

Prevention and Screening of Unhealthy Substance Use by Older Adults

Benjamin H. Han, MD, MPH^{a,*}, Alison A. Moore, MD, MPH^b

KEYWORDS

• Older adults • Substance use • Screening tools • Prevention • Assessment tools

KEY POINTS

- Unhealthy alcohol use and illegal drug use among older adults is increasing dramatically with the aging of the Baby Boomer Generation.
- Substance use disorders are a chronic and often relapsing brain disease that may be difficult to recognize in older adults.
- Owing to the physiologic changes of aging, concurrent chronic medical diseases, and high use of prescription medications, older adults are at high risk for adverse effects of alcohol and illegal drugs.
- When screening and discussing substance use with older adults it is important to use nonjudgmental and nonstigmatizing language.

INTRODUCTION

Historically, older adults have not had high rates of substance use and, previously, older adults reduced their substance use with increasing age.¹ However, this is changing considerably with the aging population and the large Baby Boomer generation, who have higher reported rates of substance use compared with any preceding generation, and changing attitudes toward alcohol and recreational use of illegal drugs.²⁻⁴ Therefore, the rates of substance use by older adults and the number at risk for its unhealthy use will increase.

Unhealthy substance use is typically defined as the use of alcohol more than guideline-recommended levels⁵ or the use of tobacco products, illegal drugs, or the nonmedical use of prescription drugs (use for the feeling or experience or taking

Disclosure Statement: The authors have no disclosures.

^a Division of Geriatric Medicine and Palliative Care, Department of Medicine, New York University School of Medicine, 550 First Avenue, BCD 615, New York, NY 10016, USA; ^b Department of Medicine, University of California, San Diego School of Medicine, 9500 Gilman Drive, La Jolla, CA 92093, USA

* Corresponding author.

E-mail address: Benjamin.Han@nyumc.org

Clin Geriatr Med ■ (2017) ■-■
<https://doi.org/10.1016/j.cger.2017.08.005>

0749-0690/17/© 2017 Elsevier Inc. All rights reserved.

geriatric.theclinics.com

more than prescribed), and includes the full range of harmful use and substance use disorders (SUDs).⁶ Based on the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5), the diagnosis of SUDs is established by a pattern of use that causes clinically significant functional impairment (Table 1).⁷ The DSM-5 brought notable changes in the nomenclature of SUDs with the elimination of the terms substance abuse and dependence.

Substance use may have important health impacts, especially among older adults who are at higher risk for chronic diseases and who often take more medications than younger adults. Adults with SUDs have higher hospitalization rates, and acute health care costs, in comparison with the general population.⁸ Given the possible negative impacts of alcohol and drug use on chronic diseases and drug–medication interactions among an aging population, screening and prevention of unhealthy substance use is critical to address the potential enormous public health impact of increasing substance use by older adults.

PREVALENCE OF USE AND HEALTH-RELATED RISKS OF ALCOHOL, TOBACCO, AND OTHER DRUGS

Alcohol Use

Unhealthy alcohol use is common, and alcohol accounts for one of the leading causes of preventable death in the United States.⁹ Alcohol remains the most commonly used substance among older adults, and is expected to continue to increase considerably.⁴ The 2013/2014 National Survey on Drug Use and Health (NSDUH) estimated the prevalence for alcohol use within the past year among older adults to be 62.1%, with rates of binge drinking to be 21.5% in older men and 9.1% in older women, and alcohol use disorders were estimated to be 5.1% in men and 2.4% in women.¹⁰ These national estimates represent dramatic increases from 2005 and 2006, with a 19.2% relative increase in binge drinking and 23.3% relative increase in alcohol use disorders among older adults.¹⁰

Although there is evidence that moderate alcohol use (usually ≤ 1 drink daily) may be associated with decreases in morbidity and mortality among older adults,^{3,11} the risk of mortality increases with heavier drinking.¹¹ There are physiologic changes that occur with aging that place older adults at higher risk for adverse outcomes including diminished liver function, decreases in total body water, and neuronal sensitivity to alcohol, which increases sensitivity and decreases tolerance of alcohol.¹² In addition, alcohol can cause or exacerbate medical conditions in older adults such as hypertension, arrhythmias, hemorrhagic stroke, cirrhosis, gastrointestinal bleeding, and certain cancers.¹³ This makes older adults particularly vulnerable to the negative effects of alcohol, particularly when drinking in excess of recommended drinking limits.¹⁴ In addition, prescribed medications have the potential to interact with alcohol, and can lead to adverse effects.¹⁵ Specifically, binge drinking may be particularly harmful for older adults and may increase the risk for unintentional injuries (ie, falls) and negatively impact existing chronic diseases.^{16,17}

Owing to these vulnerabilities, the National Institute on Alcohol Abuse and Alcoholism recommends a lower threshold for recommended drinking limits for both older men and women. For older adults (>65 years of age) who are healthy and do not take medications the recommended guidelines include no more than 3 drinks on a given day and no more than 7 drinks in 1 week (Box 1).¹⁷ Proposals have been made to lower the recommended drinking limits based on comorbidities for older adults.¹⁵ However, many older adults and their providers may not be aware of the National Institute on Alcohol Abuse and Alcoholism lower drinking

Download English Version:

<https://daneshyari.com/en/article/8732365>

Download Persian Version:

<https://daneshyari.com/article/8732365>

[Daneshyari.com](https://daneshyari.com)