Worth the Effort at Any Age

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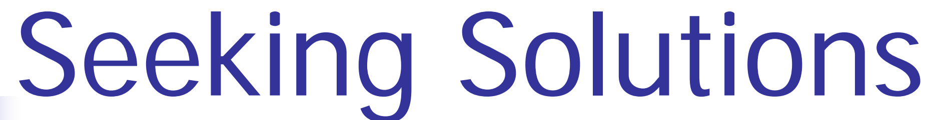


Seeking Solutions

- 3 year National Population Health Fund project
- Develop best practices materials
- Link people across country who working with or want to work with older adults; helps break clinical isolation
- Seniors and Alcohol Website www.agingincanada.ca
- OPAAL: email list, provides most current info on substance use, health and mental health issues

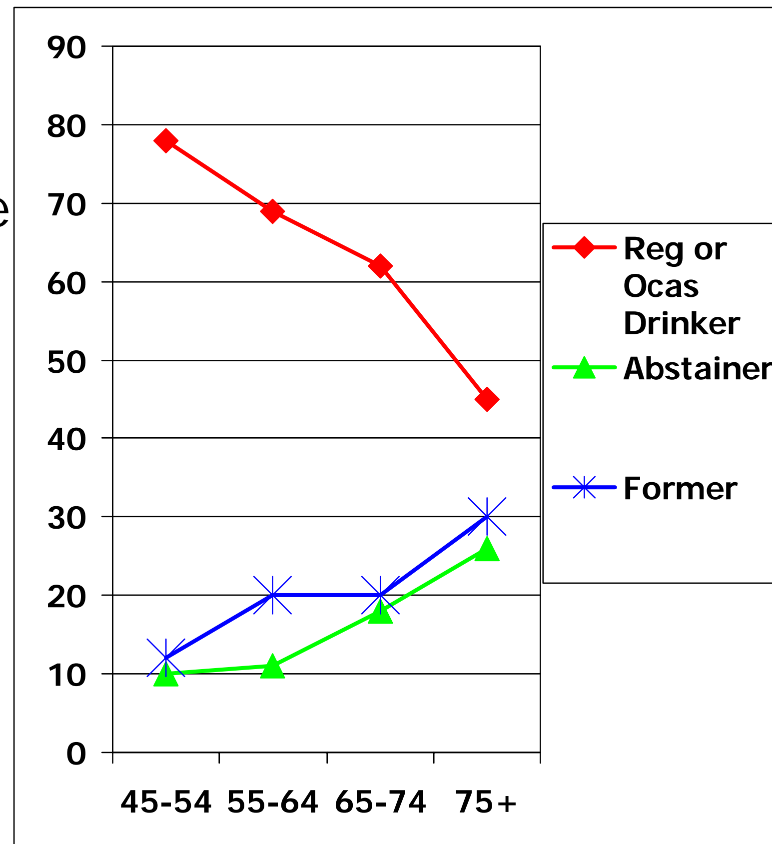
A Few Figures

Who is an "Older Woman"?

- Currently in Canada: 2.28 million women aged 65+
- The Wave of the Future: "Baby Boomer women (born 1945 to 1964). First will reach 65 in 2011. (3.87 million women in this category)
  - They are 24.% of female pop;
  - They are 1/3rd of female adult pop.
- Estimate: currently 68,400 to 114,000 of women 65+ in Canada with substance use problems

Older Women Drinkers in Canada

- % women occasional or regular drinkers decreases with age
- 78% drinkers among women 45-54 (younger segment of the baby boomers) & decreasing to 45% drinkers among women aged 75 and over



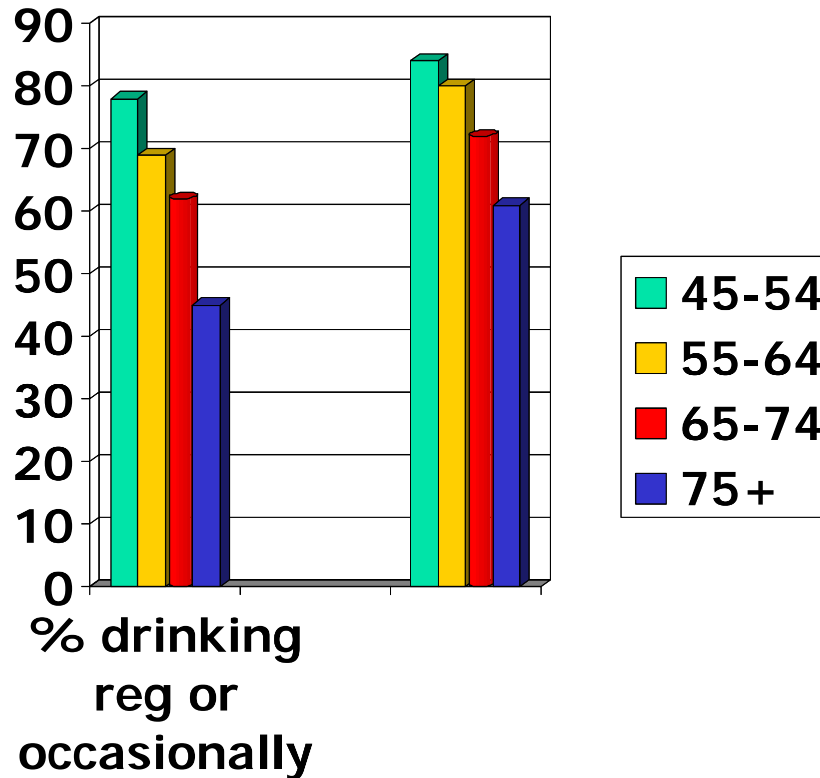
Source: 1998-9, Statistics Canada.

