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Psychiatry and Addictions Case Conference
UW Medicine | Psychiatry and Behavioral Sciences

SUBSTANCE USE DISORDERS IN LATER LIFE

CALLAN FOCKELE, MD, MS

UNIVERSITY OF WASHINGTON ADDICTION MEDICINE FELLOW

SPEAKER DISCLOSURES

✓ No conflicts of interest

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OBJECTIVES

1. Understand the **epidemiology** of substance use disorders (SUDs) for older adults.
2. Describe **risk factors**, **protective factors**, and **barriers to treatment** for older adults with SUDs.
3. Appreciate the subtleties of **screening** and **diagnosing** SUDs in older adults.
4. Summarize the **treatment** of SUDs in older adults.
5. Highlight barriers to care for older adults with SUDs in **skilled nursing facilities**, **adult family homes**, and **post-acute medical care** facilities.

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CASES

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71M with history of **OUD on methadone** and **benzodiazepine dependence** who presented after recent ED visit for **alcohol intoxication** and closed head injury requiring laceration repair

- Long history of alcohol use
- Chronic pain
- Death of his partner
- Primary caregiver

Plan to switch from alprazolam to clonazepam with **slow taper**

Complicated by patient's desire to taper methadone and return to use with **fentanyl** and **street Xanax**

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64F with hx of **HFrEF** (LVEF 16%) complicated by continued **cocaine** and **methamphetamine use** who lives independently in **permanent supportive housing**

- **Frequent admissions** for acute decompensated heart failure
- **Urinary incontinence** and difficulty ambulating to the bathroom
- **Increased confusion** about medications

Repeatedly declined **skilled nursing facility referrals**

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EPIDEMIOLOGY

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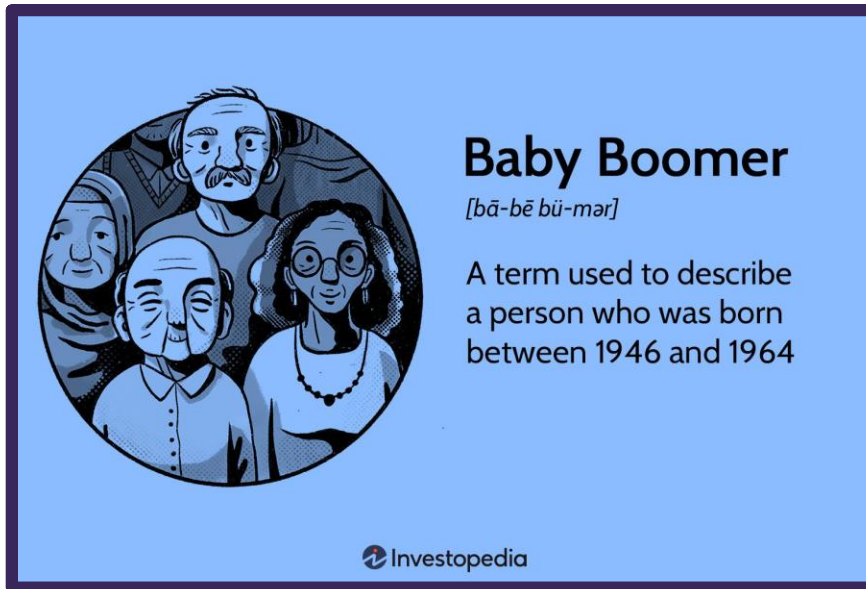
ADULTS 65 AND OLDER



- One in five Americans by 2030
- Drug use increased from 19.3% in 2012 to 31.2% in 2017
- Based on national survey data from 2018 in the past year,
  - 43% used alcohol
  - 14% used tobacco
  - 4.1% used cannabis
  - 1.3% used opioids
  - 1.6% had alcohol use disorder
  - 0.4% had a drug use disorder

