

Helping Older Persons with Addiction Problems:

Help with Alcohol Withdrawal

Denise Bradshaw
Seniors Well Aware Program
Vancouver B.C. Canada
Email: swap@bluecrow.com

Charmaine Spencer
Gerontology Research Centre
Simon Fraser University
Vancouver B.C. Canada
Email: cspencer@home.com

Mrs. Sutton

- Is 69 years old. She first began drinking when she was training to be a nurse shortly after WWII. However, her alcohol consumption only became a problem in her life during the last five years. Because of arthritis and surgery, she uses a walker to help her get around.

Mrs. Sutton...

- She has tried to quit on her own on two occasions in the past. The first time, she ended up in hospital with pneumonia and severe dehydration. She did not mention the fact that she was trying to quit to anyone.

Mrs. Sutton...

- The second time, her physician mentioned that there were two detoxification centres she might consider. When she phoned the first, they stated “Sorry, we can’t take anyone using a walker”.

Mrs. Sutton...

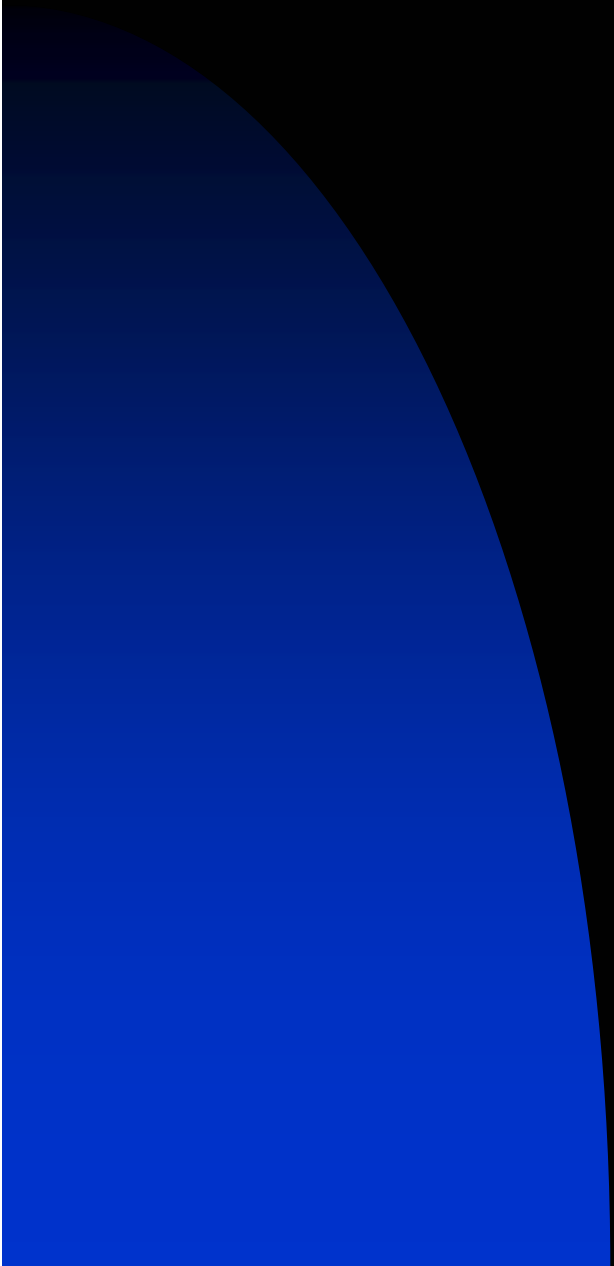
- At the second, she found that she would have to wait up to two weeks because of the waitlist. “I don’t think I can hold out that long. I really need to quit now.”

Mrs. Sutton...

- In the meantime, Mrs. Sutton became more and more apprehensive about going to the detox centre and her drinking increased even further.
- Stayed at the centre two days,
- Was transferred to the hospital because she injured herself getting up at night to go to the washroom.

