

Geriatric Certificate Training Booster: Accidental Addiction in Older Adults

Full-day, 7 Hour Training

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Brief Description

Understanding substance use in Older Adults is a critical part of helping individuals create and sustain quality of life across the lifespan. We know that approximately 17% of adults over the age of 60 abuse substances (approx. 5.4 million Americans) and by 2020, the number is expected to increase to 10.8 million Americans, if not more. Of those that abuse substances, 70% of Older Adults who abuse or are dependent on alcohol/drugs did so earlier in their lives and have a history of either substance abuse or addiction; and 30% of Older Adults who are abusing or dependent on substances, developed the pattern of abuse or dependence after age 60. Despite these high numbers, our health care community is ill equipped to diagnose and treat Older Adults with addiction issues and we have a dearth of treatment providers who are trained and adept at working with Older Adults who have addiction issues.

A subset of Older Adults who develop physiological and psychological dependence on substances are individuals who have engaged in mild to moderate substance use during their youth or earlier adulthood; and despite having not increased the amount that they use these of these recreational or prescribed substances, they develop an addiction to these substances without any insight into their addiction. These Older Adults can be described as having developed an “accidental addiction”, which is sometimes called “pseudo-addiction” in the literature. Another subset of Older Adults who develop an accidental addiction are those who are prescribed medication or substances to treat a specific medical condition or injury that has healed or subsided, but who have now become addicted to the medication or substance post medical necessity.

Older Adults who have developed accidental addiction are even harder to identify and often go undiagnosed, misdiagnosed, and untreated for a variety of reasons: (1) Physicians often overlook symptoms or attribute them to other medical conditions; (2) Family members often attribute negative attitudes and behaviors to “going senile” or “getting old” or being “a crotchety curmudgeon”; (3) Family members may be afraid to confront the Older Adult for fear of denial and retribution (e.g., being denied an inheritance); (4) The individual may not recognize that the problem as developed if the substance use pattern remains unchanged from earlier adulthood; (5) In the case of Older Adults with chronic pain, recent injury, or acute illness, addiction can easily go undetected because they have a “reason” to use their medications and do not recognize their later dependence.

This training is designed to help providers understand the different manifestations of addiction in Older Adults and the difference between late life addiction and late life accidental addiction; understand the context of addiction and accidental addiction in Older Adults as it pertains to risk factors and warning signs, social effects, and interactions with mental and physical illnesses or conditions. We will also explore manifestations of addiction and accidental addiction in Older Adults who have chronic pain, terminal illness, or dementia and we will look at specific considerations as it pertains to marijuana and cannabis use in this population, inclusive of the addiction potential with marijuana/cannabis. Lastly, the training will define and illustrate different treatment issues associated with working with Older Adults who have addiction and accidental addiction.

Learning Objectives

1. Define the different types of addiction present in Older Adults and differentiate among the various types, with specific emphasis on defining and understanding accidental addiction.
2. Explain the risk factors, warning signs, and social effects associated with addiction and accidental addiction.
3. Identify the possible interactions among addiction/accidental addiction, mental illnesses, and physical illnesses.
4. Describe manifestations of addiction and accidental addiction in Older Adults who have chronic pain, terminal illness, or dementia.
5. Identify and consider specific implications of marijuana and cannabis use in Older Adults inclusive of addiction potential.
6. Define treatment options and considerations for Older Adults who struggle with addiction and accidental addiction.