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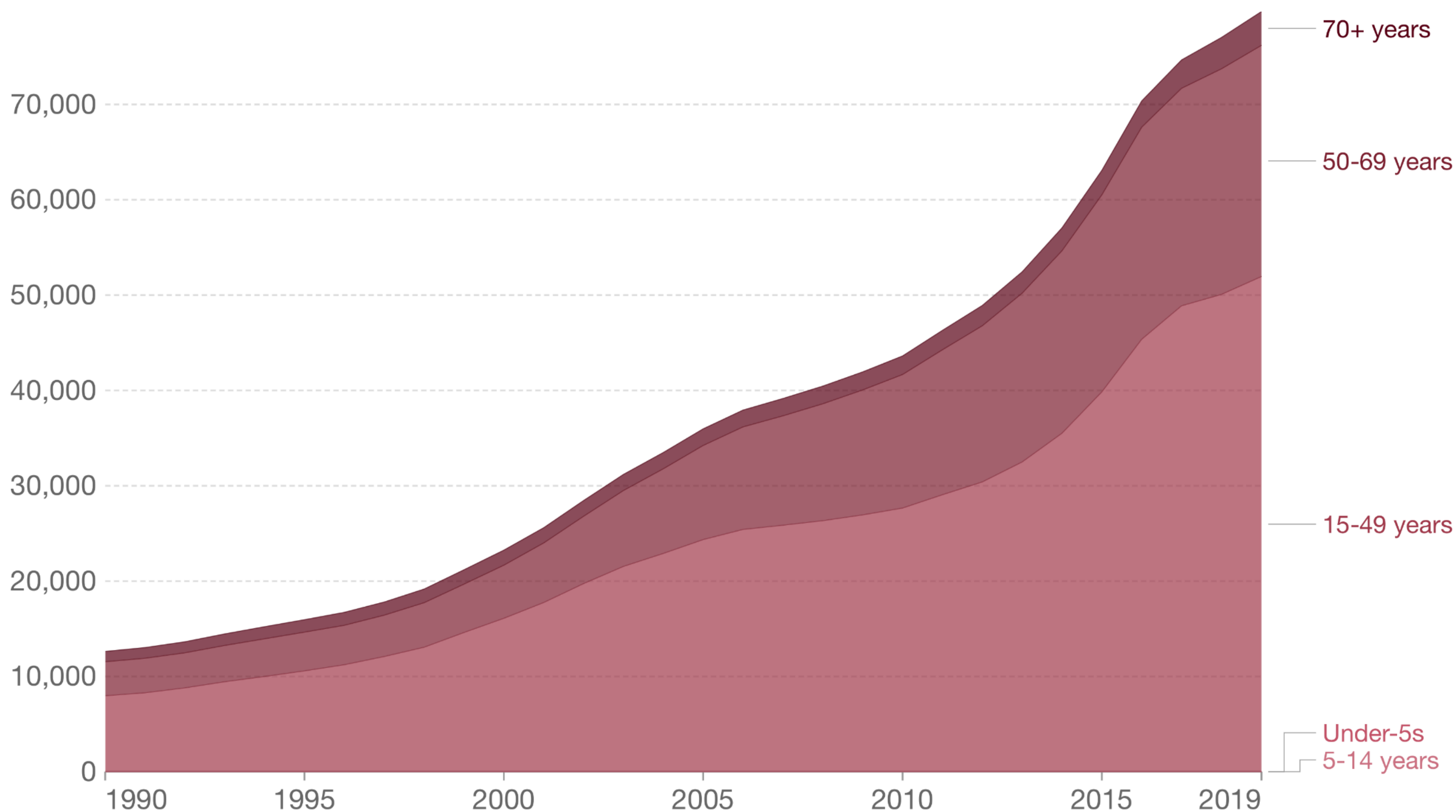

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THE GERONTOLOGICAL SOCIETY OF AMERICA®

Innovation in Aging
cite as: *Innovation in Aging*, 2019, Vol. 3, No. 1, 1–13
doi:10.1093/geroni/igz002
Advance Access publication March 7, 2019

OXFORD

Original Research Article

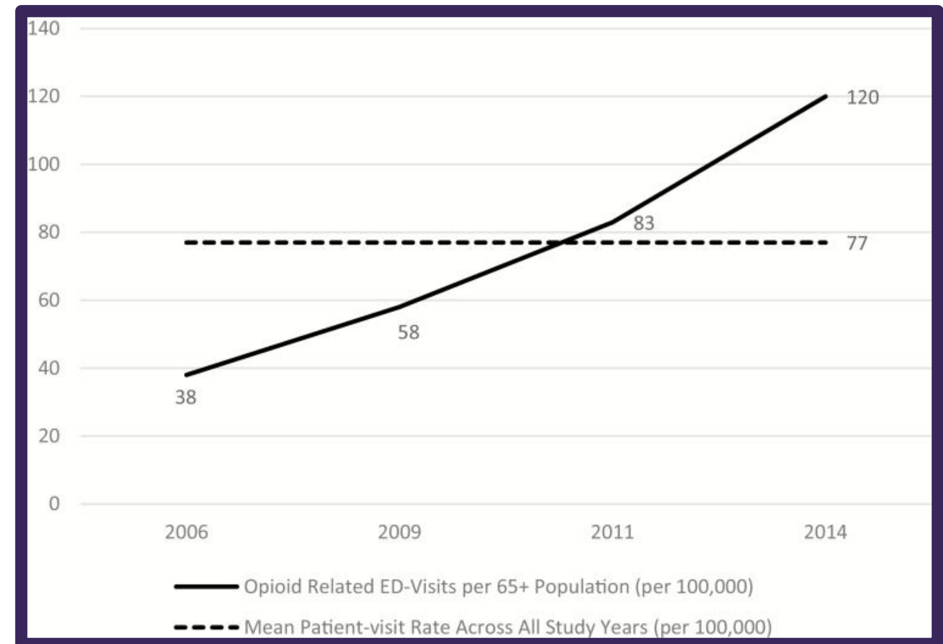
Increasing Rates of Opioid Misuse Among Older Adults Visiting Emergency Departments