Background

- In Canada between 138,000 and 220,000 seniors experience problems with alcohol misuse or dependence which can significantly undermine their health and quality of life.

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- Addiction research estimates that only 15% of the people who need specialized treatment, will seek it during a given year.
 - Of those seeking treatment, 40% will require detoxification.

Home Detoxification

The need for home detoxification – has been recognized in pilot projects in several communities across Canada (Victoria - the first, Vancouver, Burnaby, Toronto, small B.C. communities among others)

- The Vancouver & Burnaby programs have been operational for over 4 years. Evaluated in 1998.

Understanding What's Special

- Alcohol withdrawal in seniors is harder than for younger adults. Seniors show
 - ◆ more withdrawal symptoms for a longer period of time
 - ◆ more symptoms of cognitive impairment, daytime sleepiness, weakness and high blood pressure.

Alcohol Withdrawal Symptoms

Mild

- Insomnia
- Tremor
- Nausea
- Sweating

Severe

- Hallucinations
- Seizures
- Delirium Tremens

Benzodiazepine Withdrawal

- Older women have often been on the drug for 20 or more years
- First prescribed for anxiety, difficulty sleeping. Can cause memory related problems in seniors (Rummans, Davis et. Al, 1993)

Benzodiazepine Withdrawal

- Rebound anxiety (anxiety, hysteria, abnormal illness) is very common in withdrawal unless the drug is very slowly tapered (over months). Caused by neurotransmitter imbalance. (Higgits, Fonagy, Toone & Shine, 1990).

Vancouver Program

- Vancouver's program was part of a broader provincial recognition for alternatives to detoxification centres – seniors seen as having special needs and facing special barriers in the detox centres.
- The rules at the centres, as well as the misconceptions about seniors often meant that seniors could not access the centres.



Program Development

Adapting

- Home detox concept first introduced by D.B. Cooper in Britain.
- Vancouver and Burnaby programs greatly modified this to make it more suited to the social and medical realities of older adults.
- Avoided the more paternalistic aspects of it.

The Purpose of Home Detox

Aim is safe withdrawal from a substance in an atmosphere which is familiar and comfortable to the client. This can be the person's own home, the home of a supportive relative or friend, or the home of a volunteer.

Home Detox

Planned, is not crisis oriented

- Main purpose: help prevent further deterioration in client status
- Collateral purpose: assist families

Home Detox

- Proper assessment of the senior's health and social situation
- Medical assessment (physician with program) and monitoring (nurse) for safe withdrawal
- Respect of the client
- Supports such as proper food during withdrawal

SWAP's Goal for Seniors' Alcohol Withdrawal

In both the home detox and withdrawal management components

The goal has been to help the person maintain independence in the community as long as possible.

Mr. Hart

- Is 74 years old and has never married.
- Currently lives in a small West End apartment.
- Worked for 47 years selling heavy equipment, where he was expected to entertain potential clients.
- Spent much of his life on the road, until his retirement, eleven years ago. He has a good pension from his company.

Mr. Hart...

- Mr. Hart was well known in the community for his volunteer efforts, before and after retirement. However, he has not been volunteering for at least six months now.

Mr. Hart...

- At best, Mr. Hart's health can be described as "fair". He injured his back in a car accident in 1981, and still has residual pain from the accident.

Issues in His Life

- Smokes heavily, particularly if he has been drinking.
- When drinks, usually does not eat.
- Incontinence in the last few months and neighbours have begun complaining about the smell.
- Home support refuse to go in to clean.

Mr. Hart...

- Currently, Mr. Hart faces being evicted from his apartment: twice in the last year, he has fallen asleep, leaving supper on the stove to burn. Neighbours called the fire department because they thought there was a fire.

