liver functioning, slower metabolism and decreased body water.
- May interact negatively with prescribed medications. Ex: Arthritis medication and wine can cause intestinal bleeding, ulcers and liver damage.
- Effects of aging make the body more sensitive to alcohol and intoxication can happen after only 1 drink while individual may recall having 3 drinks to get the same effect.
- May cause confusion, paranoia, black outs.
- Isolation, retirement, loss of spouse and living alone make ETOH use more readily used and hidden.
- Increased use at social gatherings.
- Early-onset alcoholism. Approx. 2/3.
- Late-onset. Approx. 1/3. Response to life events associated with aging.

# Marijuana and Stimulants

- Marijuana is the most commonly used illicit drug in the United States causing older adults to have greater access.
- Can have greater impacts on memory, relationships and health.
- Stimulants: Could cause aggressive behavior, particularly when mixed with other substances.

# Prescriptions Drugs

- Elderly may have prescriptions for multiple drugs due to chronic conditions.
- Sedative-hypnotics and opioids are the most commonly abused prescriptions.
- Older adults may have more doctors, more prior scripts and more sources of availability.
- Sleep difficulties and anxiety are more common in the elderly leading physicians to prescribe habit forming sedatives and benzodiazepines.
- Slower metabolism and processing through the body.
- Slower filtering process in the liver makes it more likely that the effects of the medication will be longer lasting with increased side effects.
- When opioids are used for the treatment of chronic pain dependency is almost certain.
- Memory and confusion caused by prescriptions are more likely in the elderly.

# Increasing number of over 65 and screening

- Baby boomer generation began to turn 65 in 2011 and those over 65 are expected to reach 18% of the population by 2030.
- The rising numbers means there will be larger amounts of older adults with substance abuse.
- Comprehensive histories should be taken prior to making changes or introducing new treatment.
- Importance of obtaining collateral information from family or caregivers.
- Not judging a book by its cover.
- Failing to ask about alcohol or drug use and to consider all prescribed medication is common.
- Screenings are important.
- Short Michigan Alcoholism Screening Test: Geriatric version (SMAST-G), Audit or Cage (General population).
- Drug Abuse Screening Test (DAST-10) or Brief Addiction Measure (BAM) for substance abuse screening.

# Identification of Intoxication and/or Withdrawal Among Patients

- Symptoms of alcohol intoxication: Smell of ETOH, memory problems, slurred speech, balance/coordination.
- Symptoms of ETOH withdrawal: Tachycardia, high blood pressure, nausea, vomiting, tremors, agitation, hallucination. Can start 4 to 12 hours after last drink, but tend to worsen with time and peak between 48-72 hours after last consumption. Most severe include Delirium tremens: Confusion, disorientation, tremor, fever, tachycardia, hypertension, sweating, hallucinations, and seizures.
- Symptoms of Opioid intoxication:
  - Change in behavior
  - Pinned Pupils
  - Slurred speech
- Symptoms of Opioid Withdrawal:
  - Body aches, Diarrhea, Increased heart rate, Yawning, Nausea or vomiting, Nervousness, Fever, Restlessness or Irritability, Runny nose, Shivering or Trembling, Sneezing, Stomach cramping, Goose bumps, Sweating, Weakness, Increased blood pressure.