Mary W. Carter, PhD, Bo Kyum Yang, PhD, RN, Marsha Davenport, MD, MPH, and Allison Kabel, PhD

Retrospective analysis of the Nationwide Emergency Department Sample

ED visits by adults aged 65 and older with opioid misuse increased by **220%** from 2006 to 2014

Opioid misuse was associated with an increased number of **chronic conditions**, **greater injury risk**, and **higher rates of alcohol dependence and mental health diagnoses**



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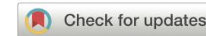
JAMDA

journal homepage: www.jamda.com

Original Study

Risk of Hospitalized Falls and Hip Fractures in 22,103 Older Adults Receiving Mental Health Care vs 161,603 Controls: A Large Cohort Study



Brendon Stubbs PhD, MSc, MCSP[a,b,*], Gayan Perara PhD[b], Ai Koyanagi MD, PhD[c,d], Nicola Veronese MD[e], Davy Vancampfort PhD[f,g], Joseph Firth PhD[h,i], Katie Sheehan PhD[j], Marc De Hert MD, PhD[k,l], Robert Stewart MD[a,b], Christoph Mueller MD[a,b]

Retrospective cohort study of London residents aged >60 years receiving specialist **mental health care** between 2008 and 2016

Comparing mental disorder subgroups with each other, patients with **substance use disorders** had the greatest risks of **falls** (IRR 6.72) and **hip fractures** (IRR 12.64)

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RISK FACTORS, PROTECTIVE FACTORS, AND BARRIERS TO TREATMENT

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SUBSTANCE MISUSE RISK FACTORS

- Chronic pain syndromes
- Poor overall health
- Polypharmacy
- Social isolation
- Cognitive decline
- Physical disability
- Lifetime or family history of SUDs
- Mental health disorders
- Economic stressors
- High availability of substances
- Recent bereavement
- Retirement (when involuntary)

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HOW AGING AFFECTS THE BODY'S RESPONSE TO ALCOHOL

Brain:
Becomes more sensitive to alcohol

Liver:
Doesn't process alcohol as well

Stomach:
Doesn't process alcohol as well

Kidneys:
Don't filter alcohol as well

Body:
Has less lean body mass to absorb alcohol. Has less water (in cells and elsewhere) to dilute alcohol.

Medication interactions

Because of these and other physical changes, more alcohol stays in your system for a longer time. Your body is also more affected by alcohol now than it was when you were younger.

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SUBSTANCE MISUSE PROTECTIVE FACTORS

Supportive networks and social bonds

Resiliency

Ability to live independently

Access to basic resources (e.g., safe housing)

Well-managed medical care and proper use of medications

Sense of identity and purpose

Retirement (when voluntary)

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BARRIERS TO SEEKING TREATMENT

Negative attitudes

Lack of social support

Co-occurring physical and mental health conditions

Not having awareness of potential risks

Misinformation about treatment

Cultural norms

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SCREENING AND DIAGNOSIS OF SUBSTANCE USE DISORDERS

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SIGNS AND SYMPTOM OF SUBSTANCE USE MAY BE SUBTLE AND MANIFEST AS MEDICAL OR MENTAL HEALTH DISORDERS

- Memory problems
- Changes in sleep habits
- Unexplained bruises
- Irritability, sadness, and depression
- Changes in eating habits
- Wanting to be alone often
- Failing to bathe or keep clean
- Losing touch with loved ones
- Lack of interest in usual activities

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Substance use disorder A-criterion: symptoms and categories as defined in the DSM-5.

