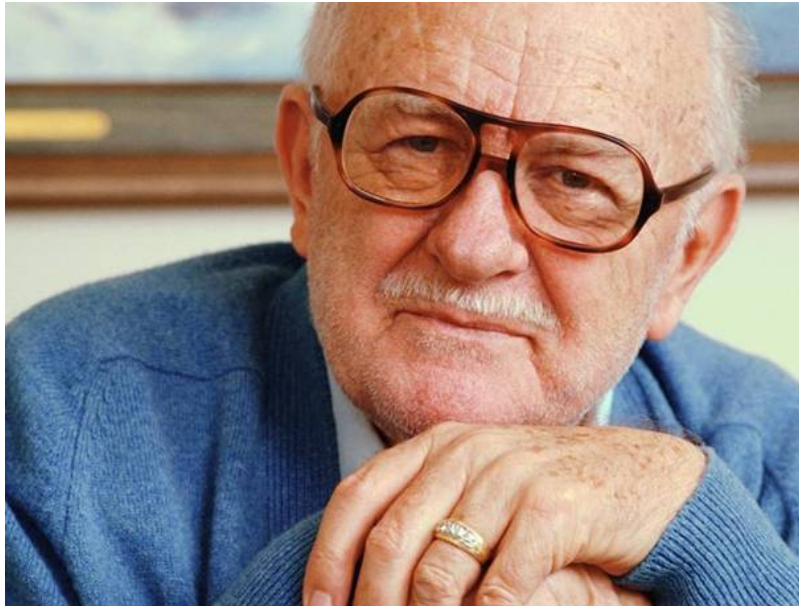


Screening Older People for AOD Problems: What is best practice?



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2. Curtin University, Perth

Older Wiser Lifestyles (OWL)

