Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 26
Substance Abuse Among Older Adults

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). These KAP Keys are based entirely on TIP 43 and are designed to meet the needs of the busy clinician for concise, easily accessed "how to" information.
For more information on the topics in these KAP Keys, readers are referred to TIP 26.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

TIP 6: *Screening Instruments for Infectious Diseases Among Substance Abusers* (1993) **BKD131**

TIP 9: *Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse* (1994) **BKD134**

TIP 11: *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases* (1994) **BKD143**

TIP 27: *Comprehensive Case Management for Substance Abuse Treatment* (1998) **BKD251**

TIP 35: *Enhancing Motivation for Change in Substance Abuse Treatment* (1999) **BKD342**

Physical Symptom Screening Triggers

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- Sleep complaints; observable changes in sleeping patterns; unusual fatigue, malaise, or daytime drowsiness; apparent sedation (e.g., a formerly punctual older adult begins oversleeping and is not ready when the senior center van arrives for pickup)
- Cognitive impairment, memory or concentration disturbances, disorientation or confusion (e.g., family members have difficulty following an older adult's conversation, the older adult is no longer able to participate in the weekly bridge game or track the plot on daily soap operas)
- Seizures, malnutrition, muscle wasting
- Liver function abnormalities
- Persistent irritability (without obvious cause) and altered mood, depression, or anxiety
- Unexplained complaints about chronic pain or other somatic complaints
- Incontinence, urinary retention, difficulty urinating
- Poor hygiene and self-neglect
- Unusual restlessness and agitation
- Complaints of blurred vision or dry mouth
- Unexplained nausea and vomiting or gastrointestinal distress
- Changes in eating habits
- Slurred speech
- Tremor, motor uncoordination, shuffling gait
- Frequent falls and unexplained bruising

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Applying DSM-IV Diagnostic Criteria to Older Adults with Alcohol Problems

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Diagnostic criteria for alcohol dependence are subsumed within the DSM-IV's general criteria for substance dependence. Dependence is defined as a "maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period" (American Psychiatric Association 1994, p. 181). There are special considerations when applying DSM-IV criteria to older adults with alcohol problems.

Criteria	Special Considerations for Older Adults
Tolerance	May have problems with even low intake due to increased sensitivity to alcohol and higher blood alcohol levels
Withdrawal	Many late onset alcoholics do not develop physiological dependence
Taking larger amounts or over a longer period than was intended	Increased cognitive impairment can interfere with self-monitoring; drinking can exacerbate cognitive impairment and monitoring
Unsuccessful efforts to cut down or control use	Same issues across life span
Spending much time to obtain and use alcohol and to recover from effects	Negative effects can occur with relatively low use
Giving up activities due to use	May have fewer activities, making detection of problems more difficult
Continuing use despite physical or psychological problem caused by use	May not know or understand that problems are related to use, even after medical advice

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Clinical Characteristics of Early and Late Onset Problem Drinkers

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Variable	Early Onset	Late Onset
Age at onset	Various, e.g., < 25, 40, 45	Various, e.g., > 55, 60, 65
Gender	Higher proportion of men than women	Higher proportion of women than men
Socioeconomic status	Tends to be lower	Tends to be higher
Drinking in response to stressors	Common	Common
Family history of alcoholism	More prevalent	Less prevalent
Extent and severity of alcohol problems	More psychosocial, legal problems, greater severity	Fewer psychosocial, legal problems, lesser severity
Alcohol-related chronic illness (e.g., cirrhosis, pancreatitis, cancers)	More common	Less common
Psychiatric comorbidities	Cognitive loss more severe, less reversible	Cognitive loss less severe, more reversible
Age-associated medical problems aggravated by alcohol (e.g., hypertension, diabetes mellitus, drug–alcohol interactions)	Common	Common
Treatment compliance and outcome	Possibly less compliant; Relapse rates do not vary by age of onset	Possibly more compliant; Relapse rates do not vary by age of onset

Source: Atkinson et al. 1990; Blow et al. 1997; Schonfeld and Dupree 1991.

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Effect of Aging on Response to Drug Effect

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Drug	Action	Effects of Aging
Analgesics		
Aspirin	Acute gastroduodenal mucosal damage	No change
Morphine	Acute analgesic effect	Increased
Pentazocine	Analgesic effect	Increased
Anticoagulants		
Heparin	Activated partial thromboplastin time	No change
Warfarin	Prothrombin time	Increased
Bronchodilators		
Albuterol	Bronchodilation	No change
Ipratropium	Bronchodilation	No change
Cardiovascular Drugs		
Adenosine	Minute ventilation and heart rate	No change
Diltiazem	Acute antihypertensive effect	Increased
Enalepril	Acute antihypertensive effect	Increased
Isoproterenol	Chronotropic effect	Decreased
Phenylephrine	Acute vasoconstriction	No change
	Acute antihypertensive effect	No change
Prazocin	Chronotropic effect	Decreased
Timolol	Chronotropic effect	No change
Verapamil	Acute antihypertensive effect	Increased
Diuretics		
Furosemide	Latency and size of peak diuretic response	Decreased
Psychotropics		
Diazepam	Acute sedation	Increased
Diphen-hydramine	Psychomotor function	No change
Haloperidol	Acute sedation	Decreased
Midazolam	Electroencephalographic activity	Increased
Temazepam	Postural sway, psychomotor effect,and sedation	Increased
Triazolam	Psychomotor activity	Increased
Others		
Levodopa	Dose elimination due to side effects	Increased
Tolbutamide	Acute hypoglycemic effect	Decreased

Source: Adapted from Cusack and Vestal 1986.

