

Substance use disorders and dementia

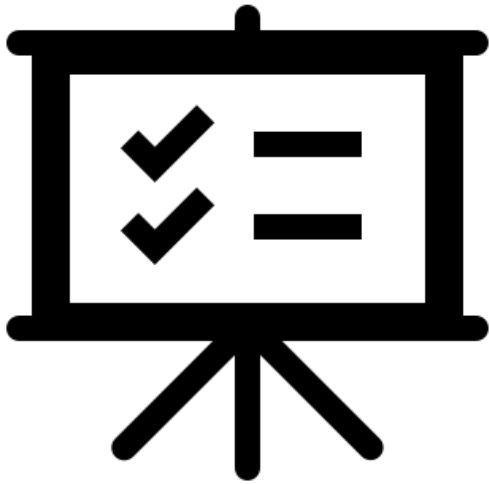
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Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Learning objectives



- list the ways in which the use of alcohol and other substances can affect cognition in older adults
- describe the process of identifying substance use disorders in older adults
- describe how to treat substance use disorders in older adults

Overview of substance use in older adults

- alcohol
- tobacco
- opioids
- other prescription drug misuse
 - cannabis

*Thank to our UW/VA colleague, Dr. Rebecca Radue,
on whose work this presentation is based*

Background: alcohol

- At-risk alcohol use (2+ drinks on a usual drinking day in past 30 days) or binge-drinking (5+ drinks on at least one day in past 30 days):
 - older men: 28%
 - older women: 11%
- NIAAA recommendation for 65+:
 - no more than 3 drinks in a setting
 - no more than 7 drinks per week
 - 1 drink = 12 oz beer = 5 oz wine = 1.5 oz liquor

Background: tobacco

- 9% of older Americans smoke
- 4% meet criteria for nicotine dependence
- 98% of smokers with dementia have not been offered nicotine replacement, varenicline or bupropion

Background: opioids

- 2.5% of older adults reported misuse of prescription opioids in the last year
- High psychiatric co-morbidity: generalized anxiety disorder, PTSD, mood disorders
- Heroin use in older adults increased by 26% from 2000 to 2012
- 50-59 year olds are largest demographic of people receiving methadone maintenance

Background: other prescription drug misuse

- Older adults are at particularly high risk
- Opioids, benzodiazepines, muscle relaxers, gabapentin, antihistamine ... ANY drug can be misused
- Can be intentional or unintentional
- OA also at risk for diversion and/or exploitation

Background: cannabis

- 15% of older adults used in past three years; half of these reported daily/weekly use
- 61% reported first use after age 60
- 65+ are fastest growing group of cannabis users
- less than half had told healthcare providers about use

Identifying SUD (1)

- older adults are:
 - less likely to be screened and identified
 - less likely to be referred for treatment
 - just as likely as younger adults to benefit from treatment
- risk factors for developing an SUD
 - unmarried/divorced/widowed
 - bereavement
 - chronic pain/illness/disability
 - loneliness/social isolation
 - caregiver strain
 - depression
 - lack of spiritual practice/community

Identifying SUD (2)

- terminology:
 - alcoholic/addict/drug seeker → person who uses alcohol, cocaine, etc.; or person with an opioid use disorder, etc.
- history:
 - ask specific, close-ended questions without judgment, e.g.,
 - “how often do you use marijuana?”
 - “how many days a week do you drink?”
- screening:
 - alcohol: Alcohol Use Disorders Inventory Test (AUDIT)

AUDIT-C

How often did you have drinks containing alcohol in the last year?	never	monthly	2-4 times per month	2-3 times per week	4 or more times per week
How many drinks did you have on a typical day when you were drinking in the last year?	none, or 1-2	3-4	5-6	7-9	10 or more
How often did you have 6 or more drinks on one occasion in the last year?	never	less than monthly	monthly	weekly	daily or almost daily
POINTS	0	1	2	3	4

Total score of 3+ is positive in older adults

Treatment of alcohol use disorder in older adults

- identify & manage alcohol withdrawal
- check thiamine and address deficiency
- pharmacotherapy:
 - naltrexone has strongest evidence base in older adults
 - acamprosate could be an alternative
- 12-step programs
- cognitive behavioral therapy
- treat co-morbid psychiatric conditions

Treatment of opioid use disorder in older adults

- naloxone should be offered to patient or family member
- pharmacotherapy:
 - buprenorphine
 - methadone maintenance
 - naltrexone could be an alternative
- cognitive behavioral therapy
- treat co-morbid psychiatric conditions

Treatment of tobacco use disorder in older adults

- nicotine replacement therapy
- bupropion
- varenicline
- Wisconsin Tobacco Quit Line: 800-QUIT-NOW
- treat co-morbid psychiatric conditions