1. Using more of a substance or longer than intended **2. Wanting to limit or stop using but not being able to** **3. Spending a lot of time using or recovering from use** **4. Craving**	**Impaired control**
5. Failure to fulfil duties in social roles (work, housekeeping) **6. Continue using despite substance-related social problems** **7. Giving up activities because of substance use**	**Social impairments**
8. Using in situations where using is dangerous to oneself or others **9. Continue using despite substance-related mental or physical problems**	**Risky use**
10. Tolerance **11. Withdrawal***	**Pharmacological criteria**

Severity: Mild (2-3), moderate (4-5), severe (6+)

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Substance use disorder A-criterion: symptoms and categories as defined in the DSM-5.

1. Using more of a substance or longer than intended 2. Wanting to limit or stop using but not being able to 3. Spending a lot of time using or recovering from use 4. Craving
5. Failure to fulfil duties in social roles (work, housekeeping) 6. Continue using despite substance-related social problems 7. Giving up activities because of substance use
8. Using in situations where using is dangerous to oneself or others 9. Continue using despite substance-related mental or physical problems
10. Tolerance 11. Withdrawal*

May need less of a substance to feel its physical effects
→

(1) Cognitive impairment may make it difficult to keep track of substance use

(3) May need less of a substance to feel its physical effects, so relatively less time may be spent using and recovering from use

SUD criteria may not fully apply to older adults

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Substance use disorder A-criterion: symptoms and categories as defined in the DSM-5.

1. Using more of a substance or longer than intended **2. Wanting to limit or stop using but not being able to** **3. Spending a lot of time using or recovering from use** **4. Craving**	**(4)** May not recognize cravings (e.g., cognitive decline may increase confusion about physiologic clues related to cravings)
5. Failure to fulfil duties in social roles (work, housekeeping) **6. Continue using despite substance-related social problems** **7. Giving up activities because of substance use**	
8. Using in situations where using is dangerous to oneself or others **9. Continue using despite substance-related mental or physical problems**	**Risky use**
10. Tolerance **11. Withdrawal***	**Pharmacological criteria**

SUD criteria may not fully apply to older adults

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Substance use disorder A-criterion: symptoms and categories as defined in the DSM-5.

Symptoms	Category
1. Using more of a substance or longer than intended 2. Wanting to limit or stop using but not being able to 3. Spending a lot of time using or recovering from use 4. Craving	(5) May have different role responsibilities because of life-stage changes (e.g., retirement, caregiving)
5. Failure to fulfil duties in social roles (work, housekeeping) 6. Continue using despite substance-related social problems 7. Giving up activities because of substance use	
8. Using in situations where using is dangerous to oneself or others 9. Continue using despite substance-related mental or physical problems	Risky use
10. Tolerance 11. Withdrawal*	Pharmacological criteria

SUD criteria may not fully apply to older adults

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8. Using in situations where using is dangerous to oneself or others 9. Continue using despite substance-related mental or physical problems	Risky use
10. Tolerance 11. Withdrawal*	Pharmacological criteria

(7) May participate in fewer activities, making it more difficult to discover when substance use is causing them to withdrawal from activities

SUD criteria may not fully apply to older adults

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Substance use disorder A-criterion: symptoms and categories as defined in the DSM-5.

Symptoms	Category
1. Using more of a substance or longer than intended **2. Wanting to limit or stop using but not being able to** **3. Spending a lot of time using or recovering from use** **4. Craving**	
5. Failure to fulfil duties in social roles (work, housekeeping) **6. Continue using despite substance-related social problems** **7. Giving up activities because of substance use**	
8. Using in situations where using is dangerous to oneself or others **9. Continue using despite substance-related mental or physical problems**	**Risky use**
10. Tolerance **11. Withdrawal***	**Pharmacological criteria**

(8) May not understand that their substance use is hazardous, especially when they are using the same or less than before

SUD criteria may not fully apply to older adults

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Substance use disorder A-criterion: symptoms and categories as defined in the DSM-5.

1. Using more of a substance or longer than intended **2. Wanting to limit or stop using but not being able to** **3. Spending a lot of time using or recovering from use** **4. Craving**	**(10)** Changes in tolerance occur because of increased sensitivity to substances with age, previously manageable quantities may cause greater impairment
5. Failure to fulfil duties in social roles (work, housekeeping) **6. Continue using despite substance-related social problems** **7. Giving up activities because of substance use**	
8. Using in situations where using is dangerous to oneself or others **9. Continue using despite substance-related mental or physical problems**	
10. Tolerance **11. Withdrawal***	**Pharmacological criteria**

SUD criteria may not fully apply to older adults

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8. Using in situations where using is dangerous to oneself or others 9. Continue using despite substance-related mental or physical problems	Risky use
10. Tolerance 11. Withdrawal*	Pharmacological criteria

(11) Withdrawal symptoms can last longer, be less obvious, and be mistaken for age-related illness

SUD criteria may not fully apply to older adults

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Screening instruments developed for and tested in populations of older adults will help you detect possible **co-occurring mental disorders** as well as **cognitive impairment**.