When looking at substance abuse problems among older women, also consider…

- % of problem drinking among older men: many older women are often *substance use affected* (i.e., their spouse or aging parent has problem)
- *% drinkers at all ages and both sexes increases with higher income and higher education.*
- 22% of older drinkers drinking 4+ days a week, compared to 11% general adult pop.

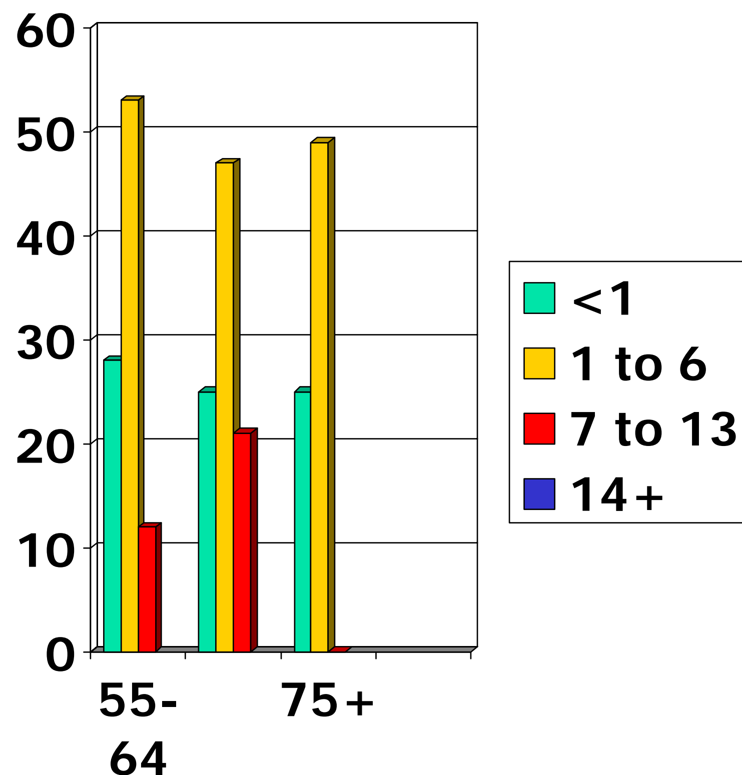
Comparison of Older Women and Older Men Drinkers in Canada

Source: 1998-9, Stats Canada



Older Women: Regular Drinkers, Level of Drinking

- % of women non-drinkers increases as they age,
- BUT, the amount consumed by the remaining women drinkers does not change much
- AND health may change, medication use may change



- **Source:** Statistics Canada, Catalogue No 82M0009XCB.

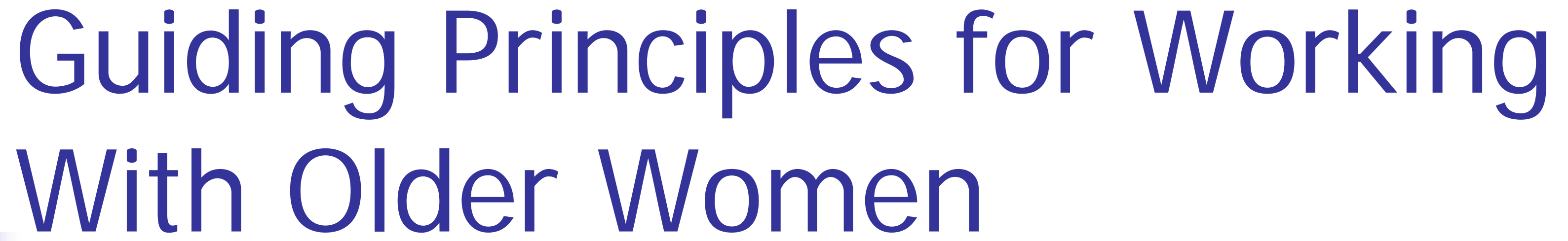
What's Different for Older Women

Compared to younger women:

- Health differences
  - BAC; more body fat; taking medications that interact with alcohol
  - Hypertension (1 in 3 women aged 65+ has high blood pressure, >40% of those 75+)
- Generational ideas about drinking;
- Strong social stigma
  - Societal concepts of the "good mother"; "good grandmother"; perspectives on aging

Adverse consequences for older women

- Not a “last pleasure”
- Significantly affects physical & mental health, independence, mobility, memory, cognition, social relations
- Increases risk of harm by others
- Counterproductive to “aging well”



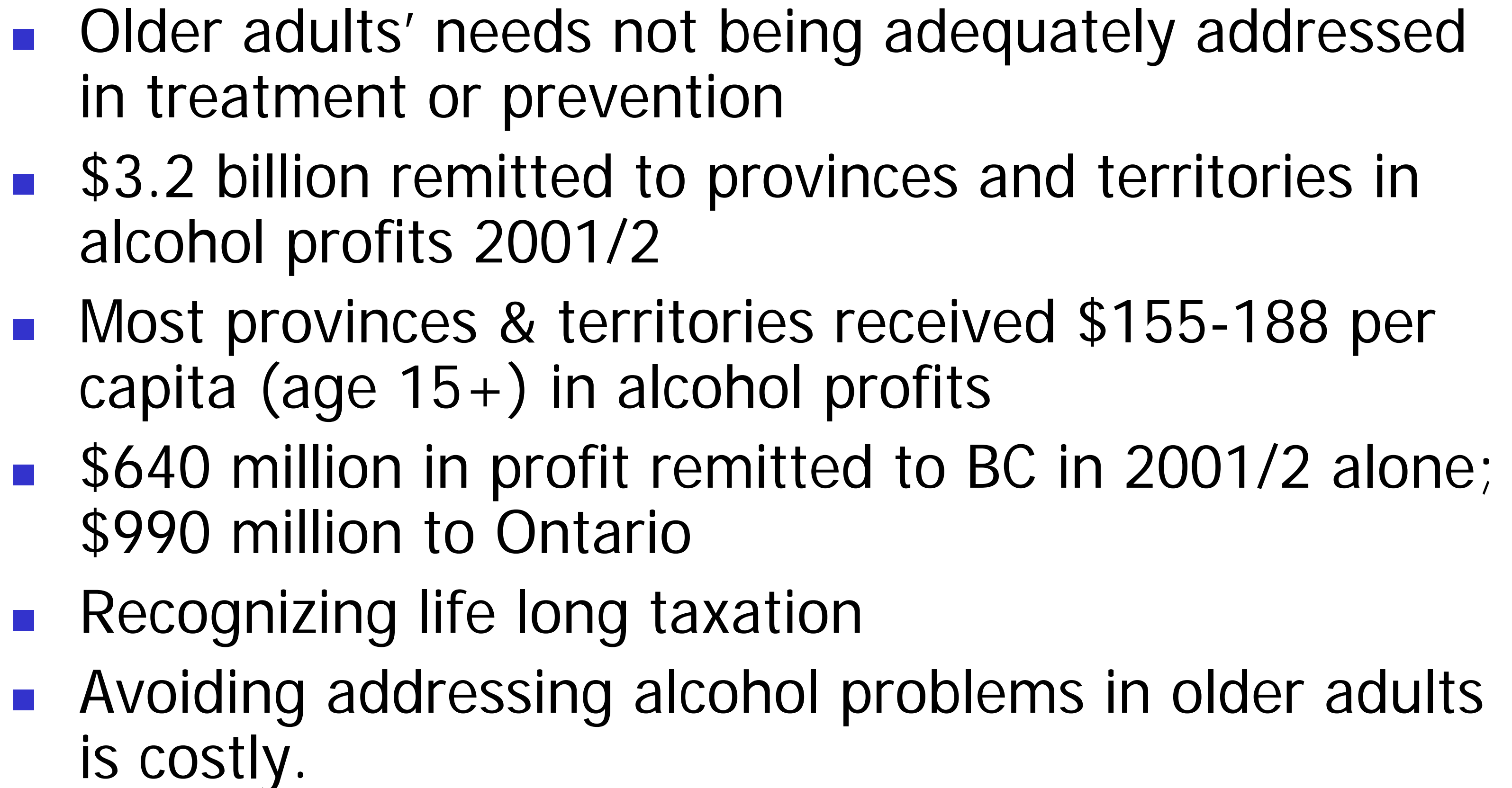
Guiding Principles for Working With Older Women

1. Build Trust
2. Be Flexible and Accessible
3. Understand and Respect the Older Woman (as a woman, respect as member of her generation, & at her life stage)
4. Take a "Whole Woman" Approach
5. Recognize the Older Woman's Needs
6. Advocate
7. Work with Others