Established in 2009
Frankston & the
Mornington Peninsula
for people 60+

Early Intervention,
Treatment & Harm
Reduction

2-5 clients per year → 141 in 2014



Overview

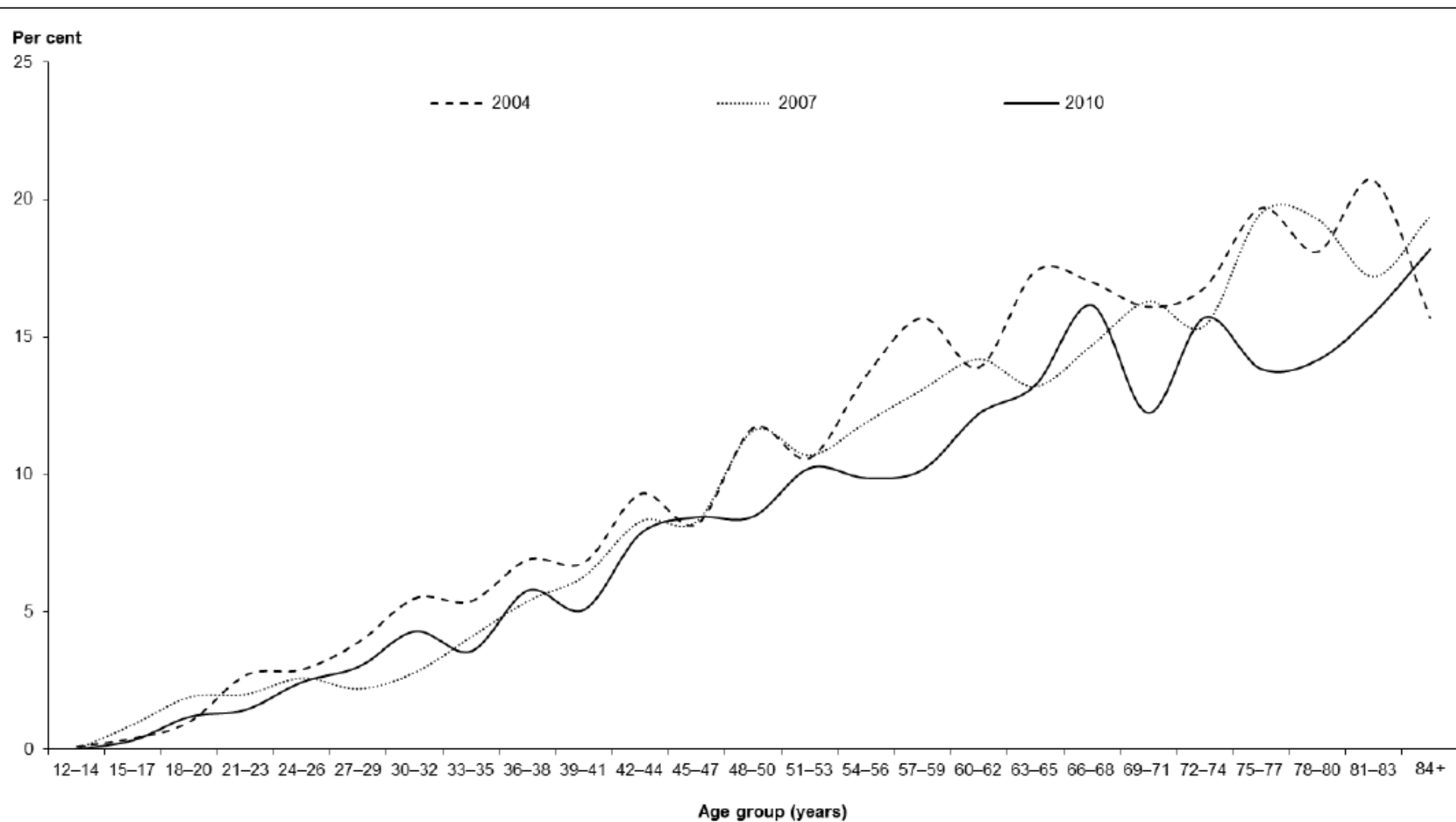
Rationale for screening older adults

Issues to consider when screening older adults

Available tools:

- CAGE
- MAST-G
- AUDIT/AUDIT-C
- A-ARPS
- ASSIST

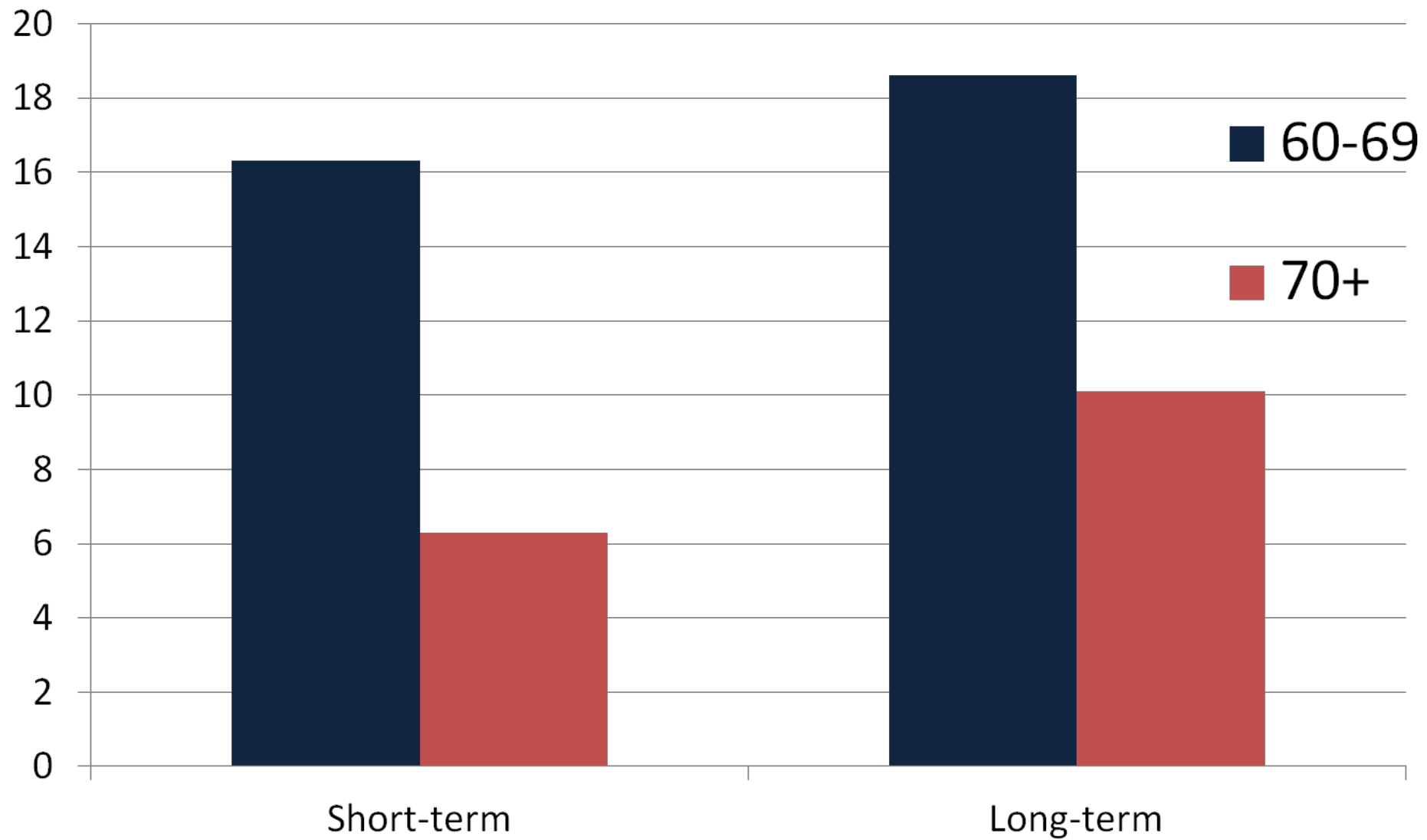
Patterns of AOD among older adults



Source: AIHW analysis of the National Drug Strategy Household Survey 2004 and 2007 data.