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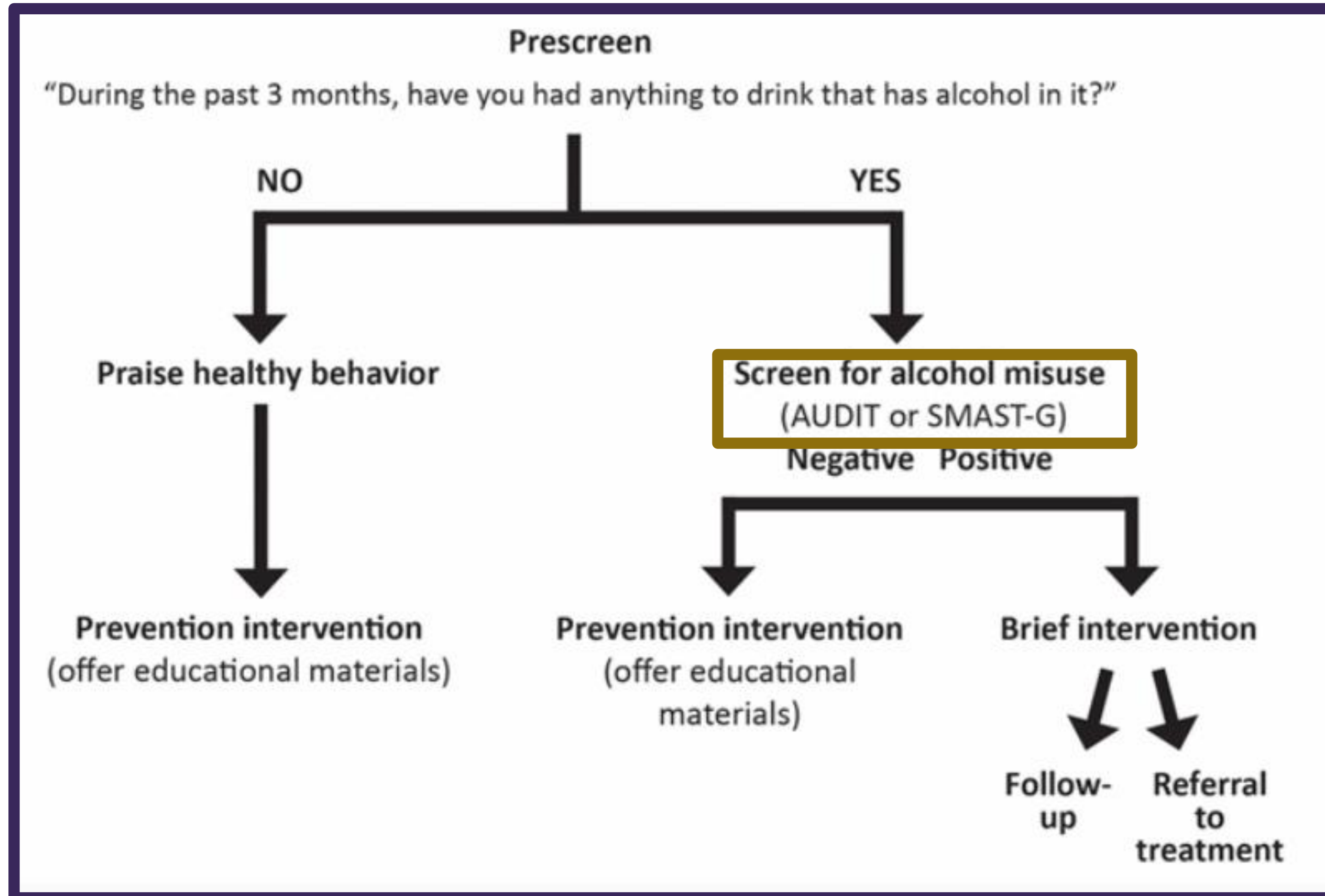
ALCOHOL USE SCREENING



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ALCOHOL USE DISORDERS IDENTIFICATION TEST-C (AUDIT-C)

1. **How often do you have a drink containing alcohol?**
   - ☐ a. Never 0
   - ☐ b. Monthly or less 1
   - ☐ c. 2-4 times a month 2
   - ☐ d. 2-3 times a week 3
   - ☐ e. 4 or more times a week 4

2. **How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?**
   - ☐ a. 0 drinks 0
   - ☐ b. 1 or 2 0
   - ☐ c. 3 or 4 1
   - ☐ d. 5 or 6 2
   - ☐ e. 7 to 9 3
   - ☐ f. 10 or more 4