Canadian Programs for Older Adults with Substance Use Problems

- Dozen for all Canada
  - Reaching < 5% of seniors in need; 10-15% addressed in other means; 80-85% unaddressed
  - Senior specific programs: Offered in variety of community or hospital settings,
  - Outreach is often beneficial in reaching many of the more isolated, recognizing denial & the stigma for older women.
  - Referrals tend to occur after health or other crisis
  - Minimal prevention work being done

A Word About Policy



- Older adults' needs not being adequately addressed in treatment or prevention
- $3.2 billion remitted to provinces and territories in alcohol profits 2001/2
- Most provinces & territories received $155-188 per capita (age 15+) in alcohol profits
- $640 million in profit remitted to BC in 2001/2 alone; $990 million to Ontario
- Recognizing life long taxation
- Avoiding addressing alcohol problems in older adults is costly.

Prevention & Education

3 Types of Education Messages Needed

1. For healthy older women- what will keep them healthy; keep at low risk
2. For older women with existing problems
   - messages that reduce stigma & shame ("happens in the best of families")
   - emphasize the very good prognosis for older women (better than younger).
3. For service providers- getting past stereotypes, ageism

- What is “moderate drinking” in the context of older women
- Just say “no” [don’t] won’t do.
- Seeking Solutions approach.

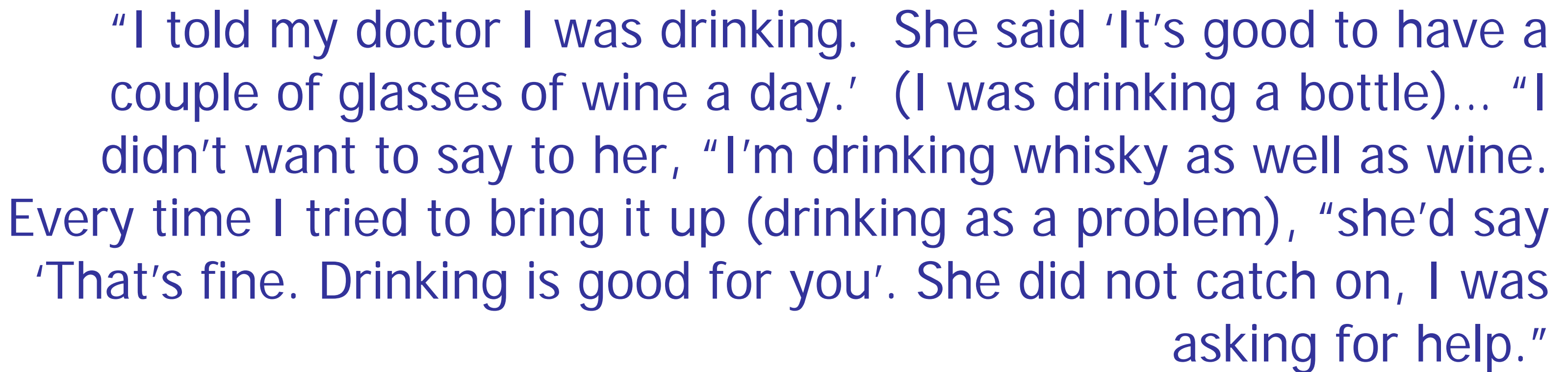
Education Approaches

- Traditional lecture style – reaches limited and probably lower risk group- how successful?

Newer:

- Integration into other public/ community health information (e.g. falls prevention calendar) – good, but may be too general at present
- Integration into clinical practice
- Peer approaches- humour, plays

Screening & Assessment


“I told my doctor I was drinking. She said ‘It’s good to have a couple of glasses of wine a day.’ (I was drinking a bottle)… “I didn’t want to say to her, “I’m drinking whisky as well as wine. Every time I tried to bring it up (drinking as a problem), “she’d say ‘That’s fine. Drinking is good for you’. She did not catch on, I was asking for help.”
68 year old focus group member

Screening & Assessment Tools

- Search for age & gender appropriate tools- AUDIT not capture
- MAST- G (geriatric)
- CAGE commonly used screening tool, cutoff of 1 for women; but mixed results on its validity
- SAMI (Ontario screening tool, being tested)

Proper assessment for older women looks at more than the amount of alcohol

- See COPA presentation [indicators]
- It takes less alcohol to begin causing harm for older women

Also look at

- Medications, including OTCs
- Health conditions (including mental health and mental capacity)
- Effect on life

Top Medications Used by Older Women (past month)

- Pain relievers (62% of older women),
- Blood pressure medications (35% of older women)
- Heart medications (20%),
- Diuretics (14%),
- Stomach remedies (11%) and laxatives (13%)
- Antidepressants (4%)

