

Harmful Drinking in the Elderly

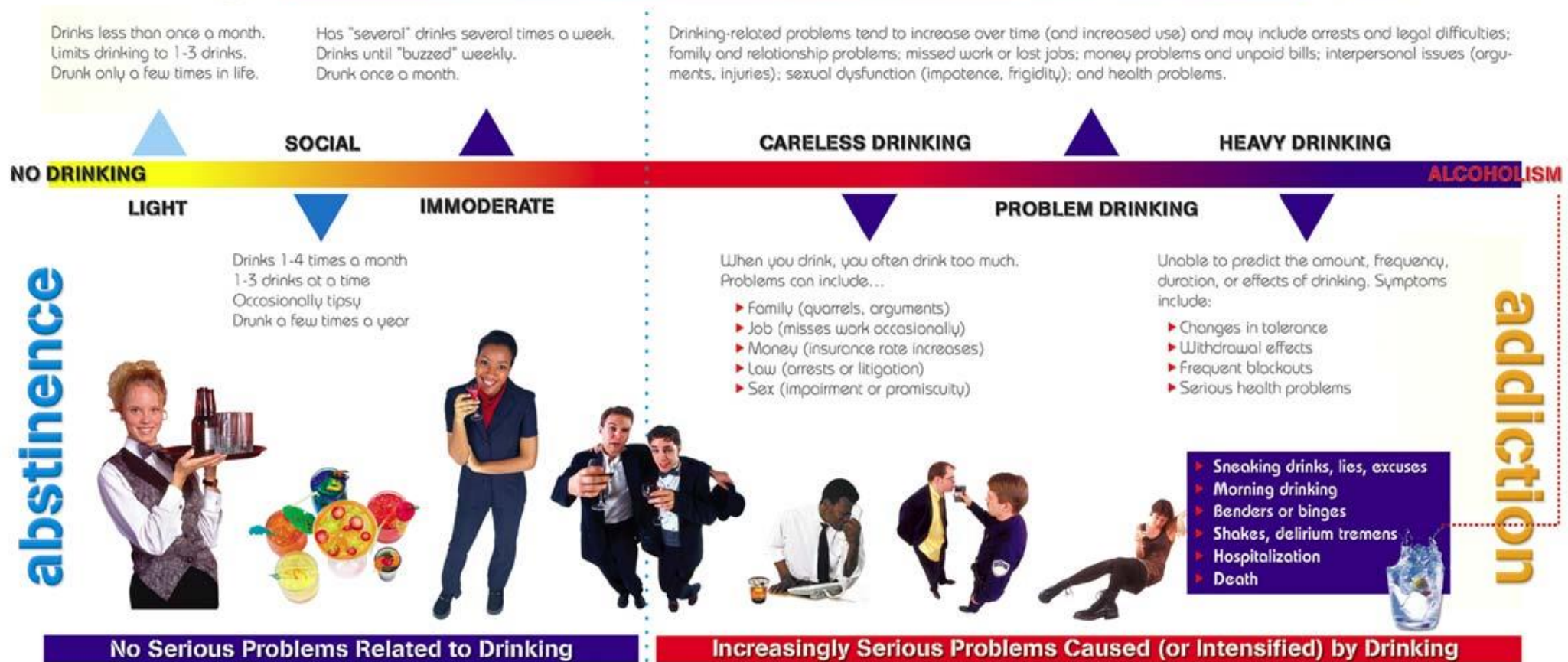
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DRINKING & BEHAVIOR



A CONTINUUM OF USE & ABUSE



Bottom line: You don't have to be an alcoholic to have a drinking problem. (And you don't have to create more problems for yourself before you do something about it.)



Elderly Problematic Drinkers

- 2/3- Early Onset drinkers
- 1/3 –Late Onset drinkers
- Hidden and Increasing problem

Why is It Hidden?

- Low index of Suspicion
- Elderly more likely under report their drinking
- Alcohol Mimics / competes other medical conditions
- Beliefs and myths
- Shame and discomfort

Screening Tools

- MAST-G
 - 24-yes /No Questions
 - Age Specific
 - High Sensitivity 91-93%, specificity 65-84%
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- THE 4 L's
 - -L=Lover
 - -L=Liver
 - -L=Legal
 - -Livelihood

Treatment Approaches

- Education –Re Safe Use
- Brief Interventions, mental health assessment/treatment
- Family Work
- Motivational Counselling
- Cognitive Behavioural Approaches
- Group Support Work

Effects of Alcohol in Resthomes

- Delirium/cognitive Impairment (4-10% Dementias Alcohol related)
- Disinhibition/ Disruptive to other residents...staff resources
- Safety Issues...(often smoking within the complex)
- Falls...RH duty of Care
- Value Judgements, family Involvement, supply issues
- Lack of other care options

Family Issues

- Acknowledging the problem, Where to get help, Safety issues
- Getting Accurate Information and Appropriate Support
- Other substance use within the family
- Embarrassment, Guilt and Shame
- Management Strategies for Family eg enabling
- Crisis management, Treatment sabotage, Neglect, Elder Abuse

In Conclusion

- Recognition of the problem is difficult
- Treatment is Effective
- Treatment Should be tailored to suit the Older Person
- The problem will increase in the Future , by 2020 numbers estimated to double

Brief Case Study ; Jan

- 72 yr old European, Divorced female, 3 Adult children and Grandchildren
- Currently lives in a serviced apartment within a Resthome complex (Aug 2015)
- Approx 30yr History of heavy Alcohol use
- Meets dependence criteria DSM4.7-7 , with multiple past admissions for severe Alcoholism and medical detox
- A number past AoD residential treatments , mostly residential.
- Severest period last 12-13years
- Non smoker, no other drug use

Past 2 Years

- July 2015-Admitted ADHB-Older Persons Health, following a fall, when heavily intoxicated
 - Jan has a history of Osteoporosis and spinal scoliosis
- A History of Major Depressive Disorder pre-dating her drinking
- Resthome Life for Jan , as she continued drinking

Making Decisions for Change

- MDT meeting with resthome management, Jan and her family, and GP
- Outcome of Meeting and Plan
- Interventions
- Current-3 month Plan- Jan, Family, Resthome Staff

