



# Evidence-based services for older people

**What would they look like?**



■ **Daphne Rumball**  
**Addictions Psychiatrist**

□ **Pravin Prabhakaran**  
**Staff Doctor / SpR**

**Norfolk & Waveney Mental Health  
Partnership NHS Trust**



# Acknowledgements

- **Ed Day**

- **Senior Clinical Lecturer**  
**University of Birmingham**

- **Clive Rennie**

- **Lead Commissioner Mental Health**  
**Norfolk PCTs**



# Overview

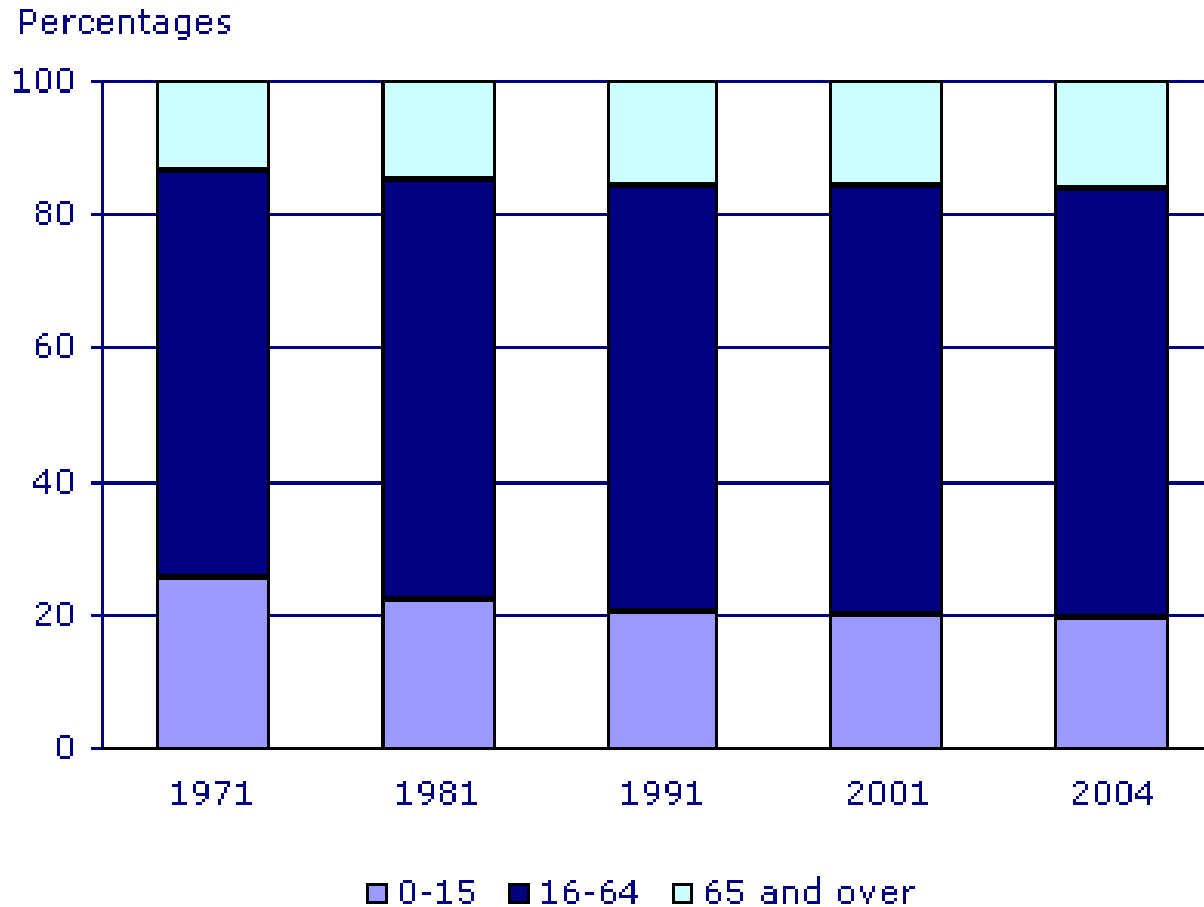
- **What is the extent of need?**
- **Why is the provision missing?**
- **What is a good service?**
- **What is needed to achieve such services?**

# Definition

- **How old is 'older' ?**
  - **Studies vary 50y+, 55y+, 65y+**
- **Studies all agree a rising prevalence and a hidden population**

# Ageing

## 16% of UK population are aged 65 or over



# The UK has an ageing population

- The population grew 7% in the last 30 years  
Population growth not occurring evenly across age groups
- The proportion 65y and over increased from 13% to 16%
- The % of people under age 16 is falling

# Hidden population

- Studies suggest a doubling of drug problem prevalence over next 20y based on projections from National Household Survey (US) and population trends including the baby boom
  - Gfroerer et al 1999
- Despite validated instruments, population is not being identified
  - Curtis JR et al 1989