Source: Statistics Canada

Effects of Common Medications in Combination with Alcohol

- Pain relievers ((a) ASA & acetaminophens; (b)Tylenol with codeine; (c) corticosteroids)
- Blood pressure medications
- Heart medications
- Diuretics
- Stomach remedies and laxatives
- Antidepressants

- (a)Increase risk of GI bleeds and liver damage (b) increased sedation
- Beta blockers: propranolol/ INDERA, drastically lowers BP
- Nitrates nitroglycerin- drastically lowers BP
- "Statins" to reduce cholesterol- increase risk of liver damage
- Histamine blockers (Tagamet- alcohol irritates stomach, reduces healing process)
- MAO Inhibitors- avoid red wine; SSRIs probably ok

Harm Reduction

Consider all possibilities …

- While alcohol abstinence may be one goal, others include reducing the amount drinking while on the medication
- Changing the medication type, dose in light of the fact that continue drinking

Interactions to Watch Out For

- Alcohol- medication (including OTCs)
- Medication- medication
- Food – medication
- Herbal-medication or herbal-alcohol

Low risk drinking guidelines (LRDG) for older women?

- Current guidelines are geared to healthy adults
- Understanding LRDG in the context of what physicians know and what media are telling older women about alcohol
- Messages are not clear
- Start treating older women as adults: Want to know "what makes sense for me"- general info is not good enough

Treatment

Barriers to treatment

- Youth & labour productivity focus creates bias against older women
- Admission and treatment policies and approaches of many mainstream agencies create barriers
- Abstinence only goal will not work for many

Treatment …understanding

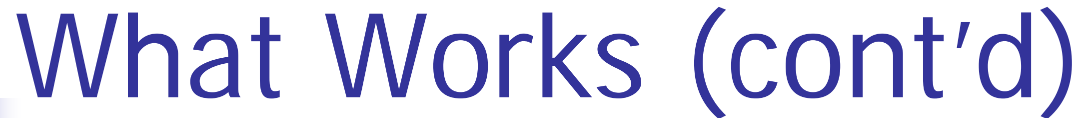
- Heterogeneity of older women
- Early versus late onset (See COPA)
- Functional literacy
- Good prognosis for many older women *when appropriate assistance provided*,
- But for some others, it will be similar to palliative care

What Works?

- Depends on type of problem: early or late onset, single or multiple problems [See COPA]
- Holistic approach, working on more than “just the alcohol”
- Accepting the potential complexity, not looking for simple solutions

What Works for Older Women

- Caring, respect, trust building
- Brief interventions – for some
- Support groups – for some
  - Breaks isolation
  - Increases social skills
  - Wellness, not necessarily alcohol problem focus; "gentle education"
- Harm reduction- includes many ancillary harms, other than alcohol



What Works (cont'd)

- Services geared to age
- Staff who like working with older adults
- Outreach
- Start addressing the systemic barriers to services

A Word about…

Older women and substance use withdrawal

- Depends on length of use, quantity, type
- Acute phase takes longer, with more potential for risk,
- Post acute confusion lasting weeks common, need for support to avoid relapse
- Benzodiazepines need <u>very slow tapering</u> – over months

Alcohol and Older Women's Health: Common Health Issues

- Emotional pain- unresolved from earlier in life; current losses (multiple losses)
- High blood pressure (affects 38.2% of women 65+)
- Chronic physical pain
- Depression (often recurring)
- Abuse issues (from earlier in life or "senior abuse")
- Risks different than younger- e.g., breast cancer affects more women 65+ than <65.

Alcohol and Caregiving

- Middle aged and older women as primary caregivers to aging spouse, parents
- Some are "thrown into caregiving"

  May have to give up own financial security, cut back hours, retire early

  - Dementias cause biggest "burden"
  - Often significantly affects caregiver sleep
  - Caregiving support groups not talk about the fact that some begin drinking more

Alcohol and Sleep in Later Life

- Poorer sleep as age- lighter sleep
  - “having a nightcap”
- Pain & poor sleep
- Menopause: night sweats
- Need to help older woman develop useful alternatives to help sleep
- Avoiding “pablum solutions” for chronic sleep problems

Alcohol and Chronic Pain

- Definitely a "women's issue"
  - Arthritis
  - Lower back pain
  - COPD (particularly older smokers)
- Separate tolerance to pain medication from dependence, from addiction- increasing use seldom means "addiction"
- Older women tend to be under-treated for pain: ageism + pain "myths"

Dual Nature of Alcohol

- Alcohol as pain reliever – analgesic for physical or emotional pain
- Alcohol works for some chronic pain!… But…

- Alcohol as source of physical pain (migraine, gout, some meds, arthritis?)

