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Nonprescription use of pain relievers by middle-aged and elderly community-living adults: National Survey on Drug Use and Health.

Blazer DG; Wu LT. *Journal of the American*

Geriatrics Society 57(7): 1252-1257, 2009. (20 refs.)

OBJECTIVES: To estimate the frequency, distribution, and correlates of nonprescription use of pain relievers by middle-aged and elderly persons in the United States. **DESIGN:** Cross-sectional data analysis of a national community survey. **SETTING:** The 2005 and 2006 National Surveys on Drug Use and Health. **PARTICIPANTS:** Ten thousand nine hundred fifty-three respondents aged 50 and older (6,717 aged 50-64 and 4,236 aged ≥ 65). **MEASUREMENTS:** Social and demographic variables, detailed assessment of nonprescription use (and abuse) of prescription pain relievers (e.g., acetaminophen with codeine, morphine), substance use, major depression, self-reported medical illnesses, and self-rated health. **RESULTS:** A small proportion of the sample (1.4%) reported nonprescription use of prescription pain relievers during the previous year. Combinations of acetaminophen and hydrocodone or propoxyphene were the most commonly used drugs. Use was associated with younger age (odds ratio (OR)=2.39, 95% confidence interval (CI)=1.31-4.36), American Indian and Alaska native (OR=8.78, 95% CI=2.50-30.85), and use of marijuana (OR=7.07, 95% CI=3.99-12.53). Fewer than 10% of nonprescription users were abusing these medications or dependent upon them. **CONCLUSION:** In a representative sample of middle-aged and older adults, nonprescription use of prescription pain relievers is relatively uncommon, but the much higher use by middle-aged adults suggests that, as this cohort ages, the problem may increase in elderly people. Copyright 2009, Wiley-Blackwell Publishing

The epidemiology of substance use and disorders among middle aged and elderly community adults: National Survey on Drug Use and Health.

Blazer DG; Wu LT. *American Journal of Geriatric Psychiatry* 17(3): 237-245, 2009. (20 refs.)

Objective: To estimate the prevalence, distribution, and correlates of drug use among middle aged and elderly persons in the United States and to compare

with alcohol use in this age group. **Setting:** The 2005 and 2006 National Surveys on Drug Use and Health. **Participants:** A total of 10,953 subjects age 50 years and older (6,717 subjects age 50-64 years and 4,236 subjects age 65+ years). **Measurements:** Social and demographic variables detailed assessment of alcohol and drug use and disorders (marijuana, cocaine, inhalants, hallucinogens, methamphetamine, and heroin), major depression, and self-rated health. **Results:** Nearly 60% of subjects used alcohol during the past year, 2.6% marijuana, and 0.41% cocaine. Both alcohol and drug use were far more frequent in subjects age 50-64 years and among men. Drug use, in contrast to alcohol use, was not associated with education but was more common among those not married and those with major depression. The prevalence of drug abuse or dependence in the 50+ age group was very low (only 0-33% for any abuse or dependence, 0.12% for marijuana abuse or dependence, and 0.18% for cocaine abuse or dependence). Nevertheless, the use of marijuana approached 4% in the 50-64 age group in comparison with 0.7% in the 65+ age group. **Conclusions:** Drug use is not prevalent, although use is much more common in the middle aged, suggesting that prevalence may rise substantially in the 65+ age group as the younger cohort ages. Copyright 2009, Lippincott, Williams & Wilkins

Prescription drug misuse/abuse in the elderly.

Culbertson JW Ziska M. *Geriatrics* 63(9): 22+, 2008. (25 refs.)

One quarter of the prescription drugs sold in the United States are used by the elderly, often for problems such as chronic pain, insomnia, and anxiety. The prevalence of abuse may be as high as 11% with female gender, social isolation, depression, and history of substance abuse. **Increasing risk.** Screening instruments for prescription drug abuse have not been validated in the geriatric population. Benzodiazepines, opiate analgesics, and some skeletal muscle relaxants may result in physical dependence; however, tolerance, withdrawal syndrome, and dose escalation may be less common in the older patient. Lower doses may decrease the risk of abuse and dependence; however, fear of abuse often results in a failure to

adequately treat symptoms such as anxiety, pain, and insomnia. Copyright 2008, Advanstar Communications

Substance abuse among aging baby boomers: Health and treatment implications.