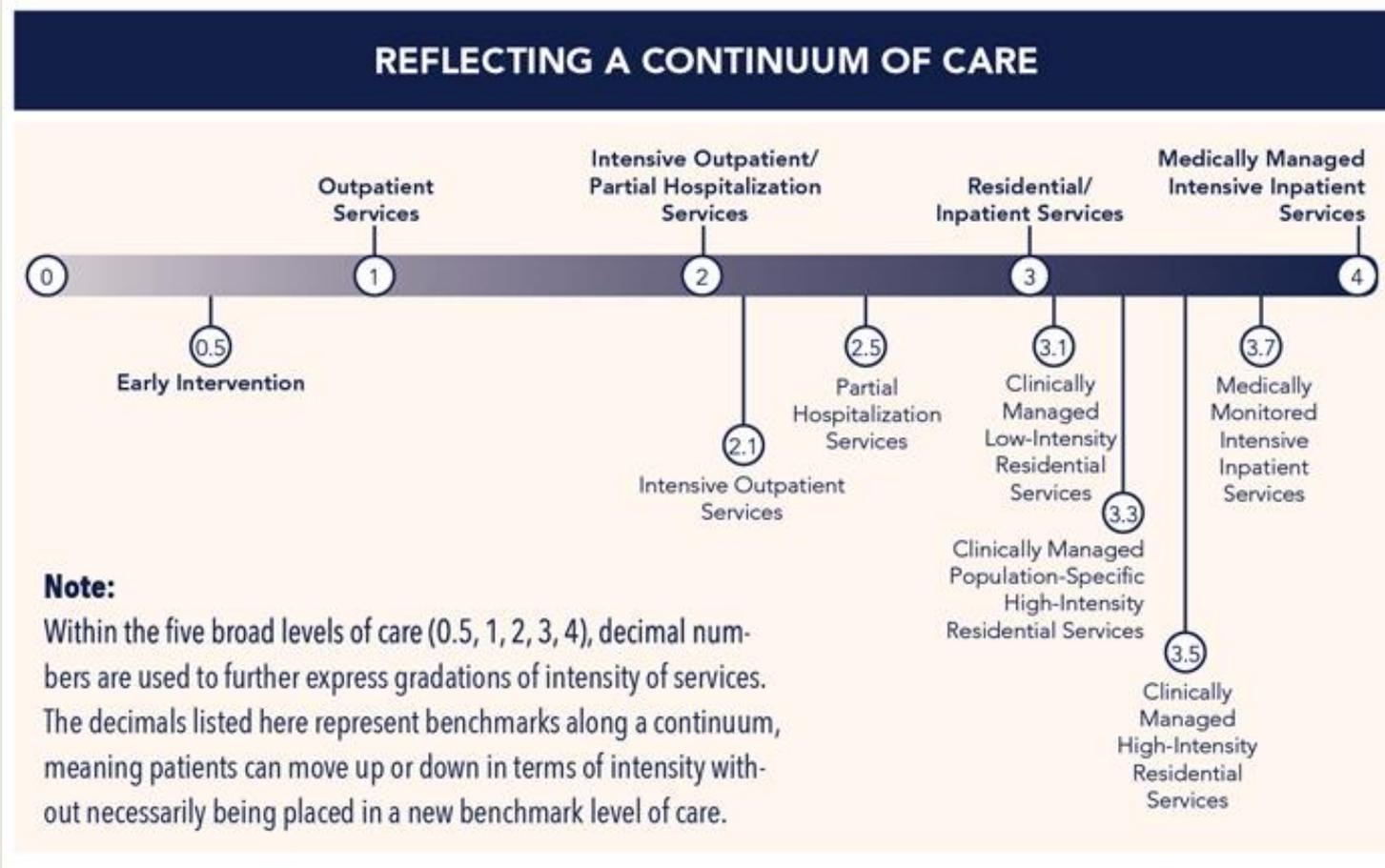
## Tips for managing co-occurring disorders

- Seek treatment by a mental health professional trained/educated appropriately to treat substance and mental health.
- Develop skills for detecting early signs of relapse for both mental illness and substance abuse.
- Learn and practice coping skills.
- Develop a relapse prevention plan.
- Obtain appropriate services.
- Monitor medication and practice medication adherence.
- Participation in social clubs with recreation activities.
- Attend self-help meetings.
- Develop short- and long-term goals in relation to substance use and mental health.

# Need for Treatment

- 21.2 million people 12 or older needed substance abuse treatment
- 3.7 million received any form of substance abuse treatment
- 47.6 million people age 18 or older (19.1 %) experienced mental health illness in the past year.
- 11.4 Million people age 18 or older had a series Mental Health Disorder.
- 2 million people had an opioid use disorder
- 9.2 million adults ages 18 or older had co-occurring disorders
- Treatment is possible at all ages and various levels of care are available.

# Levels of Care



# Medication Assisted Treatment (MAT)

- Very simply put “MAT is evidence-based treatment that includes FDA-approved medication combined with counseling and psychosocial support.” –FDA, 2019
- “Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders.” - SAMHSA, 2019
- Three medications (methadone, buprenorphine, and naltrexone) are currently approved by the Food and Drug Administration (FDA) to treat addiction involving opioid or ETOH use. When combined with psychosocial interventions, these medications help people recover (FDA, 2019).
- Suboxone may be used for replacement of opioids and helps alleviate pain.
- Naltrexone may be used to reduce cravings and block the euphoric effects of alcohol or opioids.

# Safety Measures

- Comprehensive history and screening
- Urine toxicology screening
- Request for authorization/release of information to obtain collateral information and engage with patient's family
- PDMP check
- Referral for Psychiatric or psychological evaluation/consult
- Referral for therapy

# Obstacles for effective outcomes

- Not obtaining urine screening due to patient refusal
- Not considering habit forming medications prescribed
- Not obtaining proper history
- Patient refusal of prescribed medications
- Patient stigma and embarrassment in reporting
- Patient and provider bias and misconception
- Patient refusal of care

## Other obstacles for effective outcomes

- Shift change reporting
- Communication between staff and specialists
- Staff working together for common patient goal
- Engagement of family and support system
- Engagement of current treatment providers (ie. Therapist, tx center)
- Impacts of Covid-19 pandemic on population

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