Alcohol and Women's Heart Health

- Heart disease is leading cause of death for older women
- "French paradox"
- Epidemiological studies
  - Moderate drinking; but a bit of caution, e.g. 2003 study: Males, higher SES, excluded those who already have CHD
  - France- under-diagnosis of heart disease by 20%
  - Murmurs of "alcohol therapy"
- Work on other lifestyle factors

Older Women, Alcohol and Depression

- 20% of people age 65+ will have mild to severe depression
- Late life depression more common
  - among women
  - where ongoing physical disorders
- Depressed older adults are three to four times more likely to have alcohol related problems than are older people who are not depressed.
- Between 15 and 30% of persons with major late life depression have alcohol problems. (Devanand)

Treating Depression in Later Life

- Geriatric Depression Scale
- Signs of depression different in older adults: anxiety, more somatic symptoms
- What works: Cognitive behavioral, support, staying on the anti-depressants long enough
- MAOI, TCA, SSRIs
  - Selective Serotonin Reuptake Inhibitors (SSRIs) have least side effects for older adults

Need to Learn More About…

- The way older women view drinking,
- What social forces encourage or discourage them to drink,
- Why their consumption patterns differ,
- How health and economics influences their drinking and
- How they deal with aging issues

Case Examples

Case Example #1

- Alice is 75 year old woman, lives by self
- Health is stable with some minor complaints, but is badly neglecting herself & home
- No close family. Has one younger woman as support

Concerns

- History of chronic alcohol abuse
- Financial & Housing Insecurity:
  - Rent has not been paid in two months
  - Power cut off due to unpaid bills
  - Friend takes to CheckMart on cheque day
  - Client does not know what happens to her money after goes to pub
- Health professional calls local outreach program

Service Provider View

- Easy to blame Alice for her circumstances
- She can be very irascible; not trust others
- Has lived in current residence for some time
- Seen in the past by mental health and Continuing Care

Strengths and Issues

- Has a niece who lives in the area
- Alcohol use only occurs when friend is visiting
- Ongoing assessment reveals concern about competency

Initial Steps

- Niece was willing to become involved
- Immediate actions included support from building manager, medical assistance, applying for eligible funds, contacting police and the bank
- Friend continues to visit and makes attempts to create sense of distrust

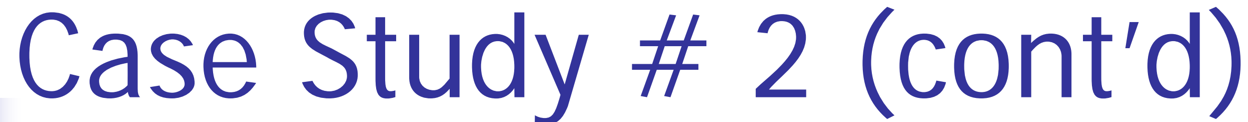
Addressing Harms

- Mental health assisted with assessment of financial competency
- Reducing financial harm: Client permits niece to become trustee of pensions
- Housing stability: Client agrees to move to subsidized housing near niece
- Friend has ceased contact with client.

Case Example # 2- Benzodiazepines

- Martha is 71 year old woman, living with spouse of 50 years
- Children nearby, supportive
- She had been very active, busy
- She has long time reliance on Valium or Ativan (20 years in total)

Case Study # 2 (cont'd)



- She has cardiac problems, her colitis exacerbated
- Her spouse has health problems, likely due to client's health
- Cl. has developed an anxiety disorder
- Cl. admitted to hospital many times recently for "anxiety" and colitis

