Screening, Brief Intervention, and Referral to Treatment

An Evidence-Based Approach

OLDER ADULTS
The following information has been adapted from the SAMHSA Core Curriculum: *Screening Patients for Substance Use in Your Practice* Setting, and slides by the National Screening, Brief Intervention & Referral to Treatment (SBIRT) Addiction Technology Transfer Center (ATTC) Network.

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Older Adults

- The number of adults 65 and older will double in the next 25 years
- By 2030, over 72 million (one out of every 5) will be 65 yrs. or older
- By 2050 there will be 90 million older adults

(U.S. Census Bureau, 2018)

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Older Adults and Medication Use

- SAMHSA recommends specific methods that include measuring functional and cognitive impairments through specific tests and questionnaires, as well as visual and auditory problems
- Those over 65 use three times as much medication as the rest of the population
- Older patients average 2-3 serious medication errors per month
- Even patients who understand and agree with treatment are only 75% compliant
- At least 40% do not follow prescription directions (one study indicated this was true for 90%)

(National Council on Aging, 2015; Dean, 2017)
Substance Use and Older Adults

- More patients 65 yrs. or older are admitted to hospitals for substance-related problems than for heart attacks
- The inability of older patients to manage their medications accounts for approximately 25% of nursing home admissions
- Psychoactive drug use indirectly causes up to 14% of hip fractures in seniors 60 and older

(National Council on Aging, 2015)
Prescription Drug Misuse In Older Adults

Characteristics relevant to this population:

- Female gender
- Social isolation
- History of a substance use
- History of or mental health disorder – older adults with prescription drug use are more likely than younger adults to have a dual diagnosis
- Medical exposure to prescription meds with potential for at-risk use

(Dean, 2017)
Prescription Drug Misuse In Older Adults

- Reduced ability to absorb & metabolize meds with age
- Increased chance of toxicity or adverse effects
- Med-related delirium or dementia wrongly labeled as Alzheimer’s disease

(Dean, 2017)
Factors That Increase the Risk of Medication Errors

- Multiple diseases
- Sensory impairments
- Language barriers
- Multiple drugs and complex medical regimes
- Types of drugs taken
- Decreased tolerance

(National Council on Aging, 2015)
Warning Signs of Possible Medication Misuse

- Confusion
- Depression
- Delirium
- Insomnia
- Parkinson’s-like symptoms
- Incontinence
- Weakness or lethargy
- Loss of appetite
- Falls

(National Council on Aging, 2015)
Warning Signs of Possible Medication Misuse

- Changes in speech
- Loss of motivation
- Memory loss
- Family or marital discord
- New difficulty with activities of daily living (ADL)
- Difficulty sleeping
- Drug seeking behavior
- Doctor shopping

(National Council on Aging, 2015)
Florida BRITE Project

- 5 year CSAT SBIRT grant to Florida
- Primary focus upon problematic drug use in adults 55 and older
- Only SBIRT grant specific to older adults
- Offered in medical, behavioral health, substance abuse services, and aging services
- BRITE expanded from 4 sites (4 counties) to 75 sites in 19 counties

(The Florida BRITE Project, 2015)
BRITE Assessed For

- Risky or at-risk use of
  - Alcohol
  - Illicit drugs
  - Prescription medications
- Symptoms of depression

(The Florida BRITE Project, 2015)
Screening Tools Used

All participants were administered

- A brief evidenced-based pre-screen tool
  - 6 questions
  - Assessed current alcohol and drug consumption
  - Possible symptoms of depression

(The Florida BRITE Project, 2015)
Screening

• For any of the following, further screening was conducted if participants reported that they had
  — Consumed more than 7 drinks a week or more than 3 drinks on one occasion
  — Tried to cut down on the amount of drugs or prescription medication they were taking
  — Used drugs or prescription medication more than what they had wanted to take
  — Felt depressed or a had a lack of interest or pleasure in life

(The Florida BRITE Project, 2015)
Assessment Tools Utilized

• The Alcohol, Smoking, Substance Abuse Involvement Test (ASSIST) was administered to assess possible problematic substance use
• The Geriatric Depression Scale (S-GDS) was used to assess possible depression

(The Florida BRITE Project, 2015)
ASSIST

- Developed by the World Health Organization (WHO) and an international team of substance abuse researchers
- Simple method of screening for at-risk or use disorders of alcohol, tobacco and other psychoactive substances.
- Assesses low, moderate and high risk levels of drug consumption in the last three months

(WHO, 2018)
ASSIST

(WHO, 2018; SBIRT Oregon)

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WHO, 2018; SBIRT Oregon

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Drugs Screened by the ASSIST

- Tobacco
- Alcohol
- Cannabis
- Cocaine
- Amphetamines
- Inhalants
- Sedatives and Sleeping Pills
- Hallucinogens
- Opioids
- Other drugs

(WHO, 2018)
For each substance listed, participants were asked:
1. Which, if ever, of the substances they had used non-medically

For each substance used in the last three months, participants were asked:
2. How often had they used each substance
3. How often had they had a strong desire or urge to use those substances

(WHO, 2018)
ASSIST

4. How often did their use lead to health, social, legal or financial problems
5. How often did they fail to do what was normally expected of them
6. Did a friend or relative or anyone else ever express concern about their use

(Dean, 2017)
7. Did they ever try and fail to control, cut down or stop using any of those substances
8. Have they ever non-medically injected a drug and what were their patterns of injection drug use in the last 3 months

(WHO, 2018)
ASSIST

- Participants received a score for each substance assessed
- Score of 0-3: no intervention
- Score of 4-26: brief intervention
- Score of 26+: more intensive treatment

(WHO, 2018)
S-GDS

- 15 item scale
- Y/N answers
- Depression categories:
  - None
  - Mild
  - Moderate

(The Florida BRITE Project, 2015)
Results of the BRITE Grant

• Prescription medication misuse was the most prevalent substance use problem, followed by alcohol, over-the-counter and illicit substances
• Depression was common among those with at-risk use of alcohol and prescription medications
• Those who received the “brief intervention” had improvement across all measures.

(The Florida BRITE Project, 2015)
Important Considerations for Interventions with Older Adults

- Avoid labels
- Avoid confrontation or anger
- Create a safe environment
- Avoid shaming which includes avoiding attempts to get older adult to “express feelings”
- Be non-judgmental
- Connect use and symptoms
- Connect behaviors and participants’ emotional responses
- Relate alcohol and drug use issues to how it can effect health

(National Council on Aging, 2015; The Florida BRITE Project, 2015)

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References