Figure 4.1: Daily drinking, people aged 12 years or older, by 3-year age group averages, 2004-2010 (per cent)

Prevalence of Older Adults At-Risk

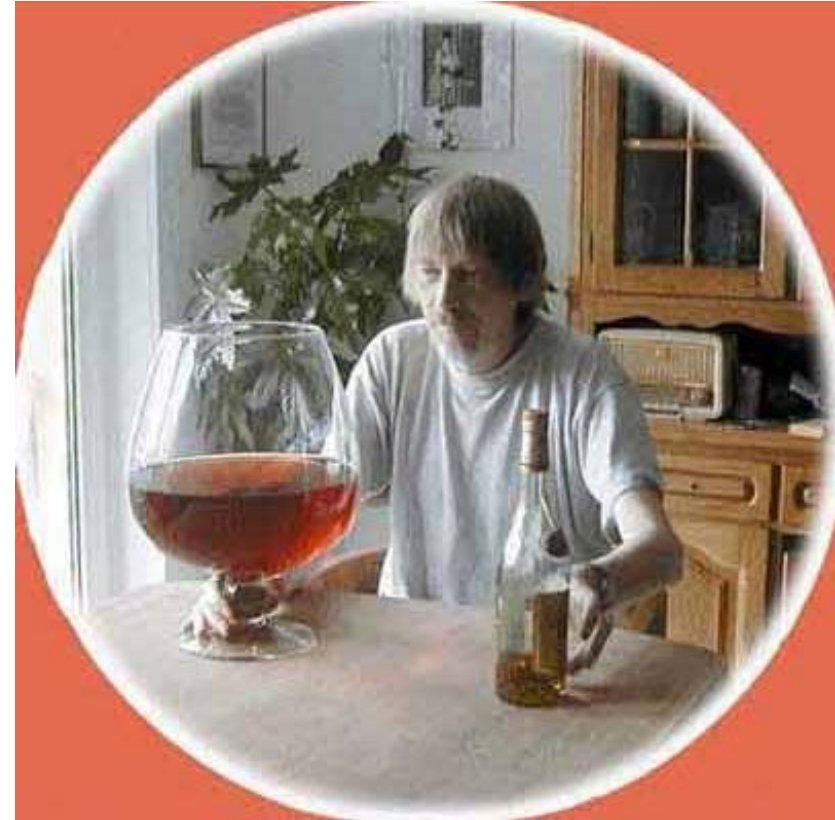


(AIHW, 2014)

Prevalence of Older Adults At-Risk

Likely to be conservative:
Standard drinks

“My Doctor told me
to only drink one
glass of wine a day”



5 - 12% of older adults ‘at-risk’ of short-term harm
30 – 35% of older adults ‘at-risk’ of long-term harm

(Wilkinson et al., 2011)



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Prevalence of Older Adults At-Risk

Likely to be conservative:

Standard drink

Metabolism

Medical conditions

Functionality

Medications

NHMRC guidelines state that the threshold for at-risk drinking decreases with age