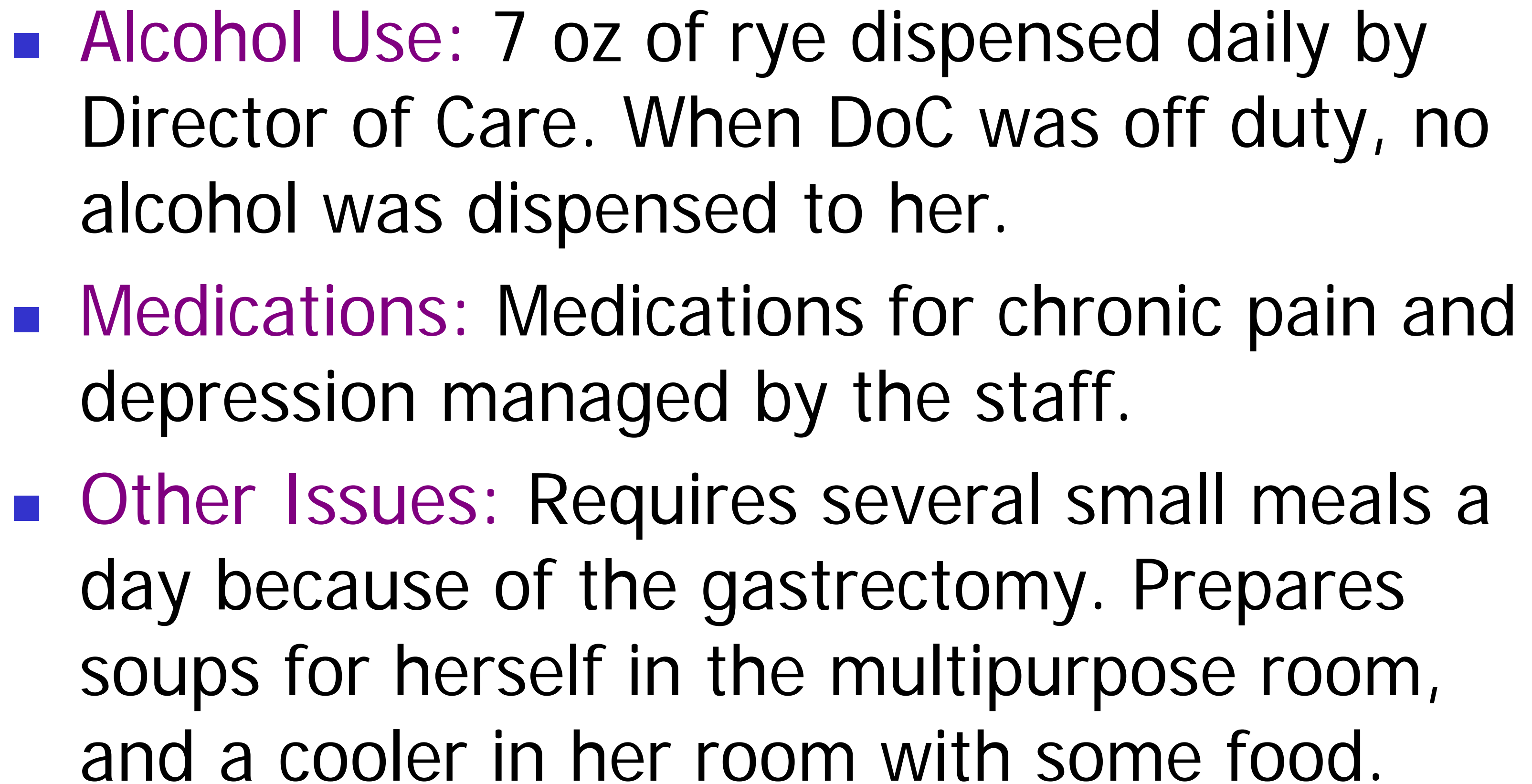
- Martha and her spouse approached by home care nurse about their benzodiazepine use
- Open to a visit by counsellor
- Use for both of them had been gradually increasing – hers for anxiety, pain, nausea
- Her use had increased to 6 mg per day prn

Understanding Benzodiazepine Withdrawal

- Very difficult for many
- Clients experience "rebound anxiety" (worse than original anxiety), and leads them to want to go back on the benzodiazepines
- Use of the drug must be VERY SLOWLY tapered (over months), with lots of support
- Some may not stop use completely.

Case Example #3
Problem Alcohol Use in Care Facility

- Mrs. B a 77 year old woman, retired nurse; "involuntarily" moved to a care facility 5 years ago after fell in her apartment, was on the floor for 2 days.
- Health: Pain in her hips, stress incontinence, history of depression
- Admits to being an "alcoholic", had a partial gastrectomy.


Alcohol Use: 7 oz of rye dispensed daily by Director of Care. When DoC was off duty, no alcohol was dispensed to her.
Medications: Medications for chronic pain and depression managed by the staff.
Other Issues: Requires several small meals a day because of the gastrectomy. Prepares soups for herself in the multipurpose room, and a cooler in her room with some food.

Problems & Initial Strategies

- Periodic episodes of heavy drinking, would purchase a 26 oz bottle of rye to supplement her allocated amount and consume it in 2 –3 days.

- Effects: When intoxicated -- belligerent and verbally abusive to staff, caused electrical fire in the multi-purpose room, was a safety risk for herself and other residents.

Staff Facility Efforts

- Staff tried various means of controlling her behaviour, e.g. taking away privileges to use the multipurpose room, ignoring bad behaviour, attempting to control her alcohol intake.

- Response to Control: Mrs. B refuses to participate in activities at the facility; up at night as claims can't sleep and then wakes around 1 or 2 pm.

