

Course : B.sc Nursing
Subject name : Mental health Nursing
Unit number : IX
Title :Geriatric substance abuse

Mr.Bala murugan.S
Lecturer. in MHN Dept,
ICON

LEARNING OBJECTIVES

- Describe the prevalence of alcohol and substance abuse among older adults.
- Identify the risk factors of substance abuse among older adults
- Enumerate the etiology of substance abuse among older adults
- List down the signs and symptoms of substance abuse among older adults
- Name the screening instruments for alcohol abuse in older adults and screening instrument for prescription drug abuse.
- Explain the treatment approaches used for substance abuse among older adults
- Detail the nursing management for substance abuse among older adults

INTRODUCTION

- Substance abuse among the elderly (adults over the age of 60), particularly of alcohol and prescription drugs, is one of the fastest growing health problems.
- The most common substances reported to be abused by the elderly population include alcohol and prescription opioids.
- Addiction among people 65 and up is often underestimated and under-diagnosed, which can prevent them from getting the help they need.

Prevalence of alcohol and substance abuse among older adults

- Alcohol and prescription drug abuse affects up to 17% of adults over the age of 60 as per the National Institute on Alcohol Abuse and Alcoholism (NIAAA).
- The prevalence of substance use in the elderly in India reported that alcohol misuse of 11.3% in the 55-64 years age group and 16.8% in the 65-74 years age group. A community-based study reported 10% prevalence of alcohol use in the population >60 years of age.

Prevalence of alcohol abuse and drugs among older adults

- 2.5 million older adults affected by alcohol abuse
- 21% of hospitalized adults over age 40 due to alcohol addiction
- People 65 and older consume more prescribed and OTC medications than an other age group.
- Illicit drug problems rare in those not previously addicts or alcoholics.
- Opiates: Abuse or dependence rare unless a history of addiction.
- Approximate 4 addicted out of about 12,000 morphine prescriptions.

BENZODIAZEPINES HYPNOTICS

- Chronic use: 1.8% of older adults using benzodiazepine group of drugs
- Women > Men
- 17-23% of all prescriptions for older adults belongs to benzodiazepines
- Chronic use >4 months not recommended for older adults.
- Treatment of insomnia should be limited to 7 to 10 days with frequent monitoring and reevaluation if the prescribed drug will be used for more than 2 to 3 weeks.
- Intermittent dosing at the smallest possible dose is preferred, and no more than a 30-day supply of hypnotics should be prescribed.

RISK FACTORS OF SUBSTANCE ABUSE AMONG OLDER ADULTS

- An avoidance coping style
- Changes in living arrangements
- Chronic illnesses
- Chronic pain
- Forced or unexpected retirement
- Overall poor health
- Physical disabilities
- Prescriptions for multiple medications
- Previous substance abuse problems

ETIOLOGY OF SUBSTANCE ABUSE AMONG OLDER ADULTS

- Retirement
- Death of a family member, spouse, pet or close friend
- Loss of income or financial strains
- Relocation or placement in a nursing home
- Trouble sleeping
- Family conflict
- Mental or physical health decline (depression, memory loss, major surgeries, etc.)

SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE AMONG OLDER ADULTS

The exact signs of substance abuse can vary per person and per drug of abuse, but in general, in the elderly they include:

- Cognitive impairment
- Tremors, seizures
- Irritability, mood changes, sleep disturbances
- Unexplained pain
- Poor hygiene, neglect
- Abnormal liver function tests
- GI complaints
- Malnutrition

- Urinary incontinence
- Gait disturbance, falls
- Slurred speech
- drinking or using drugs in secret
- drinking even when medications or doctors caution against it
- extreme fatigue
- hoarding medications
- poor coordination or loss of balance
- the pupils of the eye are unusually large or small
- bloodshot eyes
- ritual use of drugs or alcohol

HEALTH CONSEQUENCES OF OLDER ADULTS

- Hypertension
- Cardiac arrhythmias
- Myocardial infarction
- Cardiomyopathy
- Hemorrhagic stroke
- Impaired immune function
- Liver disease
- GI disease
- Osteoporosis
- Psychiatric illness
- Falls/fractures

SCREENING

- To diagnose alcohol addiction following questionnaire may be used
 - CAGE
 - MAST
 - AUDIT
 - Maximum in last year
- Other drugs addiction to diagnose
 - Use despite consequences

CAGE QUESTIONNAIRE

- C: Have you ever felt the need to Cut Down?
- A: Have you ever been Annoyed at criticism of your drinking?
- G: Have you ever felt Guilty about your drinking?
- E: Have you ever had a morning Eye-opener to get going?