Problems that Seniors Were Experiencing

Prior to SWAP's assistance, seniors were experiencing

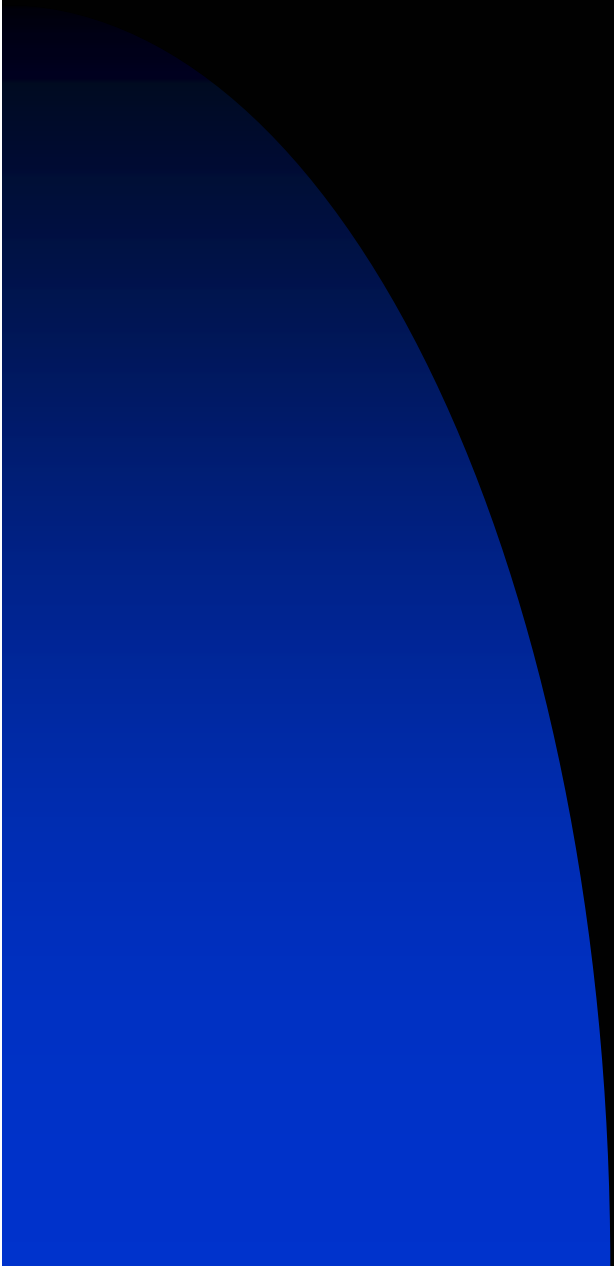
- Repeated falls
- Hospital admissions/ readmissions
- Very poor nutrition and hygiene;
- “Not coping well”;

Common Health Problems

- The most common problems included mobility (22%); heart problems (13%); depression (20%); falls (20%); liver deterioration/ liver disease (18%); respiratory problems (15%); and cognitive difficulties (20%).

Other health problems included

- strokes, arthritis, incontinence, malnutrition; stomach/ gastro-intestinal problems; cancer, head injuries, pancreatitis, chronic pain, pneumonia, prostate, neuritis, osteoporosis, bipolar disorder, delusion, weakness, fatigue, fractures, diabetes, seizures, and HIV/AIDS.

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- Many of these health problems are reversible or at least will not deteriorate further if the senior is able to stop drinking or cut down.

Other Primary Problems

- Decreased supports or drop in the involvement of outside supports – “they felt had had it... “
- Decreased cognition, insight and judgment affected by long term use
- Repeated calls to other services

Referral Sources included

- Self referral
- SWAP counsellors
- Mental health
- Hospital social worker or nurse
- Chemical dependency resource team
- Physician
- Family/ friends
- Government agency
- Long term care
- Employee assistance program

Purpose of Withdrawal Management

- Is broader
- Home detoxification is one option of many
- Reduce and eliminate the barriers in hospitals, detox centres, other related services; so it is a broader approach

The Purpose

- In both, not just focus on the acute withdrawal, but the focus on good support before and good “aftercare”.

