**Addiction in older adults**

* Dr Anand Jayaraman

Addictions among older adults is one of the neglected problems in many parts of the world including India. This is mainly due to insufficient knowledge, poor data, limited facilities to cater for these problems. Addictions among elderly population in India is grossly underestimated, under-identified, under-diagnosed as well as undertreated similar to many other countries.

A study conducted by Mundada and colleagues1 among rural population of Aurangabad in Central Maharashtra, the prevalence of addiction among elderly males was 68.3%, the prevalence of various addictions was smoking 30%, alcohol 18.2%, tobacco chewing 29.3% and among elderly females, 45.4% were chewing tobacco. Also, 40.4% males and 50.6% females were found to have addiction with either of Hukka, Bhang, betel or pan. Study also found significantly higher proportion of males were having addiction of alcohol and smoking.

**Alcohol use**

Often, we get referrals from General hospitals commonly in post-surgical patients. They are usually a few hours to 2 days post-operative periods when they start behaving rather oddly. They are confused, disoriented agitated, pulling out their tubes, abusive to nursing staff and at times seeing things. There have been instances when patients have to be physically restrained. Routine Blood tests show a slightly elevated liver function tests and total counts. Due to their aggressive and disruptive behaviour, Psychiatrists are called for interventions.

A detailed history often reveals a long history of alcohol consumption which are often missed or concealed. The quantities may vary from a small shot of alcohol to substantial quantities like half a bottle of spirits or wine. Family members and patients tend to normalize such intake and they may vehemently deny their excessive use. The common statements one hears is “I am not an alcoholic”. This also highlights the lack of knowledge and absence of regular brief interventions at primary care levels. A simple CAGE *(C - you must cut down on alcohol use; A – Annoyed when family asks about your alcohol use; G - feeling Guilty about alcohol use; E – using as Eye-opener or first thing in the morning)* questionnaire can be used to screen and if the person gets one or more out of four right, then the person must seek early consultation with a Psychiatrist. Informant history could be vital for the diagnosis.

Firstly, it is important to diagnose to prevent more dangerous complications like Delirium Tremens, Wernicke’s encephalopathy or Withdrawal fits. Some of them may lead to more long-term complications like Korsakoff psychosis or alcohol induced dementia. Liver is an important organ that helps get rid of poisonous toxins from our body, and this can get damaged due to excessive alcohol use. Some people may have damage earlier than others. In addition, alcohol use can deplete vitamin especially B1 levels in the body leading to problems with nerve conduction. Also, digestive system may get affected. Kidneys may get damaged.

Older adults who choose to drink should be advised to maintain a diary of their use, slow their pace of consumption and also reduce their quantity. All older adults must be evaluated for memory problems and repeated at regular intervals.

They must be offered medical and non-medical treatment options in the least intrusive and invasive way. Support must be offered even to family caregivers. Most people who use alcohol for long periods of time, require hospitalization to help discontinue their alcohol use and this is called detoxification program and following which phase 2 treatment which is maintenance of the discontinuation of alcohol continues, for which persons must engage with their Psychiatrist.

Thiamine (Vitamin B1) and other vitamin supplements are usually prescribed routinely. Detoxification process means reduce the ongoing effects of alcohol use, will be reduced by admission to General Hospital ward or Psychiatric ward and treated with so called Benzodiazepines carefully while monitoring the response. It is risky to prescribe these kinds of medications home and so best admitted to discontinue alcohol use. Medications namely Acamprosate and Naltrexone may also be considered with caution for problems with craving.

Recommendations related alcohol use:

* All older adults with history of alcohol use need to be screened for alcohol use disorders when they come into hospitals or at primary care level for other reasons
* Older adults who choose to drink should be advised to slow their pace of consumption and also reduce their quantity
* All older adults will need to be evaluated for cognitive impairment and repeated at regular intervals
* Support must be offered even to carers and support staff. If concerned, family could initiate consultation with a Psychiatrist
* At least, Regular Thiamine supplements are required in those using excessively

**Benzodiazepine Abuse 2**

When a prescribed medication is used intentional or unintentional but not in accordance with prescribed directions then it is misuse. Misuse can include dose adjustments without prescriber’s knowledge, taking larger doses to get the same effect, or taking medication for other indications are some examples. Prescription drug misuse, particularly benzodiazepines is dangerous because of the risk of overdoses and interaction with other medications.

Studies suggest, risk of falls and impending fractures as well as road traffic accidents increased with prolonged use of benzodiazepines. Ageing causes changes in their body metabolism and body fat and water distribution which may alter the effective dosing of medications. Drug interactions also increase with age due to likelihood of higher number of medications being used for associated conditions like Diabetes mellitus, Hypertension etc. Furthermore, older adults are particularly vulnerable to social, psychological, physical and financial stressors. Social circumstances can be like isolation or bereavement while psychological reasons could be anxiety, depression, boredom, helplessness, etc. Physical issues can be due to sensory deprivation e.g., poor vision, hard of hearing etc) along with financial constraints due to medical expenses or funding their habits, older adults may be particularly vulnerable to the negative consequences of benzodiazepines.