Johnson PB; Sung HE. *Journal of Addictions Nursing* 20(3): 124-126, 2009. (26 refs.)

This paper highlights a looming crisis that will soon significantly impact the health of many older Americans: substance abuse among aging baby boomers. It first outlines what is known both about the size of this population and its previous and current abuse both of licit and illicit substances. It then enumerates some of the most likely areas where this crisis will impact the healthcare system and the treatment of elderly Americans. The paper also discusses both the co-occurring nature of baby boomer substance abuse as well as its likely impact on co-occurring mental disorders. The paper concludes with a call for researchers and policy makers to quickly move to better understand and address this impending threat to the health and well-being of millions of older Americans and their families. Copyright 2009, Taylor & Francis

Unhealthy drinking patterns in older adults: Prevalence and associated characteristics.

Merrick EL; Horgan CM; Hodgkin D; Garnick DW; Houghton SF; Panas L et al. *Journal of the American Geriatrics Society* 56(2): 214-223, 2008. (42 refs.)

OBJECTIVES: To examine the prevalence of unhealthy drinking patterns in community-dwelling older adults and its association with sociodemographic and health characteristics. DESIGN: Cross-sectional analysis of nationally representative survey data. SETTING: The data source was the 2003 Access to Care file of the Medicare Current Beneficiary Survey, which represents the continuously enrolled Medicare population. PARTICIPANTS: Community-dwelling Medicare beneficiaries aged 65 and older (N=12,413). MEASUREMENTS: The prevalence of unhealthy alcohol use by older adults defined in relation to two parameters of recommended limits: monthly use exceeding 30 drinks per typical month and "heavy episodic" drinking of four or more drinks in any single day during a typical month in the previous year. Sociodemographic and health status variables were also included. RESULTS: Nine percent of elderly Medicare beneficiaries reported unhealthy drinking, with higher prevalence in men (16%) than women (4%). In logistic regression analyses with the full sample, higher education and income; better health status; male sex; younger age; smoking; being white; and being divorced, separated, or single were

associated with higher likelihood of unhealthy drinking. Among drinkers, in addition to sociodemographic variables, self-reported depressive symptoms were positively associated with unhealthy drinking. Among unhealthy drinkers, race and ethnicity variables were associated with likelihood of heavy episodic drinking. CONCLUSION: Almost one in 10 elderly Medicare beneficiaries report exceeding recommended drinking limits. Several distinct unhealthy drinking patterns were identified and associated with sociodemographic and health characteristics, suggesting the value of additional targeted approaches within the context of universal screening to reduce alcohol misuse by older adults. Copyright 2008, Blackwell Publishing

Utilization of substance abuse treatment services under Medicare, 2001-2002.

Vandivort R; Teich JL; Cowell AJ; Chen H. *Journal of Substance Abuse Treatment* 36(4): 414-419, 2009

In 2006, the Medicare program covered 37 million elderly persons and 7 million persons younger than 65 years, but little is known about substance abuse (SA) service utilization. Using the 5% Sample of Medicare claims data, the study examines individuals who used SA detoxification ("detox") and/or rehabilitation ("rehab") services under Medicare in 2001 and 2002. SA claimants less than 65 years of age (disabled) were compared to claimants more than 65 years of age (elderly). The disabled were more likely to have a co-occurring mental disorder than elderly claimants (50% vs. 14%) and more likely to have serious mental illness (21% vs. 2.3%). Disabled claimants were more than three times as likely to receive any detox service as elderly claimants (17% vs. 6%). The rate of claimants receiving rehab services within 30 days of detox is about one third for disabled claimants and one quarter for elderly claimants. Copyright 2009, Elsevier Science

Retired status and older adults' 10-year drinking trajectories.

Brennan PL; Schutte KK; Moos RH. *Journal of Studies on Alcohol and Drugs* 71(2): 165-168, 2010. (19 refs.)