The Idea Behind the Withdrawal Management Concept

- Address barriers facing older adults in accessing services.
- Work for changes in policies; providers' attitudes; seniors' fears; medical issues.

Types of Help that Clients Receive in the WM Program:

- Rapport and building trust,
- Information giving
- Support and encouragement,
- Assessment,
- Monitoring.

Also...

- Referral,
- Relapse prevention,
- Harm reduction efforts,
- Advocacy,
- System negotiation,
- Planning, and
- Help with instrumental activities.

Meeting the Need

- In Vancouver downtown area, housing/ home environment is often less stable, so focus is often more on withdrawal management.
- In Burnaby, more middle class clients with stable home, so focus is on home detoxification.

Who Does Best

- If the home environment is stable, and good support from family or friends, better results.
- It is a slow process that involves a lot of support before and after to reduce the likelihood of relapse.
- If involved with support groups before/after, the seniors also seem to do better.

Client Improvements

- Clients note:
- “I can sleep at night- I can’t believe it!! – I really enjoying that” (and I’m not taking sleeping pills)
- “I look better — I put weight on (not that I think that’s good, but others seem to think so). [My doctor] tells me I’m calmer and thinking more clearly”
- “feel better”
- “more bounce in my system”
- “I can breathe better”

Family note...

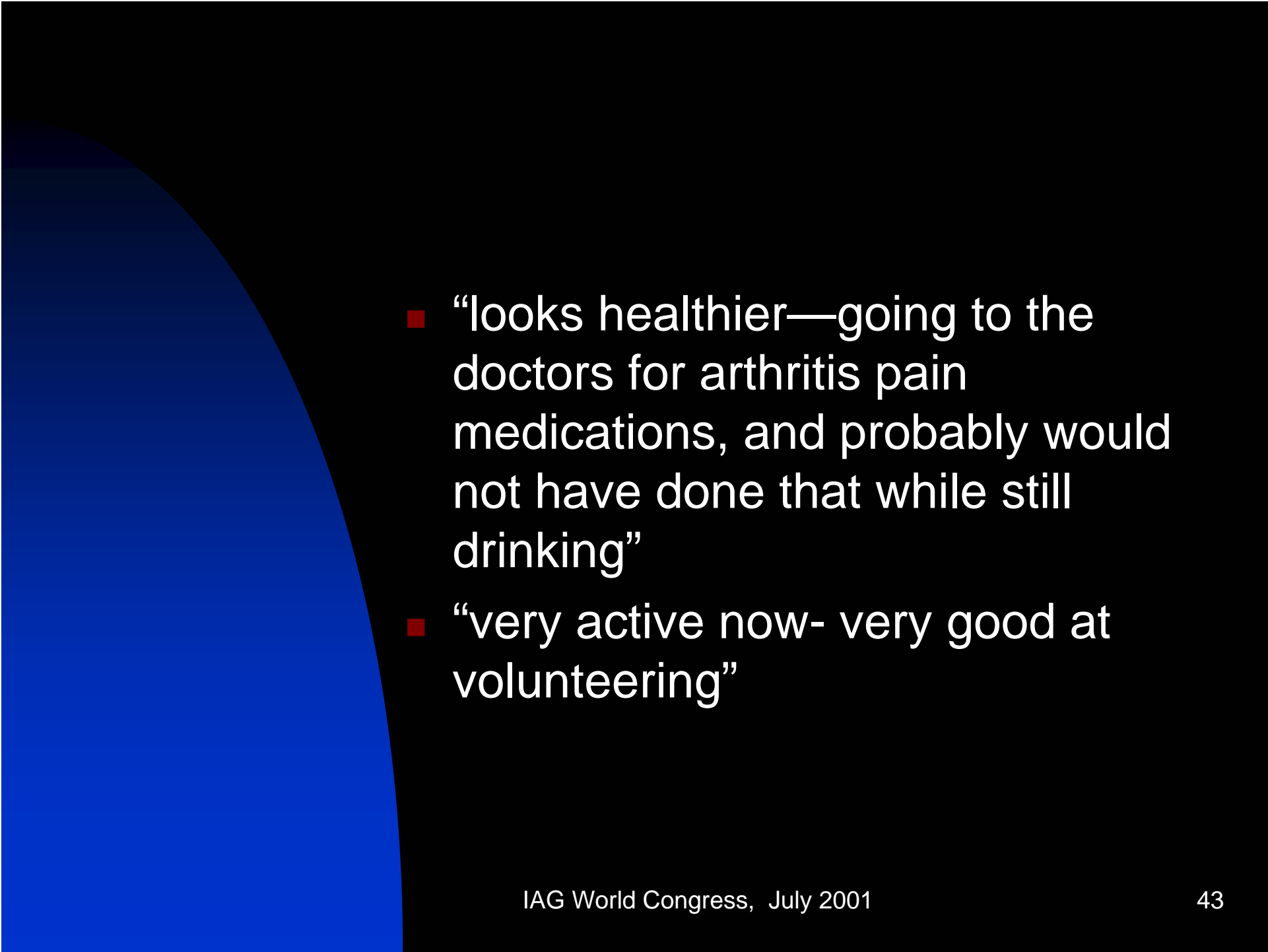
- “he’s not coughing, he has good color, ... he has lost weight—not puffy—good physique- walks better, shaking isn’t like it used to be—not take drugs--- he’s particularly chatty...”
- “she’s getting out more, doing all sorts of things that she had left behind”
- “she’s eating better”

