Dr Tim Semple
Pain, older people and opioids and over the counter medicines: When is the cure worse than the disease?

Both the prevalence of pain and the use of prescribed opioids (and benzodiazepines) peaks among older people. In recent years there has been a dramatic increase in the use of prescribed opioids in the population as a whole and among older people in particular. Opioids can play an important role in the treatment of acute pain, but their role in the longer term treatment of chronic non-cancer pain is less clear. In recent years there has been growing concern that long term use of opioids for this purpose can be harmful, particularly among older people and can result in problems such as falls, osteoporosis, hormonal problems, sedation, sleep disruption and overdose. Over the counter codeine-containing medicines are also a significant issue among older people, particularly if they are used in quantities which expose the user to large doses of paracetamol or ibuprofen.

In his presentation Dr Semple will outline recent trends and concerns regarding the use of opioids among older people.

Professor Mary Luszcz
Medication use amongst older Australians: Analysis of the Australian Longitudinal Study of Ageing (ALSA) data

The ALSA commenced in 1992 with 2087 participants aged 70 years or more, primarily through death the remaining participants number about 100. At baseline and a further 6 times, a comprehensive personal interview including records of medication use, and assessment of neuropsychological and physiological functions was undertaken at each person's home, supplemented by self-completed questionnaires, biochemistry, and additional clinical studies.

Professor Luszcz will present an overview of the ALSA data which provides a unique insight into longitudinal trends in medicine usage among older Australians.

Mr Ian Yates AM
Alcohol, medicines and other drugs: The rights of older Australians

In seeking to reduce alcohol and other drug related harms among older Australians, it is essential to protect the rights of older Australians. There are a number of aspects to this. Older people have the right to make lifestyle choices concerning their alcohol and other drug use. Equally, older people should not be subjected to prescribing practices which may harm them or which may be less effective treatments for their conditions than other approaches. Older people experiencing alcohol and other drug problems also need to be able to access services tailored to their needs.

Mr Yates will explore these and other issues in his presentation.

Professor Margaret Hamilton
Bringing it all together: Potential cross-sectoral responses

Professor Hamilton will attempt to provide a synthesis of the key points arising from the Conference with particular emphasis on enhancing cross sectoral responses to emerging trends in alcohol and other drug problems among older people.
Australia’s population is ageing and is doing so at a faster rate than ever before. Today’s baby boomers have used alcohol and other drugs at higher rates than previous generations and many will continue to do so in older age. This is associated with greater risk of harm. The increased size of this population will dramatically impact the number of older individuals with substance use problems.

This presentation will explore some of these demographic changes along with concurrent changes to patterns of alcohol and other drug use and client expectations as well as advances in health care.

Alcohol and other drug use impacts older people differently to their younger counterparts. In addition, many older people have accrued substantial harm stemming from the long term use of these substances, particularly to the brain. This presentation will examine differences in the ways in which alcohol and other drugs affect older people with a focus on the brain and central nervous system. It will also outline some of the more common neurological and mental health problems seen in older people who stem from hazardous alcohol and other drug use.

Australia’s alcohol and other drug prevention and treatment services are experiencing an ageing of their existing client base and an influx of older clients. These clients often have more complex comorbidities and other problems and may have different patterns of use, particularly involving pharmaceutical drugs. The population receiving opioid substitution therapy (OST) is also ageing, with many having been on OST for long periods of time.

These trends bring particular challenges for the provision of alcohol and other drug prevention and treatment services which will be examined in this presentation.

Many existing screening tools used to detect alcohol and other drug problems are not well suited to the needs of older people. They are not necessarily:

- sufficiently sensitive to detect less severe problems and facilitate early/brief intervention
- appropriate for the physiological and social characteristics of older people
- able to detect the concomitant use of other medicines or the presence of comorbidities.

This presentation will outline recent developments in approaches to screen for alcohol and other drug problems among older people.

Half of all Australians aged between 65–74 years and two-thirds of those aged 75 and over report taking 5 or more medicines daily. While this level of medicine use may be helpful for older people with comorbidities, it can also be harmful. Polypharmacy can be associated with admissions to hospital, functional and cognitive impairment, and mortality. This picture can become even more complex when alcohol and other drugs are also involved.

Associate Professor Whitehead’s presentation will address the key issues involved in polypharmacy and associated risks and how they may be addressed.

Ageing-related physiological changes can increase the risk of medicine-related problems by influencing the absorption, distribution, metabolism and excretion of medicines and the responses to medicines in receptors or target organs. Polypharmacy (including alcohol use) increases the likelihood of this occurring.

This presentation will provide a pharmacist’s perspective on this issue as well as an outline of strategies to reduce the harms from medicines among older people.

Sleep problems are a common reason for older people being prescribed sedative/hypnotics and self-medicating using alcohol. These substances can worsen problems, particularly when combined with other medicines the older person may be taking.

Professor Lack will outline key links between alcohol and other drug use and sleep problems and non-drug alternatives to the treatment of insomnia in older people.

Harmful alcohol and other drug use is a significant issue for the veteran community. Alcohol or other drug dependence is a common problem among veterans with mental health problems such as post-traumatic stress disorder (PTSD) and depression.

Professor Battersby’s presentation will explore the extent and nature of this problem and potential responses. He will also discuss the implications for aged care providers and alcohol and other drug treatment agencies of increased numbers of veterans, with posttraumatic stress and alcohol and other drug problems, accessing their services.
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<th><strong>Professor Ann Roche</strong>&lt;br&gt;The changing face of ageing</th>
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