3. **How often do you have six or more drinks on one occasion?**
   - ☐ a. Never 0
   - ☐ b. Less than monthly 1
   - ☐ c. Monthly 2
   - ☐ d. Weekly 3
   - ☐ e. Daily or almost daily 4

≥ 3 for women or ≥ 4 for men = problematic alcohol use

Alcohol and Alcoholism, 2021, 56(3) 258–265
doi: 10.1093/alcalc/agaa080
Advance Access Publication Date: 29 August 2020
Article

OXFORD

Article

Exploratory Validation Study of the Individual AUDIT-C Items among Older People

Duncan Stewart*, Catherine Hewitt, and Jim McCambridge

Provided relative validity of the AUDIT-C 's three individual items in identifying unhealthy drinking in older adults

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SHORT MICHIGAN ALCOHOLISM SCREENING TEST-GERIATRIC VERSION (SMAST-G)

	Yes (1)	No (0)
1. When talking with others, do you ever underestimate how much you drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to relax or calm your nerves?		
6. Do you drink to take your mind off your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		
10. When you feel lonely, does having a drink help?		

≥ 2 "yes" responses indicative of an alcohol problem

Extra question (not calculated in final score): Do you drink alcohol and take mood or mind-altering drugs, including prescription tranquilizers, prescription sleeping pills, prescription pain pills, or any illicit drugs)

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SENIOR ALCOHOL MISUSE INDICATOR (SAMI)

Score ≥ 1 = problem drinking or at-risk drinking

1a. Have you recently (in the last few months) experienced problems with any of the following (if yes, please check box):

- ☐ Changes in sleep?
- ☐ Drowsiness?
- ☐ Changes in appetite or weight?
- ☐ Difficulty remembering things?
- ☐ Dizziness?
- ☐ Poor balance?
- ☐ Falls?

1b. Have you recently (in the last few months) experienced problems with any of the following (if yes, please check box):

- ☐ Feelings of sadness?
- ☐ Loneliness?
- ☐ Lack of interest in daily activities?
- ☐ Feelings of anxiety?
- ☐ Feelings of worthlessness?

2. Do you enjoy wine/beer/spirits? Which do you prefer?

____

3. As your life has changed, how has your use of [selected] wine/beer/spirits changed?

____

4. Do you find you enjoy [selected] wine/beer/spirits as much as you used to?
(For clinical use. Not included in scoring.) ☐ Yes ☐ No

5. You mentioned that you have difficulties with____________ (from answers to questions 1a and b). I am wondering if you think that [selected] wine/beer/spirits might be connected? ☐ Yes ☐ No

SCORING KEY

Single responses (a score of 1 for each response):

Question 2:
I enjoy **all three** of wine/beer/spirits OR
I enjoy **a combination of any two** from wine/beer/spirits ☐

Question 3:
I have **increased** alcohol consumption from when I was younger ☐

Question 5:
Yes, there **may be** a connection between my alcohol use and health ☐

SUBTOTAL 1 = __________ /3

Multiple responses (a score of 1 for each combination of responses):

Question 2 & 3:
Yes, I do enjoy alcohol
There has been **no change** in alcohol consumption
=> If both responses provided, check box => ☐

Question 1, 2 & 3:
Yes, I have experienced **5 or more** symptoms
Yes, I do enjoy alcohol
Indicates any current alcohol consumption (regardless of any change in pattern)
=> If all three responses provided, check box => ☐

SUBTOTAL 2 = __________ /2

TOTAL SCORE = SUBTOTAL 1 + SUBTOTAL 2 = ____________

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SCREENING FOR SUBSTANCE USE DISORDERS

- USPSTF (Grade B): Screen by asking questions about unhealthy drug use in adults 18 years or older.
- No direct evidence that screening is beneficial, and studies have found that brief interventions are NOT effective for substances other than alcohol.

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DIAGNOSIS OF CO-OCCURRING MENTAL HEALTH DISORDERS

Geriatric Depression Scale (Short Form)

Patient's Name: ______________________ Date: __________

Instructions: Choose the best answer for how you felt over the past week. Note: when asking the patient to complete the form, provide the self-rated form (included on the following page).