Service providers offered these observations:

- “not falling “
- “decrease in high blood pressure”
- “improved physical appearance”
- “quit smoking”
- less irritable”
- “fewer stomach problems
- “taken off 30 pounds” (was overweight)

Also,...

- “put on 15 pounds “(was malnourished)
- “walks more”
- “chronic cough gone”
- “not look dehydrated”
- “not as shaky”
- “chain smoker– fingers aren’t as brown (smoking has decreased)”
- “busy”

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- “looks healthier—going to the doctors for arthritis pain medications, and probably would not have done that while still drinking”
 - “very active now- very good at volunteering”

- Some clients' health does not improve. For 15.6% of the men and 45.4% of the women for whom there is information, health continued to show at least some deterioration during the time that Withdrawal Management was involved. Once again, this may reflect the fact that many clients were referred during crises, or were being referred at a very late stage in their alcohol abuse history.

- Over the course of the evaluation, three individuals referred to the program died. None of the deaths occurred during withdrawal or even in the post acute stages. The deaths may reflect
 - clients' age
 - the cumulative effect of drinking on their lives, with the associated premature mortality.
 - the fact that the clients were being referred at such a late stage in their addiction, or during a health crisis, that death was an extremely likely outcome.

Changes in Clients' Mental Health

- Client and family comments give these observations on clients' improved mental health:
- “I'm comfortable with self, responsible for my own decisions, right or wrong... more control over own life these days”
- “I'm happier”
- “my daughter says I'm less irritable”
- “she is more assertive”

- “brain isn’t as agitated”
- “much happier”
- “laugh more easily”
- “I’m planning next steps, doing what’s right for me”
- “We have such a better relationship, pleasant, he calls you sweetheart (and he’s not drinking when he says it!)”
- “she looks forward to [the Coordinator] coming – it was a special day on the calendar – she started to take pride in the house- ready for him”

Conclusion

- Both of these approaches work well with older adults.
- Any approach taken has to understand older adults' needs, and go at their pace.

For More Information on these Programs contact...

Charmaine Spencer
Gerontology Research Centre
Simon Fraser University
Vancouver B.C. Canada V6B 5K3
Phone: (604) 291-5047
Fax (604) 291-5066
Email: cspencer@shaw.ca

Or

Denise Bradshaw
Seniors Well Aware Program
3rd Floor, 1290 Hornby St., Vancouver, BC V6Z 1W2
Phone (604)633-4230

Email: swap@vrhb.bc.ca