Training Outline

1. Introduction and Context
 - a. Statistics
 - b. Underdiagnosis
 - c. Defining Older Adults
 - i. Generation X: Born 1965 to 1976 (41-52)
 - ii. Baby Boomers: Born 1946 to 1964 (53-71)
 - iii. Traditionalists or Silent Generation: Born 1945 and before (72+)
2. What addiction looks like in later adulthood
 - a. Understanding substance use across the lifespan
 - b. Individuals who develop addiction in youth or early adulthood
 - i. Individuals who sustain long term recovery
 - ii. Individuals who relapse in Older Adulthood
 - iii. Individuals who have been active in their addiction throughout their lives
 1. With no periods of recovery
 2. With intermittent periods of recovery
 - c. Individuals who develop addiction in Older Adulthood
 - i. "Typical addiction process"
 - ii. Addiction to prescription medications post-injury
 - iii. Mild-moderate drug or alcohol use during adulthood which becomes problematic due to physiological changes that cause dependence in Older Adulthood
3. Risk Factors and Warning Signs
 - a. Genetic and biological predispositions
 - b. Physiological Changes
 - i. Hormonal changes
 - ii. Body composition

- iii. Circulatory, thyroidal, pulmonary, organ, and cardiac changes
 - iv. Fatigue and loss of physical strength
 - v. Balance and motor coordination
 - vi. Speech and vision changes
 - vii. Withdrawal symptoms
 - c. Cognitive Changes
 - i. Resulting from substance use
 - ii. Degenerative dementias
 - d. Gender Differences
 - e. Ethnic/Race/Cultural Differences
 - f. Social and Familial Changes
 - i. Identity and social role changes
 - 1. Redefining meaning and purpose
 - 2. Retirement/empty nest
 - 3. Familial changes
 - a. With children and grandchildren
 - b. With spouse
 - c. Late-life divorce
 - 4. Social stigma and lack of respect
 - ii. Grief and loss
 - iii. Boredom
 - iv. Trauma (early or late life)
4. Social Effects of Substance Use in Older Adults
 - a. Interpersonal relationships with friends, family, and spouses
 - b. Ability to work or volunteer
 - c. Ability to live independently or cooperatively with others
 - d. Ability to manage finance and other legal affairs
5. Interactions with mental illnesses
 - a. Depression
 - b. Anxiety
 - c. Bipolar Disorder
 - d. Psychosis
 - e. Sleep Disorders
 - f. Suicide Risk
6. Interactions with medical conditions
 - a. Post-operative pain
 - i. For individuals who have a history of addiction
 - 1. Currently in recovery
 - 2. Currently active in their addiction
 - ii. For individuals without a history of addiction
 - b. Increased fall risk and injury
 - c. Drug-drug interactions
 - d. Exacerbation of medical symptoms
 - e. Masking medical symptoms

- f. Negative effects on common neurological disorders
 - i. Substance specific dementia
 - ii. Other dementias
 - iii. Traumatic Brain Injury
 - iv. Parkinson's Disease
 - v. Huntington's
- 7. Additional Considerations
 - a. Chronic Illness and Palliative Care
 - b. Terminal Illness and Hospice
 - c. Individuals with dementia
 - d. Mental Illness and Psychotropic Medications with abuse potential
 - e. Marijuana/Cannabis
 - i. Cancer
 - ii. Pain
 - iii. Nausea and weight loss
 - iv. Anxiety
 - v. Sleep
- 8. Treatment Considerations
 - a. Assessment
 - i. Primary Care and Emergency Room staff screening
 - ii. Types of screening
 - iii. Family education
 - iv. Faith leader education
 - b. 'Interventions' with Older Adults
 - i. Willingness, Readiness, and Motivational Interviewing
 - ii. Adherence/Compliance
 - c. Age-specific treatment
 - i. Trained providers
 - ii. Case conceptualization
 - iii. Generational specific considerations and interventions
 - 1. Historical and cultural differences
 - 2. Sociological differences
 - 3. Educational and vocational differences
 - 4. Technological differences
 - iv. Appropriateness of different levels of care
 - v. Holistic interventions
 - vi. Inclusion of faith community
 - d. Interventions with Older Adults
 - e. Receptivity to AA
 - f. Accessibility of treatment
 - g. Limitations to working with Older Adults
 - i. Physical limitations
 - ii. Cognitive limitations