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	YES / ***NO***	
2.	Have you dropped many of your activities and interests?	***YES*** / NO	
3.	Do you feel that your life is empty?	***YES*** / NO	
4.	Do you often get bored?	***YES*** / NO	
5.	Are you in good spirits most of the time?	YES / ***NO***	
6.	Are you afraid that something bad is going to happen to you?	***YES*** / NO	
7.	Do you feel happy most of the time?	YES / ***NO***	
8.	Do you often feel helpless?	***YES*** / NO	
9.	Do you prefer to stay at home, rather than going out and doing new things?	***YES*** / NO	
10.	Do you feel you have more problems with memory than most people?	***YES*** / NO	
11.	Do you think it is wonderful to be alive?	YES / ***NO***	
12.	Do you feel pretty worthless the way you are now?	***YES*** / NO	
13.	Do you feel full of energy?	YES / ***NO***	
14.	Do you feel that your situation is hopeless?	***YES*** / NO	
15.	Do you think that most people are better off than you are?	***YES*** / NO	
		TOTAL	

(Sheikh & Yesavage, 1986)

Scoring:

Answers indicating depression are in bold and italicized; score one point for each one selected. A score of 0 to 5 is normal. A score greater than 5 suggests depression.

Geriatric Anxiety Scale – 10 Item Version (GAS-10)

© Daniel L. Segal, Ph.D., 2015

Below is a list of common symptoms of anxiety or stress. Please read each item in the list carefully. Indicate how often you have experienced each symptom during the PAST WEEK, INCLUDING TODAY by checking under the corresponding answer.

	Not at all (0)	Sometimes (1)	Most of the time (2)	All of the time (3)
1. I was irritable.				
2. I felt detached or isolated from others.				
3. I felt like I was in a daze.				
4. I had a hard time sitting still.				
5. I could not control my worry.				
6. I felt restless, keyed up, or on edge.				
7. I felt tired.				
8. My muscles were tense.				
9. I felt like I had no control over my life.				
10. I felt like something terrible was going to happen to me.				

ELDER ABUSE SUSPICION INDEX © (EASI)

EASI Questions
Q.1-Q.5 asked of patient; Q.6 answered by doctor
Within the last 12 months:

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

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TREATMENT OF SUBSTANCE USE DISORDERS

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World Journal of Psychiatry

Submit a Manuscript: https://www.f6publishing.com
World J Psychiatr 2019 September 19; 9(5): 78-82
DOI: 10.5498/wjp.v9.i5.78
ISSN 2220-3206 (online)
EDITORIAL

Substance use disorders among older adults: A review of randomized controlled pharmacotherapy trials

Two randomized control trials that study pharmacologic treatment of SUD in older adults

SUD treatment based on clinical experience and studies conducted in younger populations

Meta-Analysis > Soc Work Public Health. 2013;28(3-4):377-87.
doi: 10.1080/19371918.2013.774668.

Just say know: an examination of substance use disorders among older adults in gerontological and substance abuse journals

Daniel Rosen [1], Rafael J Engel, Amanda E Hunsaker, Yael Engel, Ellen Gay Detlefsen, Charles F Reynolds 3rd

Less than 1% of articles published in the 10 gerontology journals and the 10 substance abuse journals with the highest 5-year impact scores addressed substance use in older adults

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HARM REDUCTION SAVES LIVES

One-on-one counseling helps 2 out of 3 people

Outpatient group treatment often works just as well as inpatient

AA (best studied) helps people who want to stop drinking

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Belonging to an older cohort decreased the probability of ever receiving treatment. Among adults ages 65 and older with SUD, **24%** received treatment for DUDs and **16.8%** received treatment for AUDs in 2018.

From 2012 to 2019, the percent of all mental health and substance use service facilities for adults that had a dedicated/tailored program for older adults increased significantly, from **20.7% to 28.9%** for mental health facilities and from **7.1% to 24.8%** for substance use facilities.

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Prescribed for < 9% of Americans with moderate/severe AUD

Pharmacotherapy for AUD

Meds	Naltrexone	Acamprosate	Disulfiram	Gabapentin	Topiramate
Dosage	50 mg QD 380 mg IM monthly	666mg TID	250mg Daily	600 mg TID	100-300 mg total daily dose
Special population	1st line; IM can also be used to treat OUD	May be most effective if pts have already achieved abstinence	For pts w/ abstinence as specific goal, w/ support	Pts w/ co-occurring neuropathy	Pts w/ co-occurring cocaine use disorder
Considera -tions	Opioid use, acute hepatitis, decomp. cirrhosis**	Renal failure, large pill burden	Medical contraindi cations/ med interaction	**Not FDA approved.** Requires titration	**Not FDA approved.** Requires titration.
Adverse effects	Dizziness, fatigue, nausea, vomiting	Diarrhea, dizziness	Vomiting, Nausea w/ etoh use	Dizziness, fatigue	Dizziness, weight loss, depression sedation, cognitive impairment

