

Addiction in older adults

by Jayaraman Anand

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- Dr Anand Jayaraman

² Addictions among elderly is one of neglected problems in many parts of the world including India. Due to insufficient knowledge, lack of related data, lack of infrastructure and facilities, addictions among elderly population in India remains grossly underestimated, under-identified, under-diagnosed as well as undertreated similar to many other countries.

As per study conducted by Mundada and colleagues ² (2013) among rural population of Aurangabad in Central Maharashtra, the prevalence of addiction among elderly males was 68.3%, the prevalence of various addictions were 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 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

¹⁰ Substance misuse is defined as intentional or unintentional use of a prescribed medication not in accordance with prescribed directions. Misuse can include adjusting doses without direction from a prescriber, unintentionally taking larger doses than prescribed, or taking medication for

indications other than the intended use. Prescription drug misuse, particularly of benzodiazepines is concerning because of the risk of fatal and nonfatal overdoses.

Risk of falls and hip fractures as well as traffic accidents increase with prolonged use of these prescribed medications. Additionally, due to ageing, there are changes in their liver metabolism and body fat and water which may alter the effective dosing of these medications. Drug interactions also increase with age due to likelihood of higher number of pharmacologic agents being used for associated conditions. Furthermore, given the social circumstances (e.g., loneliness, isolation, bereavement), psychological reasons (e.g., depression, boredom, helplessness, despondency etc), and physical limitations (e.g., gait instability, poor vision, hard of hearing etc) along with financial constraints, older adults may be a group particularly vulnerable to the negative consequences associated with benzodiazepines.

Benzodiazepines commonly include the 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 medication from this group can be appropriate for a variety of medical conditions like seizure disorders, rapid eye movement sleep behaviour disorder, 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 gradually reducing their benzodiazepine use. Engaging patients in supervised withdrawal, assessing benzodiazepine craving in a treatment intervention aimed at long term benzodiazepine users, conducting brief interventions, and providing self-help booklets are several other methods studied 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 show in adults aged 65 and older, opioid-related hospitalizations increased by 34% and emergency department visits increased by 74%. It is also complicated by the challenges in pain management in this group.

Studies have shown an increased rate of falls, fractures, and all-cause mortality associated with opioid use in older adults. Some older adults commonly require chronic pain treatment (e.g., for diabetic neuropathy, large joint osteoarthritis, cancer, 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), compromised respiration, osteoporosis, falls with resulting fractures. Cognitive impairment and dementia may go unrecognized.

Painful conditions, such as cancer, osteoarthritis, low back pain, and neuropathic pain etc., may need pain management. Pain management in older adults is difficult to manage as many older adults are unable to tolerate or not responding to non-opioid analgesics (e.g., non-steroidal anti-inflammatory drugs).

For some patients, opioids may be the best option but has adverse effects. Untreated pain may be associated with consequences like depression, anxiety, falls, functional impairment, slower rehabilitation, decreased socialization, sleep and appetite disturbances, to mention a few.

Reduction in liver size and blood flow lead to a higher concentration of drugs even at lower doses, such as morphine. By age 70, the majority of healthy older adults experience a 40% to 50% reduction in kidney function despite an absence of underlying kidney disease.

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

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 is about 60% higher among elderly smokers), diabetes, osteoporosis, and circulatory problems.

First, 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 men, rural residents, 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, including nicotine replacement therapy, behavioural counselling, and brief advice, could be developed to target older adult tobacco users.

Recommendations to quit tobacco products

- 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

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