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.¹

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.¹

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.²

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.³

Alcohol problems and depression are common comorbidities. A majority of older people with major alcohol-related problems have a history of depression.⁴ Among depressed older people alcohol problems can be 3 to 4 times greater than among non-depressed elderly.⁵ 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.⁴
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

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

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. Abstaining from alcohol for four to eight weeks preoperatively can reduce risk of complications.

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.