MAST: Michigan Alcoholism Screening Test

- Simple, self-scoring test
- Twenty-two questions
- Yes or No Answers
- Scoring:
 - 0-2: No apparent problem
 - 3-5: Early or middle problem drinker
 - 6 or more: Problem drinker

AUDIT: Alcohol Use Disorders Identification Test

- Developed by the World Health Organization
- Clinician-administered and self-report version
- Ten questions
- First three questions deal with quantity and frequency of use

ASSIST: Alcohol, Smoking, and Substance Involvement Screening Test

- Eight item questionnaire
- Obtains information from patients about lifetime use of substances
- Current substances use associated problems over the last 3 months (tobacco products, alcohol, cannabis, cocaine, amphetamine-type stimulants, sedatives, sleeping pills, hallucinogens, inhalants, opioids, 'other' drugs)

ASSESSMENT OF COGNITION/FUNCTION

- In order to screen Dementia/Delirium following questionnaire can be used
 - MMSE(Mini Mental Status Examination)
 - SPMSQ(Short Portable Mental Status Questionnaire)
 - Mini-Cog Test
 - CAM Delirium scale
- Functioning
 - ADLs(Activities of Daily Living)
 - IADLs(Lawton Instrumental Activities of daily living)

TREATMENT

Treatment options may vary depending on the level of care required and include:

- Preventative, education, and support services
- Medical detox
- Inpatient treatment
- Outpatient treatment

MEDICAL DETOX

- Medical detox may use medications to accomplish this process is an inpatient or outpatient setting, depending on individual circumstances.
- Benzodiazepines are commonly used to stabilize individuals during medical detox from psychoactive prescription drugs, these drugs in long-acting or high-dose formulations may build up in an older person's body, creating lasting cognitive or toxic effects.

INPATIENT OR OUTPATIENT TREATMENT

- Both residential and outpatient treatment models usually have similar components, such as therapy, group and individual counselling, 12-Step and mutual support group meetings, educational opportunities, life skills training workshops, and holistic treatment methods.

BEHAVIOR THERAPY

- Behavioural therapy is often used during substance abuse and addiction treatment, as it helps individuals to find and recognize the connections between potential triggers, negative thoughts, and subsequent actions.
- Emotional, social, or physical triggers may be unique to an older adult and may centre around certain life events or circumstances that a younger person may not relate to.

MOTIVATIONAL INTERVIEWING (MI)

- Motivational Interviewing (MI) is another therapy method that helps people to recognize that change is necessary while promoting acceptance in a nonthreatening and non-confrontational manner.
- Stigmas surrounding age and addiction may need to be absolved in order to ensure that treatment needs are fully met.

INPATIENT PROGRAM

- Inpatient treatment likely provides the most comprehensive level of care as medications can be monitored for adverse effects, and individuals can receive medical and mental healthcare 24 hours a day.
- Acamprosate is an NMDA and GABA receptor modulator used to reduce craving and the pleasant effects of alcohol.
- Naltrexone is an opioid receptor antagonist thought to reduce craving and the pleasurable or stimulating effects of alcohol by blocking alcohol-induced dopamine release in the brain.

INPATIENT PROGRAM

- Residential treatment programs may include holistic treatments, such as yoga, walking groups, or massage therapy, that can be tailored to suit an older population.
- Professionals in a comprehensive treatment program may also help design a balanced nutrition plan and help individuals manage medications.

RECOVERY SUPPORT AND RELAPSE PREVENTION

- Alcoholics or Narcotics Anonymous and their related groups can be useful to older adults in reducing isolation, shame, and stigma.
- Community-centered program, may be helpful to watch for signs of relapse. Friends and family members, and members of an elderly individual's community, can all be important parts of a healthy support system that will enhance addiction treatment and promote long-term recovery.

NURSING MANAGEMENT

- Risk for injury related to drug intoxication and evidenced by physical symptoms such as tremors, ataxia.
- Risk for fall related to aged and loss of balance as evidenced by history of fall.
- Ineffective individual coping related to maladaptive coping as evidenced by cannabis abuse.
- Denial related to maladaptive coping as evidenced by refusal of health care attention.
- Powerlessness related to cannabis addiction as evidenced by inability to stop behaviour.

NURSING MANAGEMENT

- Imbalanced nutrition less than body requirements related to loss of appetite
- Disturbed sleep pattern related to insomnia
- Self care deficit related to fatigue as evidenced by unable to carry out ADL
- Social isolation related to loss of spouse as evidenced by sitting alone.

CONCLUSION

- The myth that older adults do not use substances and/or do not use substances problematically has been dispelled.
- Older-adult substance users may not present with the same symptoms as their younger counterparts and, therefore, may be more difficult to identify.
- Older adults, substance abuse need to be addressed with other comorbid illness.

SUBSTANCE ABUSE REHABILITATION SERVICES

BY

Mrs.R.Uma,M.Sc(N)
Associate Professor.

LEARNING OBJECTIVES

- Define drug rehabilitation
- Explain various types of rehabilitation programs for substance abuse.

DEFINITION

- Drug rehabilitation is the process of medical or psychotherapeutic treatment for dependency on psychoactive substances such as alcohol, prescription drugs, and street drugs such as cannabis, cocaine, heroin or amphetamines.