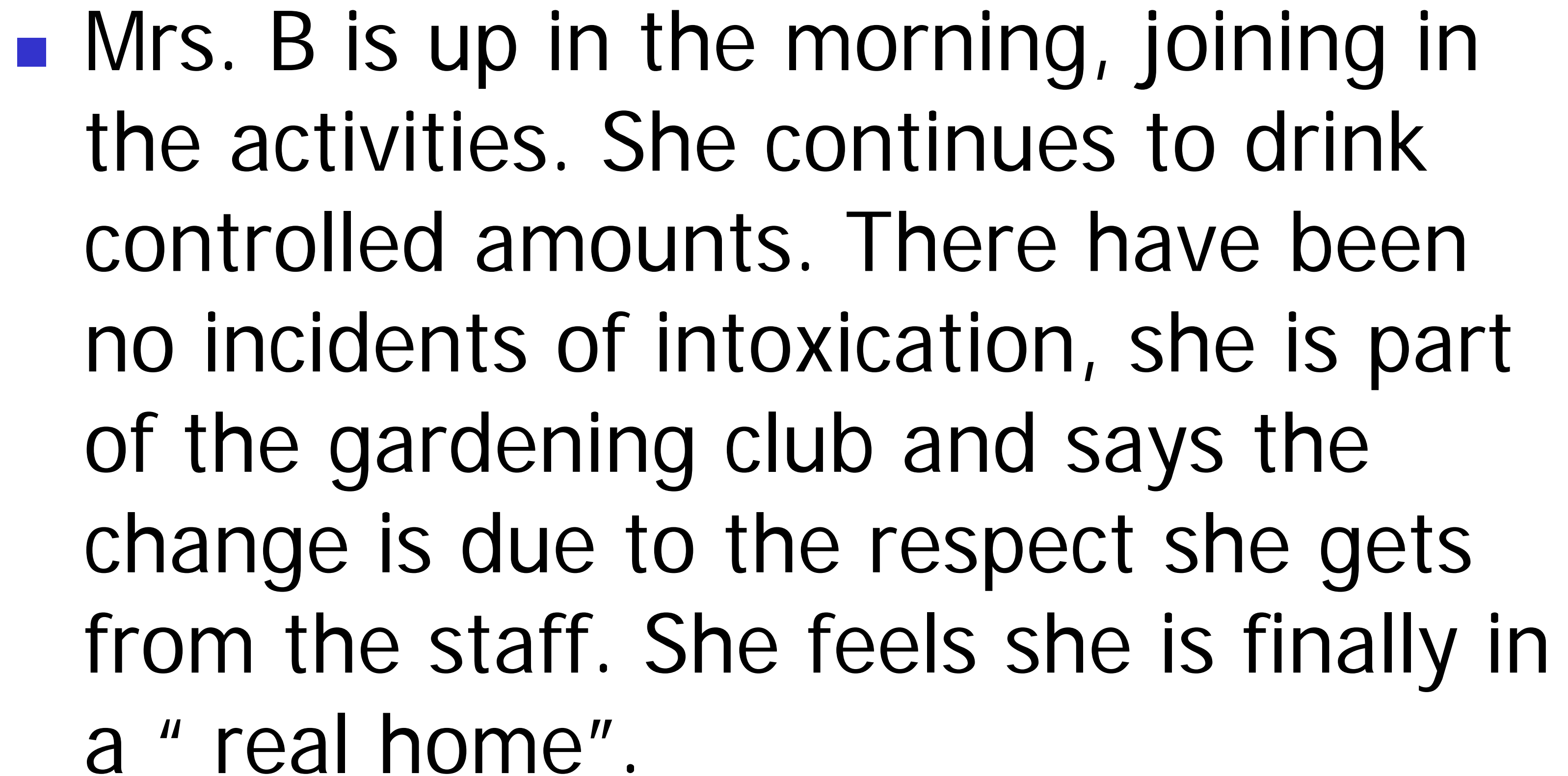
Where is the Problem?

- Little consensus among staff on the approach to take with Mrs. B.
- Staff Struggling on Own: After 3 years, a referral was made to outreach program by a member of the PED team (prevention and early discharge) because of the numerous complaints and hospital visits for falls.
- Training Plus: Outreach counsellor tries to organize staff education about alcohol use and behaviours and to encourage a consistent approach, but staff were unable to attend sessions consistently.
- Eventually Mrs. B evicted as her behaviours were continuing and staff seemed unable to manage.

The New Facility's Approach

- Actively involve Mrs. B. in her care plan.
  - She chaired the meeting,
  - Was included in decision making about her meals, times to get up, activities she wanted to join and the manner she was to be treated if she became intoxicated.
  - Able to contact the kitchen for extra snacks after hours.
- After a few weeks Mrs. B realizes she's able to make own decisions and volunteered to leave her alcohol at the nurses' station, and be given to her on request. She asked to be taken off the anti-depressants.

2 months later…



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  [caution, American stats on drinking; not necessarily apply to older Canadian women]

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http://www.statcan.ca/english/indepth/82-003/archive/1998/hrar1998009004s0a01.pdf

- Women and Alcohol in the Social Context, Waterson, J. (2001)

Resources

- Seniors and Alcohol Website www.agingincanada.ca
- OPAAL: email list, provides most current info on substance use, health and mental health issues; to join, contact cspencer@shaw.ca

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Thank you