# Demography

- **Established substance users**

- Alcohol

- Drug users growing older

- **Late onset problems**

- relatively new for illicit drugs

- Recognised for alcohol, especially more affluent and women

# Alcohol problem prevalence

- People over 65y have lower consumption patterns than the rest of the adult population
- Alcohol and drug misuse is the third biggest health problem among Americans 55y and older
- 2-15% of older people in the community have alcohol problems
- Up to 50% of USA older medical or psychiatric inpatients misuse alcohol or drugs

# Consumption

- **17% men & 7% women aged 65y+ consume more than recommended limits**
- **1984-96 the percentage of men 65y+ drinking >21 units/week increased by 50%**
- **1994 General Household Survey**

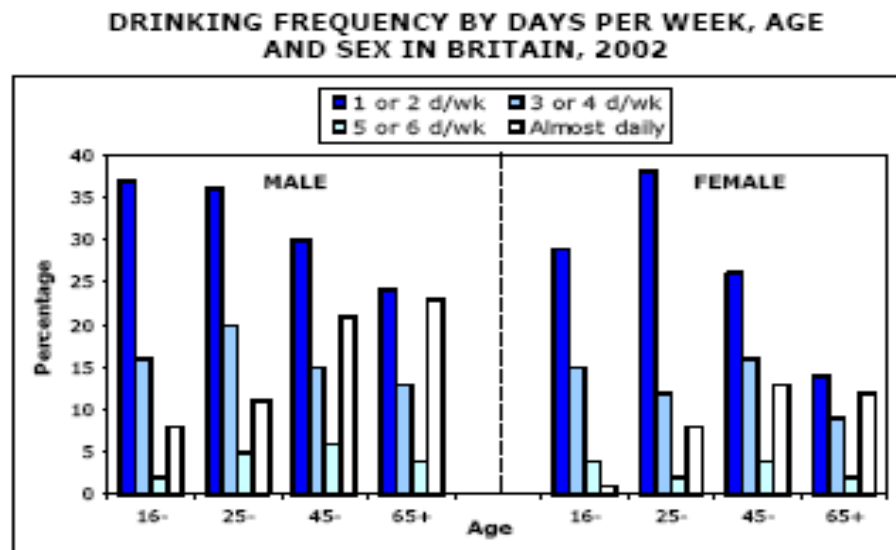
# Daily drinking

- **Volume decreases with age but frequency increases**
- **21% men and 12% women 65y+ drink daily**
  - **2001 General Household Survey**

## Our drinking patterns change with age

- The age of highest consumption is 16-24: 14 per cent of men and 7 per cent of women drink respectively more than 50 and 35 units per week at this age. Drinking at this age tends to be concentrated in fewer days of the week: 5 per cent of men and 3 per cent of women at this age drink daily
- While the volume of alcohol consumed lessens with age, regularity of consumption increases: those over 45 are more likely to drink daily.
- 21 per cent of men and 12 per cent of women over 65 drink daily.

Source: GHS 2001



Sources: Lader and Meltzer (2002)

# Illicit drug problem prevalence

- **<0.1% illicit dependence in older pop**
- **Probable lack of recognition but rising**
- **High in special populations**
- **Frequency up to 71% in prison population but less than 1/3 had ever received treatment**
  - **Arndt et al 2002**

# Drugs: Complexity of need

- **Dependence on prescribed drugs**
  - opiates for pain
  - benzodiazepines
- **OTC medicines**
  
- **associated physical illness**
- **associated psychiatric illness**
- **dementias**

# Prescribed and OTC dependence

## ■ Analgesics

- links with chronic pain and depression

## ■ Hypnotics and tranquillisers

- often commenced in context of depression or loss

## ■ 92 % misuse >5 years.

## ■ 60% correlation between prescription drug abuse and previous or active alcoholism

- [Jinks MJ](#), [Raschko RR](#) (1990)



# Physical illness co-morbidity

- Older women especially at risk for alcohol problems
  - more likely than men to outlive their spouses and face other losses that may lead to loneliness and depression
- Physiologically, women are at greater risk for alcohol-related health problems as they age
  - Blow FC, Barry KL (2002)

# Psychiatric co-morbidity prevalence

- **The Drinking Problems Index: a measure to assess alcohol-related problems among older adults**
- Links: more depression, less self-confidence, participation in fewer social activities
  - Finney JW, Moos RH, Brennan PL.(1991)
- **Drinking among elders elevates suicide risk through interactions with depressive symptoms, medical illness, negatively perceived health status, and low social support.**
  - Blow FC, Brockmann LM, Barry KL. (2004)



# Barriers to identification

- **No expertise / training for working with older people**
- **Professionals don't ask if they won't know what to do**
- **Self referral not promoted to older population**