Prevalence of Harmful Use/ Dependence

Early vs Late Onset

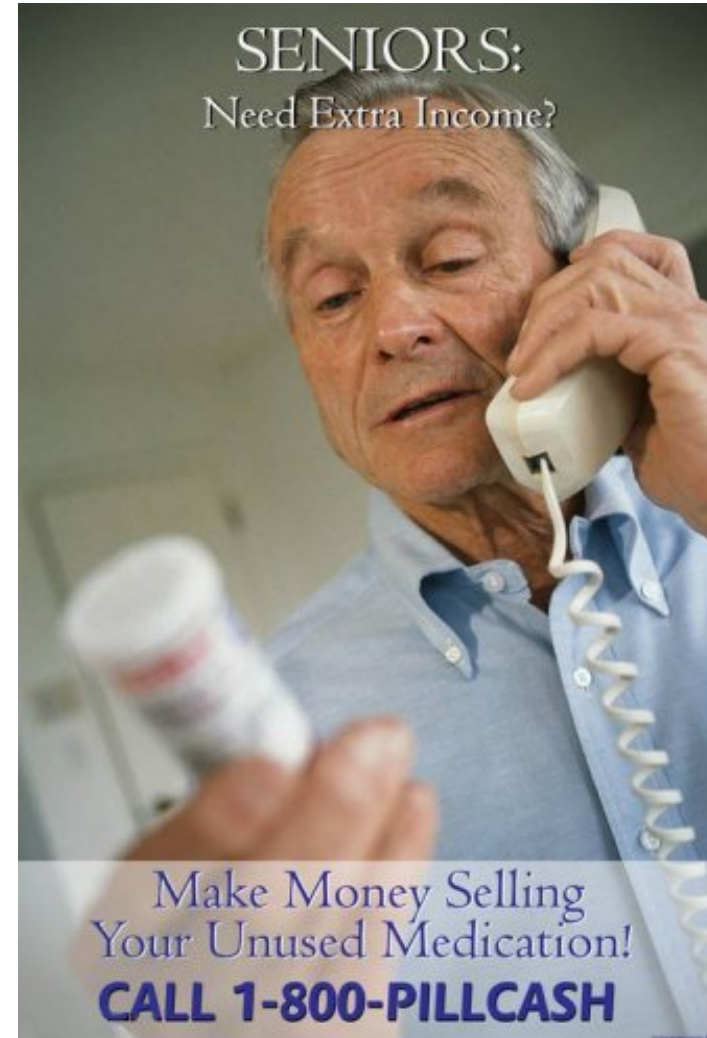
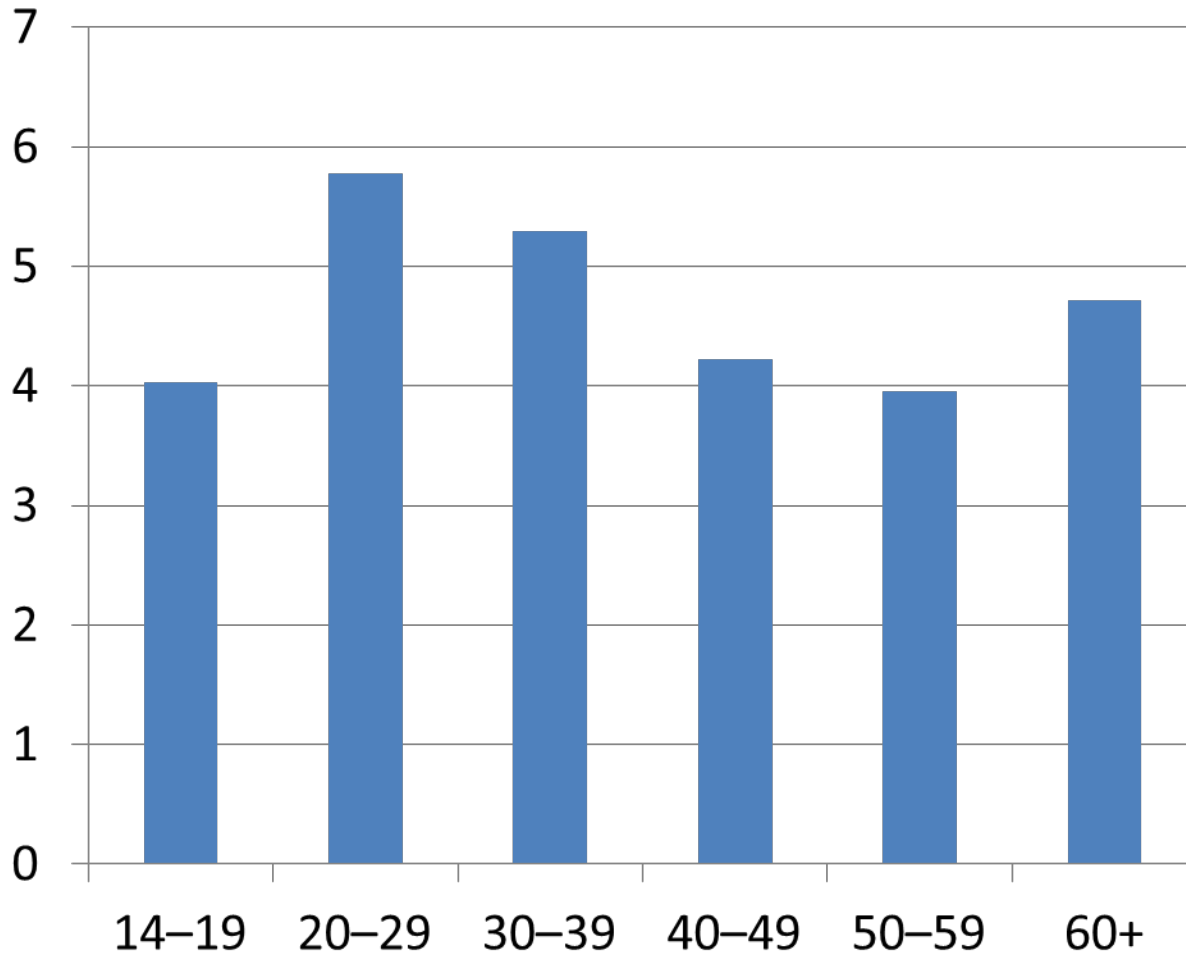
Diagnostic Issues (DSM-V):

