



## GREY MATTERS:

## Preventing and responding to alcohol and other drug problems among older Australians

### Information Sheet 6



## Common substance use co-morbidities

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Preventing and responding to multi-morbid conditions is a key challenge for health and welfare systems. Multiple morbidities are common among older people with alcohol and other drug problems, particularly those who are socio-economically disadvantaged.<sup>1</sup>

Enhancements in health care have also averted many substance use related deaths. As a result, increasing numbers of people with long term exposure to drug related harm are surviving into older age with a range of co-morbidities.

There are complex inter-relationships between drug problems and co-morbidities in older people. Ageing may also be associated with a range of social, psychological and health problems which can be risk factors for, and/or exacerbated by, substance use. These may lead to the development or continuation of substance use problems to cope with physical or psychological pain.<sup>1</sup>

The effects of multiple morbidities not only interfere with physical functioning and emotional, cognitive and social behaviour, but can result in poorer adherence to intervention programs and poorer short- and longer-term outcomes. Assessment and treatment is also more difficult if comorbidities are present.<sup>2</sup>

### *Substance Use and Mental Health Problems*

Substance use is associated with mental health problems in older people, and can:

- Worsen or precipitate mental health problems, including dementia
- Lead to intoxication-related head injuries, resulting in mental health problems
- Trigger the onset of mental health problems in susceptible individuals
- Represent an attempt to self-treat or relieve mental health symptoms
- Lead to general life difficulties which can precipitate or worsen mental health problems.<sup>3</sup>

Alcohol problems and depression are common comorbidities. A majority of older people with major alcohol-related problems have a history of depression.<sup>4</sup> Among depressed older people alcohol problems can be 3 to 4 times greater than among non-depressed elderly.<sup>5</sup> The relationship between alcohol and late life depression is complex, but depressed older people who stop drinking improve more than those who continue to drink.<sup>4</sup>

Other mental health and substance use comorbidities in older people include:

- Anxiety
- Confusional states
- Sleep problems
- Post-traumatic stress disorder
- Drug-induced psychosis
- Schizophrenia
- Self-harm
- Delirium
- Dementia.<sup>2</sup>

### *Physical Comorbidities*

Common physical comorbidities among older people with substance use problems include:

- Injuries related to falls and trauma
- Cardiovascular problems (e.g., hypertension, cardiomyopathy, heart rhythm and blood clotting abnormalities, hyperlipidaemia, stroke)
- Liver diseases (e.g., fatty liver, fibrosis, infective, non-infective hepatitis and cirrhosis)
- Blood borne diseases
- Irritable bowel syndrome and incontinence
- Dietary deficiencies, diabetes, malnutrition and pancreatitis
- Overweight and obesity
- Seizures and neuropathy
- Sexual dysfunction
- Cancers (particularly mouth, oesophagus, throat, liver and breast)
- Immune system impairments.<sup>2,3,5,6</sup>

### *Post Operative Complications*

If older people require surgery, risky alcohol use (>24 grams/day for women and >36 grams/day for men) can also increase the likelihood of postoperative mortality and complications such as infections, wound and pulmonary problems.<sup>7</sup> Abstaining from alcohol for four to eight weeks preoperatively can reduce risk of complications.<sup>8</sup>

### *Responses*

Responses to multiple morbidities with substance use problems include:

- Ensuring health and welfare workers possess essential knowledge and skills about drug problems, ageing and multiple morbidities
- Enhancing inter-professional practice
- Improving primary care, ageing and specialist drug service coordination
- Utilising specialist drug workers in consultation, liaison and education roles with other services
- Co-locating specialist services and encouraging interagency placements
- Ensuring funding arrangements develop service capacity to respond to older people with multiple and complex needs
- Developing local maps of service referral pathways
- Encouraging consistent approaches to screening, assessment, clinical notes, referral, care coordination, case management, client information, data sharing and training.

This information sheet is from the *Grey Matters Information Sheet Series* developed by the National Centre for Education and Training on Addiction, Flinders University to reduce alcohol- and other drug-related harm among Australians aged 55 and over.

This Information Sheet and other resources on alcohol and drugs and older people can be located at: <http://nceta.flinders.edu.au/index.php?cID=590>



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