Objective: Little research has examined the role of retirement in shaping late-life drinking careers, and it has generally been limited to cross-sectional designs or short-term follow-ups that emphasize group-level comparisons of retirees and nonretirees. The purpose of this study was to determine the following: (a) the effect of retired status on older adults' 10-year within-person drinking trajectories and (b) whether age, gender, income, health, and problem-drinker status

account for or moderate this effect. Method: We first estimated older adults' (baseline M = 62 years; n = 595) 10-year within-person drinking trajectories using three successively predictive multilevel regression models: unconditional growth, retired status alone, and retired status controlling for covariates. Next, we determined whether inclusion of Retired Status x Covariate interactions would improve prediction of the trajectories. Results: Participants' drinking frequency declined moderately over the 10-year interval, and retired status hastened the decline. However, this effect disappeared once covariates were added to the model: Baseline poorer health, lower income, and current problem-drinker status predicted steeper decline in drinking frequency, whereas former problem-drinker status predicted slower decline. Lower income and current drinking problems also predicted steeper declines in amount of alcohol consumed. There were no statistically significant or uniquely contributive interactions between retired status and age, gender, health, income, or drinking problems for predicting late-life drinking trajectories. Conclusions: Baseline health, income, and problem-drinking history are more important than retired status for predicting older adults' long-term within-person drinking trajectories. These factors and recency of drinking problems should be considered in future studies of retirement and late-life drinking patterns. Copyright 2010, Alcohol Research Documentation.

Social and financial resources and high-risk alcohol consumption among older adults.

Moos RH; Brennan PL; Schutte KK; Moos BS. *Alcoholism: Clinical and Experimental Research* 34(4): 646-654, 2010. (63 refs.)

Background: This study examined long-term mutual predictive associations between social and financial resources and high-risk alcohol consumption in later life. Method: A sample of 55- to 65-year-old older adults (n = 719) was surveyed at baseline and 10 years and 20 years later. At each contact point, participants completed an inventory that assessed social and financial resources and alcohol consumption. Results: Over the 20-year interval, there was evidence of both social causation and social selection processes in relation to high-risk alcohol consumption. In support of a social causation perspective, higher levels of some social resources, such as participation in social activities, friends' approval of drinking, quality of relationship with spouse, and financial resources, were associated with a subsequent increased likelihood of high-risk alcohol consumption. Conversely, indicating the presence of social selection, high-risk alcohol consumption was associated with subsequent higher

levels of friends' approval of drinking and quality of the spousal relationship, but lower quality of relationships with extended family members. Conclusions: These findings reflect mutual influence processes in which older adults' social resources and high-risk alcohol consumption can alter each other. Older adults may benefit from information about how social factors can affect their drinking habits; accordingly, information about social causation effects could be used to guide effective prevention and intervention efforts aimed at reducing the risk that late-life social factors may amplify their excessive alcohol consumption. Copyright 2010, Research Society on Alcoholism.

Late-life and life history predictors of older adults' high-risk alcohol consumption and drinking problems.

Moos RH; Schutte KK; Brennan PL; Moos BS. *Drug and Alcohol Dependence* 108(1-2): 13-20, 2010. (64 refs.)

Aims: This prospective, longitudinal study focused on late-life and life history predictors of high-risk alcohol consumption and drinking problems during a 20-year interval as adults matured from age 55-65 to 75-85. Design, setting, participants: A sample of older community residents (N=719) who had consumed alcohol in the past year or shortly before was surveyed at baseline and 10 and 20 years later. Measurements: At each contact point, participants completed an inventory that assessed their alcohol consumption, drinking problems, and personal and life context factors. Participants also provided information about their life history of drinking and help-seeking. Results: Older adults who, at baseline, had more friends who approved of drinking, relied on substances for tension reduction, and had more financial resources were more likely to engage in high-risk alcohol consumption and to incur drinking problems at 10- and 20-year follow-ups. With respect to life history factors, drinking problems by age 50 were associated with a higher likelihood of late-life high-risk alcohol consumption and drinking problems; having tried to cut down on drinking and participation in Alcoholics Anonymous were associated with a lower likelihood of high-risk consumption and problems. Conclusion: Specific late-life and life history factors can identify older adults likely to engage in excessive alcohol consumption 10 and 20 years later. Targeted screening that considers current alcohol consumption and life context, and history of drinking problems and help-seeking, could help identify older adults at higher risk for excessive or problematic drinking. Copyright 2010, Elsevier Science.

