



## GREY MATTERS:

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

### Information Sheet 4



## Prevention and screening programs

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Various strategies have been developed to address obesity, stroke, heart disease, diabetes, dementia, falls, depression etc. among older people. However, little attention has been directed to the risks associated with substance use among older people.<sup>1</sup>

Limited information is available for consumers and health care providers on approaches which can prevent, detect and/or address late-life problems. Many broader population approaches are neither age-specific nor sufficiently sensitive to older peoples' biological and social characteristics.<sup>2</sup>

Various measures exist that could reduce risks of alcohol- or drug-related harm among older people. For example, some gambling venues, social clubs and sporting facilities (such as bowling clubs) provide alcohol cheaply as a means of attracting and retaining patrons. Reducing these practices could reduce risky drinking.

Clearly defined policies and practices concerning the availability of alcohol in retirement villages and nursing homes could also reduce risky drinking.

Opportunities exist to promote healthy ageing and prevent alcohol- and other drug-related problems

through synergies with other health promotion strategies. This includes, for instance, prevention efforts to reduce obesity, as alcohol is a rich source of empty calories.

It is also important to improve the use of psychoactive medicines commonly prescribed to older people including benzodiazepines, opioids, anti-depressants and anti-psychotics. Use of these medicines should be evidence-based and generally not used as first line treatments for conditions such as:

- anxiety
- insomnia
- depression
- chronic non-cancer pain
- dementia.

Other non-pharmacological approaches are better supported by evidence.<sup>3</sup>

It is also important to enhance older peoples' awareness of the risks of combining alcohol and other drugs with a variety of medicines, as they can interact in unintended ways.<sup>4</sup> This can be particularly problematic for older people whose ability to absorb, metabolise and excrete medicines may be compromised.

## Screening

All older people should be screened for substance use:

- To provide feedback and reinforce low risk patterns of consumption
- As a first step in early/brief intervention
- To detect and facilitate treatment of more severe substance use problems.

However, health care professionals may:

- Be unaware of how to screen for substance use among older people
- Not know what to do if a problem is identified
- Mistake symptoms of problematic use for other health issues (e.g. depression, falls and sleep problems)
- Not give substance use the same priority as other presenting health concerns and have insufficient time to explore it.<sup>5</sup>

In addition, current screening tools may not:

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

Laboratory testing can also help to detect alcohol problems. Mean corpuscular volume (MCV) and gamma-glutamyl-transpeptidase (GGT) are sensitive markers for detecting harmful alcohol use among older populations.<sup>6</sup>

The Alcohol-Related Problems Survey (ARPS) is an age-specific instrument initially developed in the United States and recently adapted to the Australian context. It considers the older person's medical history and medication usage, alcohol consumption, recent significant losses (such as bereavement), social mobility and isolation. It therefore more accurately identifies older adults at risk of experiencing alcohol-related harms than other screening instruments.<sup>7</sup> No equivalent screening tool has yet been developed for drugs other than alcohol.

Screening should occur as part of the regular physical examination. Triggers for screening include:

- Changes in sleeping patterns, fatigue, malaise, daytime drowsiness or sedation
- Cognitive impairment, memory or concentration disturbances, slurred speech, disorientation, confusion, restlessness and agitation, irritability, altered mood, depression or anxiety
- Seizures, malnutrition, muscle wasting, tremor, motor incoordination or a shuffling gait
- Unexplained nausea, vomiting, gastrointestinal distress, liver function abnormalities or changes in eating habits
- Unexplained chronic pain or other somatic complaints
- Incontinence, urinary retention, difficulty urinating, poor hygiene and self-neglect
- Frequent falls and unexplained bruising.<sup>7</sup>

Alcohol and other drug prevention and screening programs can make a significant contribution to enhancing healthy ageing in Australia. This will become increasingly important as the population ages, but relies on a knowledgeable and skilled primary health care workforce as well as screening tools that can detect harmful patterns of use.

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>