**Risks vs benefits of naltrexone should be discussed for pts with decomp. cirrhosis

Naltrexone NNT: 12 to reduce heavy drinking, 20 for abstinence

Acamprosate NNT: 20 for abstinence

Gabapentin NNT: 5 to reduce heavy drinking days and 6 for abstinence

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Medications for OUD

	Mechanism of Action	Effect on mortality	Additional Notes
Buprenorphine	Partial agonist	↓ 50%	1) Available in SL daily or IM monthly 2) No training required but must submit NOI to prescribe 3) Must be in active withdrawal to start (12-48 hours no use)
Methadone	Full agonist	↓ 50%	1) HIGHLY regulated (only available at OTP, strict dosing regulations) 2) risk of QTc prolongation
Naltrexone	Antagonist	↔	1) Only IM form effective 2) Must complete withdrawal (1- 2 weeks of no use) to start

OTP=Opioid Treatment Program
NOI=Notice of intent --> https://bit.ly/BuprenorphineNOI

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CHRONIC PAIN +/- OUD

- OUD diagnostic criteria can be difficult to apply in patients on high dose opioids for chronic pain
- Medications for OUD (buprenorphine and methadone) are safer than high dose opioids
  - Reduced side effects → increases function
  - Stabilizing the patient's opioid systems allows for other forms of pain treatment → treat anxiety/depression, central pain syndromes (TCAs, anticonvulsants), evidence-based non-pharmacologic treatments (CBT, PT)
- Consider buprenorphine in all patients with OUD and chronic pain; maybe consider in patients on high dose opioids

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The American Journal of Psychiatry

ARTICLE

Randomized Clinical Trial of Supervised Tapering and Cognitive Behavior Therapy to Facilitate Benzodiazepine Discontinuation in Older Adults With Chronic Insomnia

Charles M. Morin, Ph.D., Célyne Bastien, Ph.D., Bernard Guay, M.D., Monelly Radouco-Thomas, M.D., Jacinthe Leblanc, B.C.P.P., and Annie Vallières, Ph.D.

- Evaluated the effectiveness of a **supervised benzodiazepine taper**, singly and combined with **cognitive behavior therapy**, for benzodiazepine discontinuation in **older adults with chronic insomnia**
- More patients who received **medication taper plus cognitive behavior therapy** (85%) were benzodiazepine-free after the initial intervention, compared to those who received medication taper alone (48%) and cognitive behavior therapy alone (54%)
- The patients in the two groups that received **cognitive behavior therapy** perceived **greater subjective sleep improvements** than those who received medication taper alone

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SKILLED NURSING FACILITIES, ADULT FAMILY HOMES, AND POST-ACUTE MEDICAL CARE

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Concise Research Report | Published: 13 April 2022

Substance Use Disorder as a Predictor of Skilled Nursing Facility Referral Failure

Kimiam Waters, Laura Handa MS RN, Bianca Caballero MSW LICSW, Azmera Telahun BSN ACM-RN & Maralyssa Bann MD

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- Patients with SUD discharged in 2019 and 2020
  - Experienced higher proportion of SNF referral failure (34.8% vs. 14.5%)
  - Remained inpatient longer between SNF referral and discharge than those without SUD (median 7.5 days vs. 4 days)
- SUD was an independent predictor of SNF referral failure with a 94% increase in odds as compared to patients without SUD
  - Increased odds → homelessness, primary insurance, and race/ethnicity
  - Reduced odds → older age and ICU stay

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ORIGINAL RESEARCH

Rejection of Patients With Opioid Use Disorder Referred for Post-acute Medical Care Before and After an Anti-discrimination Settlement in Massachusetts

Kimmel, Simeon D. MD, MA; Rosenmoss, Sophie BA; Bearnot, Benjamin MD, MPH; Larochelle, Marc MD, MPH; Walley, Alexander Y. MD, MSc

Author Information

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- U.S. Attorney’s May 2018 settlement with a **MA nursing home** found that screening out patients with OUD or those on opioid agonist therapy (OAT) in admissions decisions discriminates against those with a disability and violates the Americans with Disability Act (ADA)
- **~40% medical inpatients** with OUD referred for post-acute medical care were rejected 2/2 substance use or OAT and **~30% private facilities** provided explicitly discriminatory reasons for rejection patients
- A single settlement enforcing federal ADA regulations did not result in facilities substantially increasing acceptances for individuals with OUD referred to care

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TAKEAWAYS

- Substance misuse in older adults is **prevalent** but often **overlooked** and **undertreated**.
- **Screen** and **treat**!
- We need **more addiction research** focused on older adults.

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