Benzodiazepines commonly include medications like alprazolam (available as Restyl, Anxit), diazepam (Valium), and lorazepam (Ativan, Lopez) along with others from this group. These drugs are widely prescribed to treat anxiety and sleep problems in India, but meant for short-term only. The medications from this group can be appropriate for a variety of medical conditions like epilepsy, Insomnia, benzodiazepine withdrawal, alcohol withdrawal, severe generalized anxiety disorder, and as part of anaesthesia to mention a few.

Benzodiazepine use in older adults has been linked to cognitive impairment and activity limitations. Increased medications sensitivity due to slower metabolism can lead to regular doses after a break can become quite intolerable and sometimes lethal.

Individuals seek Benzodiazepine prescription despite Doctor’s advice to discontinue and may start Doctor shopping without family’s notice. Sleep difficulties need consultation with Psychiatrists rather than self-medicating with sleeping pills.

Treatment involves having a plan involving the patient for reducing their benzodiazepine use. Engaging patients in a treatment plan that includes supervised withdrawal, addressing craving, relapse prevention with brief interventions, and self-help booklets are several methods considered in the outpatient setting.

Some Patients with other associated conditions may need hospital admissions for a more controlled withdrawal under supervision. There have been instances when patients have needed ICU facilities for a safe withdrawal. Once detoxed, patients, may still have to go through rehab and relapse prevention programs for successful completion of the programs.

**Opiate (pain killers) medication use in older adults:**

A study done between 2010 and 2015 in USA showed in adults aged 65 and older, opioid-related hospitalizations increased by 34% and emergency department visits increased by 74%. Studies have shown an increased rate of falls, fractures, confusion and mortality due to opioid use in older adults.

Some older adults commonly require chronic pain treatment (e.g., diabetic neuropathy, joint osteoarthritis, cancer pain, low back pain etc.). But one must know there are potential harmful effects from opioids which include memory impairment, altered liver functions or kidney problems, multiple medications (resulting in drug-drug interactions), respiratory suppression, osteoporosis to name a few. Cognitive impairment and dementia may go unrecognized.

Painful conditions, such as cancer, may need continuous or intermittent use of opiates as part of pain management. Pain management in older adults is difficult to manage due to poor tolerability or not responding to non-opioid analgesics (e.g., non-steroidal anti-inflammatory drugs).

For some patients, opioids may be the best option. Untreated pain may be associated with poorer outcomes as a result of psychiatric morbidity (e.g., depression, anxiety), functional impairment, slower rehabilitation, decreased socialization, sleep and appetite disturbances, to mention a few.

As an individual ages, there are significant reduction in liver size and blood flow. This can lead to a higher concentration of drugs even at lower doses. By age 70, even healthy older adults experience a 40% to 50% reduction in kidney function.

These drugs can cause dizziness, nausea, constipation, and falls. At higher doses there can be risk of developing seizures. Individuals are at risk of developing addiction with these prescribed drugs. Patients may start using higher doses or higher frequency of what is prescribed. They may acquire multiple prescriptions from different Doctors which the family members need to watch for.

**Tobacco products 3**

The use of tobacco is harmful, and evidence has shown a significant association between tobacco use and presence of chronic lung disease, cardiac risks (dying from a heart attack), diabetes mellitus, osteoporosis, and circulatory problems.

An estimated 51.5 million older adults in India (44.6%) were using tobacco in 2016– 2017. Excessive Tobacco users either by chewing or smoking of tobacco products were found to be men from rural areas, younger in age, and those with lower knowledge about the dangers of tobacco use.

Stopping use of Tobacco is critical to reducing the risk for cardiovascular disease, respiratory illness, and many types of cancers. Cessation interventions, include nicotine replacement therapy and substitute prescribing, behavioural counselling, and brief advice.

Recommendations to quit tobacco products 4

* Talk with your doctor and seek help.
* Go to individual or group counselling.
* Use any of the quit smoking services or ask a friend for help.
* Think of what you can do with the money you spend on cigarettes and set up a rewards system.
* Take a walk or try a physical activity you enjoy.
* Take medicine to help with symptoms of nicotine withdrawal.

**Author**

Dr Anand Jayaraman

Consultant Psychiatrist

Vikram Hospital, Bangalore

Email: themindplace@gmail.com

References:

1. Mundada V, Jadhav V, Gaikwad AV (2013) Study of addiction problems and morbidity among geriatric population in rural area of Aurangabad district. Journal of Mid-Life Health 4(3): 172-175.
2. Rachel D. Maree, Zachary A. Marcum, Ester Saghafi, Debra K. Weiner, Jordan F. Karp. "A Systematic Review of Opioid and Benzodiazepine Misuse in Older Adults" , The American Journal of Geriatric Psychiatry, 2016
3. Lazarous Mbulo Komanduri S Murty Luhua Zhao Tenecia Smith Krishna Palipudi. Tobacco Use and Secondhand Smoke Exposure Among Older Adults in India. Authors: Lazarous Mbulo Komanduri S Murty Luhua Zhao Tenecia Smith Krishna Palipudi. J Aging Health 2021 Mar 31:8982643211000489. Epub 2021 Mar 31.
4. https://www.nia.nih.gov/health/quitting-smoking-older-adults