TYPES OF PROGRAM IN DRUG REHABILITATION

- Various types of programs offer help in drug rehabilitation, including: residential treatment (in-patient/ out-patient), local support groups, extended care centers, recovery or sober houses, addiction counselling, mental health, and medical care.
- Some rehab centers offer age- and gender-specific programs.
- Medically assisted drug detoxification or alcohol detoxification alone is ineffective as a treatment for addiction.
- The National Institute on Drug Abuse (NIDA) recommends detoxification followed by both medication (where applicable) and behavioural therapy, followed by relapse prevention.

1.BEHAVIORAL THERAPY

- Cognitive-behavioral therapy, which seeks to help patients to recognize, avoid and cope with situations in which they are most likely to relapse.
- Multidimensional family therapy, which is designed to support recovery of the patient by improving family functioning.
- Motivational interviewing, which is designed to increase patient motivation to change behavior and enter treatment.
- Motivational incentives, which uses positive reinforcement to encourage abstinence from the addictive substance.
- EEG and Biofeedback augmented treatment.

2.COUNSELLING

- Traditional addiction treatment is based primarily on counselling
- Counsellors help individuals with identifying behaviours and problems related to their addiction.
- It can be done on an individual basis, or group setting and can include crisis counselling, weekly or daily counselling.
- Counsellors are trained to develop recovery programs that help to re-establish healthy behaviours and provide coping strategies whenever a situation of risk happens.

3.TWELVE-STEP PROGRAMS

- Founded by Bill.W.Bob Smith
- Alcoholics Anonymous (AA) is a global, community-based program that was created to help those struggling with problematic drinking get sober with the support of their peers through daily meetings and discussions surrounding addiction.
- AA gives men and women a place to come together and share their experiences, recover from alcoholism and maintain sobriety.
- The 12 Steps have been adapted by other self-help and addiction recovery groups, such as Gamblers Anonymous and Narcotics Anonymous, to those struggling with other forms of addiction.

4.SMART RECOVERY

- SMART Recovery was founded by Joe Gerstein in 1994
- The group meetings involve open discussions, questioning decisions and forming corrective measures through assertive exercises.

Objectives of the SMART Recovery programs are:

- Building and Maintaining Motivation
- Coping with Urges
- Managing Thoughts, Feelings, and Behaviours
- Living a Balanced Life.

5.CLIENT-CENTERED THERAPY

- Client-Centered Therapy, developed by Carl Rogers
- It proposed there are three necessary and sufficient conditions for personal change: unconditional positive regard, accurate empathy, and genuineness.
- Rogers believed the presence of these three items, in the therapeutic relationship, could help an individual overcome any troublesome issue, including but not limited to alcohol abuse.

6.PSYCHOANALYSIS

- Psychoanalysis, a psychotherapeutic approach to behaviour change developed by Sigmund Freud
- The main cause of the addiction syndrome is the unconscious need to entertain and to enact various kinds of homosexual and perverse fantasies, and at the same time to avoid taking responsibility for this.
- Psychoanalysis helps in alcohol addiction and other drug addictions

7.RELAPSE PREVENTION

- Developed by Marlatt.
- Marlatt describes four psycho-social processes relevant to the addiction and relapse processes: self-efficacy, outcome expectancy, attributions of causality, and decision-making processes.
- Self-efficacy refers to one's ability to deal competently and effectively with high-risk, relapse-provoking situations.

- Outcome expectancy refer to an individual's expectations about the psychoactive effects of an addictive substance.
- Attributions of causality refer to an individual's pattern of beliefs that relapse to drug use is a result of internal, or rather external, transient causes .
- Finally, decision-making processes are implicated in the relapse process as well.

8. COGNITIVE THERAPY

- Developed by Aaron Beck
- This therapy rests upon the assumption addicted individuals possess core beliefs, often not accessible to immediate consciousness
- These core beliefs, such as "I am undesirable," activate a system of addictive beliefs that result in imagined anticipatory benefits of substance use and, consequentially, craving.

- Once craving has been activated, permissive beliefs ("I can handle getting high just this one more time") are facilitated.
- Once a permissive set of beliefs have been activated, then the individual will activate drug-seeking and drug-ingesting behaviors.

The cognitive therapist's job is to uncover this underlying system of beliefs, analyse it with the patient, and thereby demonstrate its dysfunctional.

- As with any cognitive-behavioural therapy, homework assignments and behavioural exercises serve to solidify and discussed during treatment.

9.EMOTION REGULATION AND MINDFULNESS

- Emotion regulation is important in the treatment of substance abuse.
- Mindfulness programs that encourage patients to be aware of their own experiences in the present moment and of emotions that arise from thoughts, appear to prevent impulsive/compulsive responses.
- Research also indicates that mindfulness programs can reduce the consumption of substances such as alcohol, cocaine, amphetamines, marijuana, cigarettes and opiates.
- Mindfulness-Based Stress Reduction, which combines meditation, yoga and psychotherapy techniques to teach people the art of mindfulness to reduce their stress and improve their relaxation and quality of life.

CONCLUSION

- Deaddiction can be a long process and the duration is dependent upon the patient's needs and history of abuse.
- Drug detoxification or alcohol detoxification alone is ineffective as a treatment for addiction.
- For effective substance abuse treatment need to be combined with therapies.

THANK YOU !