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Michigan Alcoholism Screening Test—Geriatric Version (MAST-G)

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1.	After drinking have you ever noticed an increase in your heart rate or beating in your chest?	YES	NO
2.	When talking with others, do you ever underestimate how much you actually drink?	YES	NO
3.	Does alcohol make you sleepy so that you often fall asleep in your chair?	YES	NO
4.	After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	YES	NO
5.	Does having a few drinks help decrease your shakiness or tremors?	YES	NO
6.	Does alcohol sometimes make it hard for you to remember parts of the day or night?	YES	NO
7.	Do you have rules for yourself that you won't drink before a certain time of the day?	YES	NO
8.	Have you lost interest in hobbies or activities you used to enjoy?	YES	NO
9.	When you wake up in the morning, do you ever have trouble remembering part of the night before?	YES	NO
10.	Does having a drink help you sleep?	YES	NO
11.	Do you hide your alcohol bottles from family members?	YES	NO
12.	After a social gathering, have you ever felt embarrassed because you drank too much?	YES	NO
13.	Have you ever been concerned that drinking might be harmful to your health?	YES	NO
14.	Do you like to end an evening with a nightcap?	YES	NO
15.	Did you find your drinking increased after someone close to you died?	YES	NO
16.	In general, would you prefer to have a few drinks at home rather than go out to social events?	YES	NO
17.	Are you drinking more now than in the past?	YES	NO
18.	Do you usually take a drink to relax or calm your nerves?	YES	NO
19.	Do you drink to take your mind off your problems?	YES	NO

Continued on back

20.	Have you ever increased your drinking after experiencing a loss in your life?	YES	NO
21.	Do you sometimes drive when you have had too much to drink?	YES	NO
22.	Has a doctor or nurse ever said they were worried or concerned about your drinking?	YES	NO
23.	Have you ever made rules to manage your drinking?	YES	NO
24.	When you feel lonely, does having a drink help?	YES	NO

Scoring
Five or more "yes" responses are indicative of an alcohol problem.

Source: Blow, F.C., Brower, K.J., Schulenberg, J.E., Demo-Dananberg, L.M., Young, J.P., and Beresford, T.P. The Michigan Alcoholism Screening Test—Geriatric Version (MAST-G): A new elderly-specific screening instrument. Alcoholism: Clinical and Experimental Research 16:372, 1992.

The AUDIT Questionnaire

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Circle the number that comes closest to the patient's answer.

1. How often do you have a drink containing alcohol?
(0) Never (1) Monthly or less
(2) Two to four times a month (3) Two to three times a week
(4) Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking? [Code number of standard drinks.[1]]
(0) 1 or 2 (1) 3 or 4 (2) 5 or 6
(3) 7 to 9 (4) 10 or more

3. How often do you have six or more drinks on one occasion?
(0) Never (1) Less than monthly
(2) Monthly (3) Weekly (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
(0) Never (1) Less than monthly
(2) Monthly (3) Weekly (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
(0) Never (1) Less than monthly
(2) Monthly (3) Weekly (4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
(0) No (2) Yes, but not in the last year
(4) Yes, during the last year

10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?
(0) No (2) Yes, but not in the last year
(4) Yes, during the last year

[1] *In determining the response categories it has been assumed that one drink contains 10 g alcohol. In countries where the alcohol content of a standard drink differs by more than 25 percent from 10 g, the response category should be modified accordingly.*

Scoring

Question 1	Never	0
	Monthly or less	1
	2 to 4 times per month	2
	2 to 3 times per week	3
	4 or more times per week	4
Question 2	1 or 2	0
	3 or 4	1
	5 or 6	2
	7 or 9	3
	10 or more	4
Questions 3-8	Never	0
	Monthly or less	1
	Monthly	2
	Weekly	3
	Daily or almost Daily	4
Questions 9-10	No	0
	Yes, but not in the last year	2
	Yes, during the last year	4

The minimum score (for nondrinkers) is 0 and the maximum possible score is 40. A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption.

In some patients, the AUDIT questions may not be answered accurately because they refer specifically to alcohol use and problems. Some patients may be reluctant to confront their alcohol use or to admit that it is causing them harm. Individuals who feel threatened by revealing this information to a health worker, who are intoxicated at the time of the interview, or who have certain kinds of mental impairment may give inaccurate responses. Patients tend to answer most accurately when:

- The interviewer is friendly and nonthreatening
- The purpose of the questions is clearly related to a diagnosis of their health status
- The patient is alcohol- and drug-free at the time of the screening
- The information is considered confidential
- The questions are easy to understand

Source: Saunders, J.B., Aasland, O.G., Baabor, T.F., de la Fuente, J.R., and Grant, M. WHO collaborative project on early detection of persons with harmful alcohol consumption. II. Development of the screening instrument "AUDIT." British Journal of Addictions, in press.

The CAGE Questionnaire

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1. Have you ever felt you should ***cut down*** on your drinking?
2. Have people ***annoyed*** you by criticizing your drinking?
3. Have you ever felt bad or ***guilty*** about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (***eye opener***)?

Scoring
Item responses on the CAGE are scored 0 for “no” and 1 for "yes" answers, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

Note: Although two or more positive responses are considered indicative of an alcohol problem, a positive response to any one of these questions should prompt further exploration among older adults.

Source: Ewing 1984.

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Ordering Information

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HHS Publication No. (SMA) 01-3586
First printed 2001
Revised 2011