- Failure to fulfill major role obligations at work, school, or home
- Persistent or recurrent social or interpersonal problems
- Important social, occupational, or recreational activities are given up or reduced
- Use in situations in which it is physically hazardous

**Older adults are under-represented in AOD
treatment services (0.77%)**

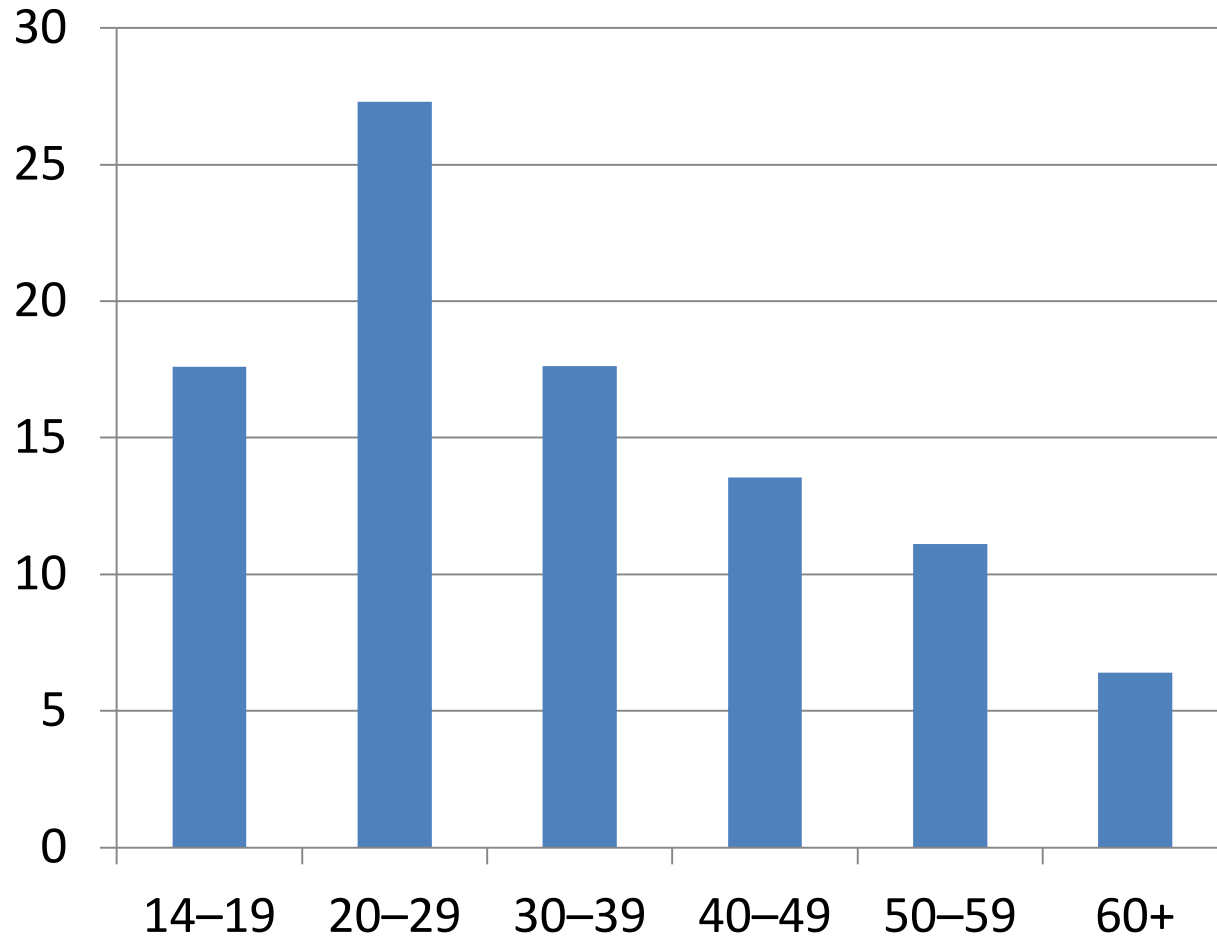
Prevalence of other drug use

% of Misuse of Pharmaceuticals (AIHW, 2013)