Effectively detect dependence on benzodiazepines among community-dwelling seniors by asking only two questions.

Voyer P; Roussel ME; Berbiche D; Preville M.

Journal of Psychiatric and Mental Health Nursing 17(4): 328-334, 2010. (41 refs.)

Consumption of benzodiazepines (BZDs) is common among seniors. When used over a long period of time, BZDs can induce dependence. The present study aimed to equip nurses with valid screening questions for detecting BZD dependence among seniors, applicable to clinical practice and based on the DSM-IV-TR version. A random sample of 707 BZD users aged 65 years and over was screened for BZD dependence using the DSM-IV-TR criteria for substance dependence. To predict a diagnosis of BZDs dependence, sensitivity and specificity were computed for each pair of items. Results showed that an affirmative answer to 'Have you tried to stop taking this medication?' and 'Over the past 12 months, have you noticed any decrease in the effect of this medication?' led to a sensitivity of 97.1% and a specificity of 94.9% to detect BZD dependence. Asking these two simple questions can be easily integrated into clinical practice and have considerable potential for identifying cases of BZD dependence. Copyright 2010, Wiley-Blackwell.

Substance misuse among older patients in psychiatric emergency service.

Woo BKP; Chen WL. *General Hospital Psychiatry*

32(1): 99-101, 2010. (13 refs.)

Objective: To determine the prevalence of substance misuse among older patients presented to a psychiatric emergency service (PES) on involuntary bases. Method: At the time of initial presentation to the PES, all patients received a comprehensive assessment that included a urine toxicology screening. The screening consisted of six substances: barbiturate, benzodiazepine, cocaine, opiate, phencyclidine and amphetamine. Charts of elderly patients (aged 65 and above) with positive urine toxicology were reviewed to ensure that the results were not due to (1) home medications and (2) medications given in the PES. Results: During the 2-year study period (2006-2007), there were 5914 patients under the age of 65 and 104 patients aged 65 and above. Our findings indicated that 471 (8.0%) and 14 (13.4%) urine toxicology screens were not collected during the PES visits in younger and older patients, respectively (P=.04). The positive

urine toxicology rate was 31.5% (1716/5443) and 26.7% (24/90) for younger and older patients, respectively (P=.33). Conclusions: Substance misuse in the older population presenting with psychiatric emergency is prevalent in the PES. Urine toxicology screens, as well as patient or collateral report of substance usages, should be obtained from this group of patients to ensure quality of care delivered at the PES. Copyright 2010, Elsevier Science.

Alcohol-consumption trajectories and associated characteristics among adults older than age 50.

Platt A; Sloan FA; Costanzo P. *Journal of Studies on Alcohol and Drugs* 71(2): 169-179, 2010. (53 refs.)

Objective: This study examined changes in drinking behavior after age 50 and baseline personal characteristics and subsequent life events associated with different alcohol-consumption trajectories during a 14-year follow-up period. Method: Data were taken from the Health and Retirement Study. The study sample included individuals ages 51-61 in 1992 who survived the sample period (1992-2006) and had at least five interviews with alcohol consumption information, yielding an analysis sample of 6,787 (3,760 women). We employed linear regression to determine drinking trajectories over 1992-2006. Based on these findings, each sample person was classified into one of five drinking categories. We used multinomial logit analysis to assess the relationship between personal demographic, income, health, and attitudinal characteristics as well as life events and drinking-trajectory category. Results: Overall, alcohol consumption declined. However, rates of decline differed appreciably among sample persons, and for a minority, alcohol consumption increased. Persons with increasing consumption over time were more likely to be affluent (relative-risk ratio [RRR] = 1.09, 95% CI [1.05, 1.12]), highly educated (RRR = 1.20, 95% CI [1.09, 1.31]), male, White (RRR = 3.54, 95% CI [1.01, 12.39]), unmarried, less religious, and in excellent to good health. A history of problem drinking before baseline was associated with increases in alcohol use, whereas the reverse was true for persons with histories of few or no drinking problems. Conclusions: There are substantial differences in drinking trajectories at the individual level in midlife and late life. A problem-drinking history is predictive of alcohol consumption patterns in later life. Copyright 2010, Alcohol Research Documentation.