# Local barriers

- **Reception areas target younger people**
- **No information for older users**
  
- **No networks with community resources**
- **No pathways for onward referral**

# Systemic barriers

- **Stigma inhibiting disclosure**
- **Stigma inhibiting discussion**
  
- **Ageist view of needs of older people**
- **Lack of professional interest**
- **Doctors not asking or referring**
  - Curtis JR et al 1989

# Local evidence of need

**Treatment users in a rural / coastal / urban  
English county: Norfolk**

<b>Drug users</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Totals at 2005</b>
<b>50-59</b>	<b>15</b>	<b>48</b>	<b>154</b>	<b>309</b>
<b>Over 60</b>	<b>3</b>	<b>12</b>	<b>47</b>	<b>93</b>

**Regional drugs health information unit 2005**

# Local case finding

- Audit into alcohol history documented in the medical notes
- 49 case notes studied in elderly psychiatric inpatients
- 17 male & 32 female

# No documented alcohol history

- 22 of 32 female patients
- 7 of 17 male patients
  
- 9 patients of the these had MCV in the range 96-105 ( abnormal, high: indicating possible chronic alcohol use)



# Nursing Staff Views in old age psychiatric services

- Not aware of any specialist service
- Could give advice, but not professional as no training
- More patients undergoing detox than in the past
- Ageist attitude of Govt authorities



# Knowledge of services

- **Potential clients**
- **Potential referrers**

# Why is the provision missing?

- **Funding is for 16 – 65y**
- **Provision embedded in adult services**
- **Skill area of practitioners is 16 – 65y**
- **Screening excludes older populations**
- **Low political priority:**
  - **non-offenders**
  - **low BBV / public health / economic risk**

# What's known to be effective?

- Once identified, the evidence to date suggests that older people may respond at least as well as younger people to treatment.
  - McGrath A, Crome P, Crome IB. (2005)

# Brief interventions

- **Primary and specialty care providers can be trained to provide motivational brief alcohol interventions targeted to the older patient in a range of health care settings**
- **Up to 60% of older at-risk drinkers may need either more intense or innovative approaches to help them cut down or stop drinking**
  - [Blow FC](#), [Barry KL](#) (2002)

# Elder-specific I/P alcohol treatment

- 1/3 had co-morbid psychiatric disorders
- older adults who receive elder-specific treatment attain positive outcomes across a range of outcome measures
- psychological distress decreased for abstainers and non-binge drinkers
  - Blow FC et al (2000)

# Treatment of opiate dependence

- **Study of methadone maintenance (MMT) patients >55y**
  - **Approx 6% of patients in MMT are >55y**
- **Not different from younger patients in medical or psychiatric problems or employment**
- **Did better in treatment than younger patients**
  - **Firoz S, Carlson, G (2004)**

# What should a service look like?

- **Access by multiple referral routes**
  - **Emphasis on physical wellbeing**
- **Well networked with community resources**
- **Strong links with mental health**
- **Targeted info for older service users**
- **Local sites of consultation, 1<sup>o</sup> care**



# What would it do?

- **Treat optimistically**
- **Promote harm reduction for drinkers through use reduction**
- **Provide alcohol detox in medical settings**
- **Maintenance prescribing for opiates**
- **Gradual withdrawal for OTC / Px meds**

# Talking treatments

- **Brief interventions**
- **Motivational therapies**
- **Psychological assessment + targeted therapy**
  - **Guided self management**
  - **Relapse prevention**
- **Group work**

# Psychosocial and medical

- **Treatment of underlying problems necessary and often more acceptable approach to treating dependence**
- **Interventions to address**
  - **Social isolation**
  - **Physical illness**
  - **Psychiatric illness**

# Liaison

- **Primary care / shared care**
- **Joint consultation with pain clinics**
- **General hospital liaison**
- **Work with relatives**
- **Links with dementia services**
- **Pharmacists for medicines advice**

# What else?

## Teach and train

- Case-based
- Formal teaching

## ■ Objectives

- Reduce prejudice and stigma
- Improve detection and engagement in treatment

# And - - -

## ■ Research

- Local needs: nature and prevalence
- Appropriate screening instruments
- Relevant guidelines
- Effective interventions
- Populations with special needs; settings, co-morbidities
- Effective treatments in specialist, community and primary care

# User involvement

- USA style



**OLDER AMERICANS**  
Substance Abuse & Mental Health  
Technical Assistance Center

- to enhance the quality of life and promote the physical and mental well-being of older Americans through the provision of technical assistance by reducing the risk for and incidence of substance abuse and mental health issues late in life.

# Foster commissioning

- **In all elements of DAATs and PCTs**
  - **Healthier Communities and Older People: Local Area Agreements**
    - **Mental health & wellbeing category**
    - **Reducing falls – PCT target**
  - **Locality-based commissioning**
    - **Integrate >65 + <65y**
  - **PCT commissioning of prison healthcare**
  - **Equity commissioning principles**





# Thankyou

- **Collaborators**
- **Conference organisers**
- **Optimistic colleagues who make referrals**
- **Service users who are growing older!**