Prevalence of other drug use

% of Recent Use of Illegal Drugs (AIHW, 2013)



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Prevalence of other drug use

2003-2008: 867 (or 0.77%) of people who received AOD treatment were 65+ (ADIS)

Alcohol	84%
Nicotine	11.6%
Benzos	10.7%
Cannabis	4%
Codeine	2.1%
Morphine	1.3%
Amphetamine	1%
Heroin	0.9%



Prevalence of other drug use

141 OWL Clients in 2014

Alcohol	90%
Benzos	5.6%
Cannabis	3.5%
Heroin	0.8%



Barriers to Identification

Many health professionals are reluctant to screen for AOD issues among older adults

- Difficult to conceive that 'nice old men and women' could have AOD-related problems



Barriers to Identification

Many health professionals are reluctant to screen for AOD issues among older adults

- Difficulty conceiving that 'nice old men and women' could have substance-related problems
- A belief that people need to be heavy drinkers before alcohol is considered a problem
- Symptoms perceived as age-related/medical rather than manifesting from alcohol use

Screening

All older adults should be screened as part of their regular health check

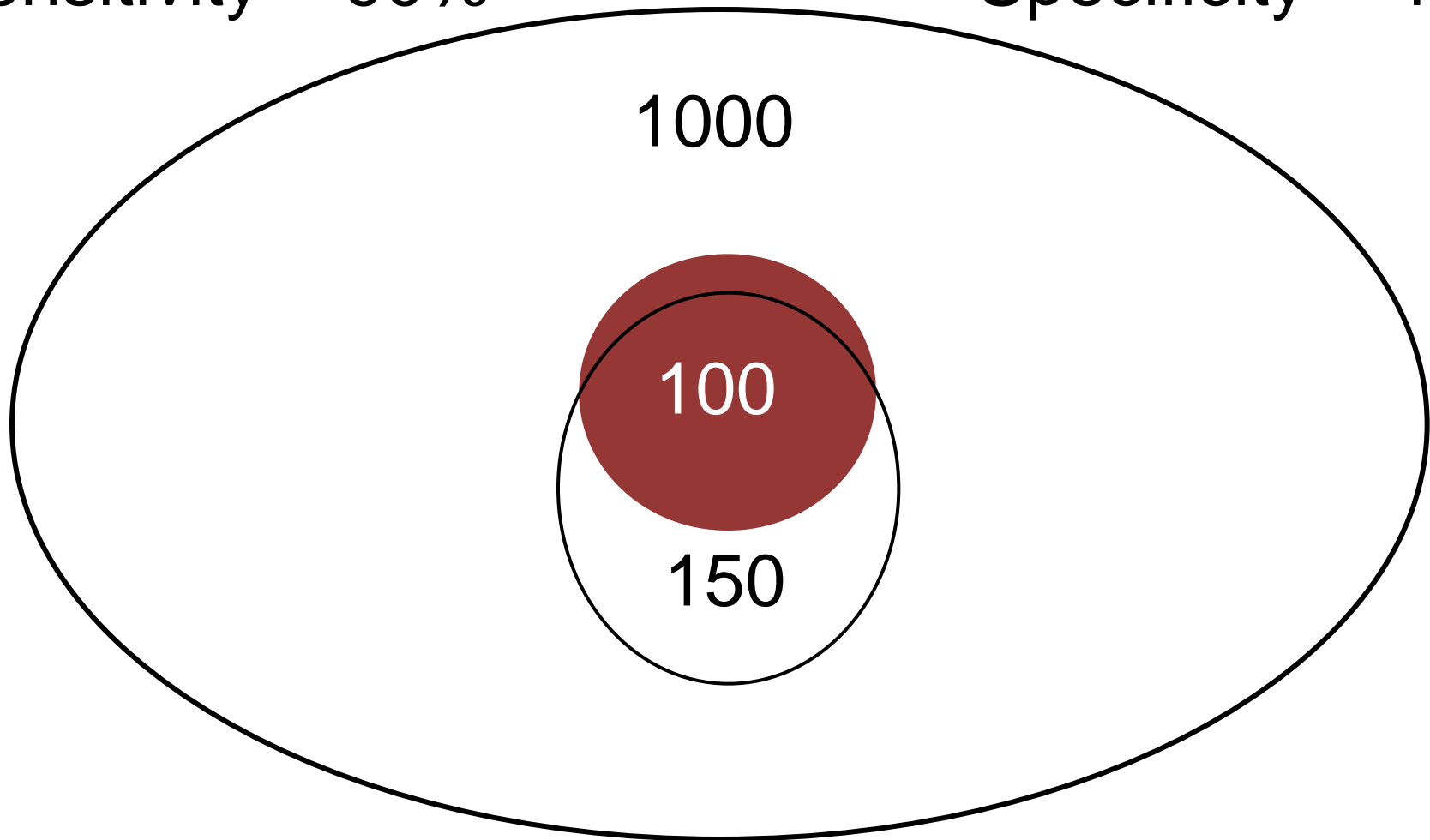
There are several goals to screening:

- Identify both at-risk/harmful AOD use
- Utilise as little patient and staff time as possible
- Help establish a professional and supportive atmosphere
- Linked to intervention referral pathways

Psychometrics

Sensitivity = 90%

Specificity = 40%



CAGE

Cut Down, Annoyed, Guilty, Eye Opener

Pros:

- Quick (30 seconds)
- Can be adapted to assess AODs

Cons:

- Not age-specific
- Does not assess for at-risk drinking
- Variable psychometrics (reducing cut-off to ≥ 1)

(15%-70% & 82%-100%)

(60%-98% & 48%-100%)



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MAST-G

Michigan Alcoholism Screening Test - Geriatric

Pros:

- Older adult-specific

Cons:

- Time (5 minutes)
- Does not assess for at-risk drinking
- Variable psychometrics (reducing cut-off to ≥ 3)
(50%-70% & 81%-91%) (64%-86% & 61%-79%)

AUDIT

Alcohol Use Disorders Identification Test

Pros:

- Assess for both at-risk and harmful use
- “Gold Standard”
- Relatively quick (2 – 3 minutes)

Cons:

- Low sensitivity (28%-66.7% & 90.7%-95.3%)

AUDIT-C

First 3 Items of AUDIT

Pros:

- Quick
- Assess for both at-risk and harmful use
- Good psychometric properties with a cut off of ≥ 3
(81%-100% & 81%-86%)

Cons:

- Doesn't assess for other drug use
- Not comprehensive (i.e., Rx, Mx, etc.)

A-ARPS

Australian version of the Alcohol-Related Problems Survey

Pros:

- Assess for both at-risk and harmful use
- Older adult-specific

100+ algorithms

- Medical History
- Medication Use
- Gender
- Symptomology
- Mobility

Good Psychometrics

Sensitivity 93% (Moore et al., 2001)



A-ARPS: eSBIRT

This survey has been designed for older Australians. It will tell you whether the amount of alcohol you drink is healthy with the medications that you take. It will also tell you if any current health conditions that you have could be affected by alcohol.

The information that you provide will be stored securely on a computer in the USA. This information will be made available to the Older Wiser Lifestyles (OWL) team at Peninsula Health. Depending on your answers, someone from the OWL team might contact you to talk about your results.

If you agree to these terms and conditions, then please check this box

I Agree



[Start the questionnaire](#)

1. Has a doctor or other healthcare worker ever told you that you have:

	No	Yes	Don't Know
a. High blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Congestive heart failure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diabetes	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d. Osteoporosis	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Cirrhosis or another liver condition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cancer of the mouth or throat	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Breast cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Gout	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Memory disorder or dementing illness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Colorectal/Bowel Cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Previous](#)

[Next](#)

This section is about your current health.
SECTION 1: HEALTH PROBLEMS

A-ARPS



Moderate drinking can contribute to good health in some people. Yet, as we get older, we become more sensitive to alcohol's effects. Also, alcohol can cause serious health problems when combined with many medicines commonly used by older adults. And alcohol use can cause or worsen certain health problems and make them harder to treat.

Knowledge about the potential benefits--as well as the risks--of drinking alcohol will help you make wise choices.



Healthwise Drinking:

Healthwise drinking means there is little chance that drinking will lead to health problems. It may be festive, improve the taste of food, and protect against heart disease and stroke.



Risky Drinking:

Risky drinking is drinking that may lead to future medical, functional, or emotional problems. Such problems include injuries or falls, worsened chronic illnesses (like diabetes) or emotional conditions (like depression). Risky drinking can also reduce ability to do ordinary activities.



Harmful Drinking:

Harmful drinking means that drinking is probably causing health problems right now. Harmful drinking includes drinking that has already caused liver disease, resulted in an injury or fall, worsened a chronic illness (like diabetes) or contributed to depression.

A-ARPS

Your Alcohol Use Classification Summary

You reported that over the past 12 months, you usually had 2 drinks 4 or 5 times a week. This is **not risky**.

You report in the past 12 months you drove a car, truck or other vehicle within 2 hours of having 4 or more drinks 1 - 2 days. This is **risky**

Over the past 12 months, you had 5 or more drinks **at one sitting** monthly or less. This is **not risky**.

Your overall classification is determined by your alcohol use, your medication intake, your health condition, and your functioning. Based on the information you provided, your drinking is considered **harmful**.

Although there are specific ways in which your drinking is considered "risky", you also have at least one "harmful" rating. Anyone with at least one "harmful" rating is a harmful drinker. Below, you will see a detailed look at your alcohol use and how it affects your health. Read on!

A-ARPS



Your Medication Use:

- You report that you take 3-5 prescription and/or non-prescription medications at least once a week.
- The combination of your medicine and alcohol use is considered **harmful**.
- See the table "Medicine, Alcohol, and Health" for a summary of how alcohol can interact with certain medications. The table is near the end of this report.

You report that ...	With your alcohol use, this is...
...you take narcotic medications at least once a week.	risky
...you take arthritis and pain medicines every day or almost every day.	risky
...you take seizure medicines every day or almost every day.	risky
...you take nonsedating antihistamines every day or almost every day.	risky
...you take ulcer and stomach medicines every day or almost every day.	risky
...in the past 12 months, you drove a vehicle within 2 hours of having 3 or more drinks, and you also reported taking medicine that interacts with alcohol.	risky
...you take statins (cholesterol-lowering) medicines every day or nearly every day.	risky



Your Health Conditions:

- Given your general health condition, your alcohol use is **harmful**.
- A summary of health conditions affected by alcohol use appears near the end of this report in a list called Alcohol-Related Problems.

You report that...	With your alcohol use, this is...
...you have been diagnosed with high blood pressure.	risky
...you have been diagnosed with diabetes.	risky
...you have been diagnosed with osteoporosis.	risky
...during the past 12 months, you have had the following most of the time: problems sleeping.	risky



A-ARPS

Things to Do:

- The goal of this report is to teach you how to identify healthwise, risky and harmful alcohol use, both for you and your loved ones. **Use the charts and tables** at the end of your report to help you do this quickly and effectively.
- Again, try to **keep alcohol use within the healthwise range** by following the guidelines in this report.
- It is also wise to **speak with a health professional** about how to drink alcohol without being adversely affected by it. If your drinking is risky or harmful, mention the problem areas outlined in this report (see above).
- Try some of the ideas listed below!

Bright ideas for wiser drinking:

- Don't drink on an empty stomach.
- Be careful about drinking when you are alone at home. Limit yourself to an amount of alcohol you know will not intoxicate you.
- If you are lonely or sad, don't drink when you are alone. Ask for support.
- Figure out which drink of the day is most satisfying and just have that one (for example, wine with dinner). At other times, have a non-alcoholic substitute.
- Have a glass of champagne only for that special occasion. Mix champagne with orange or grapefruit juice.
- Stretch a glass of wine by having it as a spritzer (wine mix with soda water or a soft drink). Add lots of fruit juice to other alcoholic drinks.

YOUR GUIDE FOR HEALTHWISE DRINKING

(Read down each column)

Healthwise Use	Risky Use	Harmful Use
No health problems (physical, emotional or impaired daily activities) that may be influenced by drinking AND	Drink 1-2 drinks daily and have at least one health problem (physical, emotional or impaired daily activities) that may be influenced by drinking OR	Drink 3 drinks or more daily and have at least 1 health problem (physical, emotional or impaired daily activities) that may be influenced by drinking OR
No medicines that interact with alcohol AND	Drink 1-2 drinks daily and take at least one medication that interacts with alcohol OR	Drink 3 or more drinks daily and take at least 1 medication that interacts with alcohol OR
Drink 1-2 alcoholic drinks each day or less	Drink 3-4 drinks at one sitting once a month or less OR	Drink 3-4 drinks at one sitting more than once a month OR
YOU MUST FULFILL ALL THREE REQUIREMENTS FOR HEALTHWISE DRINKING	Drive within 2 hours of drinking three or more drinks OR	Drink 2-3 drinks and have any combination of health problems and medications that interact with alcohol
	Drink 1 or more drinks 2-3 times a week and take 6 or more medicines	

ASSIST

Alcohol, Smoking and Substance Involvement Screening Test

Pros:

- Assess for both AOD
- “Gold Standard”
- Computerised versions available

Cons:

- Not validated on older adults (However, Ryan 2012)

ASSIST

5. Failure to perform normally as expected because of substance use
 - ↓↓ roles in old age
 - may underreport
 - ask about impact on functioning/ADLs
6. Concern ever expressed by Friend / relative / other about use of substances
 - ↓↓ social connections in old age
 - may “underreport”
 - ask about concern *ever* expressed in their *lifetime*

Key References

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- O'Connell, H. Et al. (2004). A systematic Review of the utility of self-reported alcohol screening instruments in the elderly. *International Journal of Geriatric Psychiatry*, 19, 1074-1086.
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Thank you!

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