Working with Dual Diagnosis in Older Adults

Dr Kim Edwards Chartered Clinical Psychologist
Bedford CMHT for Older People
kim.edwards@sept.nhs.uk

Overview
• What is Dual Diagnosis & Dependency?
• Clinical Implications
• Prevalence
• Alcohol – physical effects, psychological effects
• Risk Issues
• Assessment & Treatment Issues
• Formulation & Interventions
• Barriers to treatment
• What can be done to address the barriers
• References

What is Dual Diagnosis?
• Primary psychiatric illness precipitating or leading to substance misuse
• Substance misuse worsening or altering the course of a psychiatric illness
• Intoxication and/or substance dependence leading to psychological symptoms
• Substance misuse and/or withdrawal leading to psychiatric symptoms or illnesses

National Treatment Agency for Substance Misuse
http://www.nta.nhs.uk

Dependency
• ‘A cluster of behavioural, cognitive and physiological phenomena that develop after repeated substance use & that typically include a strong desire to take the drug, difficulties controlling it’s use, persisting in its use despite harmful consequences, higher priority given to drug use than other activities & obligations, increased tolerance & sometimes a physical withdrawal state’

ICD-10 http://apps.who.int/classifications/apps/icd/icd10online/

Clinical Implications of Dual Diagnosis
• Alcohol can negatively impact on psychiatric symptoms
• Individuals with a dual diagnosis require more inpatient services
• Poor concordance with medication
• Poorer social outcomes
• Higher rates of contact with the Criminal Justice System
• Homelessness
• Increased rates of violence
• Associated with higher suicide rates

National Treatment Agency for Substance Misuse www.nta.nhs.uk

Dual Diagnosis & Older Adults
Bartels et al., (2006) completed a review of the literature on dual diagnosis & Older Adults finding:-
• Alcohol most common substance
• Dual diagnosis prevalence rates in Older Adult populations range from 21% to 66%
• Higher rates of dual diagnosis found in inpatient populations
• Depression was the most common co-occurring mental health problem

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Physical Effects
• Travels around the body in the blood – therefore effects all parts of the body & physical effects are vast
• Cirrhosis of the liver, liver cancer, alcoholic hepatitis
• Convulsions
• Shakes/tremors
• Raised GGT (liver Enzyme)
• Peripheral Neuritis (inflammation of peripheral nerves leads to weakened muscles)
• Dilated facial capillaries
• High blood pressure
• Stomach ulcers, vomiting, diarrhoea, inflammation of stomach lining.

Physical Effects
• Inflammation of pancreas
• Impact on memory & concentration
• Brain damage
• Impact on co-ordination, balance & judgement
• Increased risk of stroke
• Incontinence
• Impaired vision & hearing
• Dementia
• Insomnia
• Weight gain
• Alcohol poisoning & death

Psychological Effects
• Heavy drinking is closely associated to mental health problems
• Depression – alcohol is a depressant & may exacerbate an underlying depression & lead to mood swings. Effects of drinking on social circumstances (relationship breakdown, losses) may also increase vulnerability to depression
• Anxiety – withdrawing from alcohol can lead to symptoms of anxiety & / or alcohol may be used as a way of coping with anxiety symptoms.
• Bipolar Disorder – using alcohol when in a ‘mania’ cycle may increase risk behaviours & impair judgement, using during depression

Psychological Effects
• Psychosis – alcohol misuse may increase underlying vulnerability / predisposition to psychosis. In some cases development of alcohol induced psychosis & withdrawal symptoms can lead to hallucinations, paranoia, delusions
• Post Traumatic Stress Disorder (PTSD) – alcohol may be used as a coping strategy to manage flashbacks
• Sleep disturbance – alcohol impairs sleep, can lead to insomnia this can impact on mental health
• Suicide & Deliberate Self-Harm
• Mood swings & violence

Risk Issues
• Risks to physical health – liver disease, brain damage, inflammation of stomach & pancreas, delirium tremens, death
• Deliberate Self Harm
• Suicide – alcohol use is associated with completed suicide rates
• Violence – alcohol use with low concordance to treatment may increase risk violence in those with SMI. Substance misuse related to homicide in those with mental health problems
• Accidental self-harm – i.e., falling, lack of co-ordination may lead to other accidents

Risks & Older People
• Excessive drinking increases risk of stroke & hypertension in older people
• Alcohol increases risk of falling - one of the three main causes of falls in older people
• DTs associated higher mortality rates in older adult age group
• Mixing alcohol with prescription medication – can increase sedative effect of drugs like benzodiazepines
• Alcohol indicated in 1 in 3 suicides in older adult populations
www.alcoholconcern.org.uk/assets/files/Publications/OlderPeoplefactsheet.pdf
Alcohol & Cognitive Impairment

- There is a relationship between alcohol use & cognitive impairment
- Alcohol use – intoxication, transient cognitive impairment, dementia (Bartels et al., 2006)
- Wernicke’s encephalopathy & Korsakoff’s Psychosis – significant memory impairment
- Brain changes have been associated with excessive alcohol consumption
- Chronic alcohol use has been related to impairments in attention, memory functioning, visual spatial ability, & planning
- Abstinence – although some improvement in cognitive functioning can be found following abstinence for older people this effect is less evident.

Assessment & Treatment Considerations

- Engagement in services & commitment to change
- Fluctuating motivation – individuals may be ambivalent about change, lapses part of recovery
- Thorough holistic clinical assessment vital including detailed risk assessment
- MDT approach & multi-agency approach
- Staff trained in working with dual diagnosis
- Stigma - negative beliefs about individuals addictions, shame

Assessment

- Assessing alcohol & drug use should be routine part of clinical assessment
- Assess patterns of use - Establish what someone is using, how much & how often, how long has the person used in this pattern, context of use (alone or with others), if the person is drinking over recommended safe limits are they aware of this?
- Effects of use – withdrawal symptoms, mental health, social relationships, physical health, negative effects or costs (financial, physical, social)
- Reasons for using - why does the person drink (coping strategy), what are the positive effects of drinking (pleasure)

Assessment Measures

- Alcohol diary
- Blood tests – including liver function tests
- TOPS – Treatment Outcomes Profile, a 20 item outcome questionnaire from the National Treatment Agency
- AUDIT – Alcohol Use Disorders Identification Test (Piccinelli et al., 1997) - brief 10 item screening tool
- AASE – Alcohol Abstinence Self-Efficacy Scale (DiClemente et al., 1994) – rating scale of confidence to abstain from alcohol in 20 situations

Psychological Formulation

External Triggers
- i.e., relationship conflict, loneliness

Internal Triggers
- i.e., anxiety, stress, depression

Alcohol Related Beliefs
- Activated
- ‘drinking is the only way to cope’
- ‘drinking stops me feeling anxious’

Urges & Cravings

Facilitating Beliefs
- ‘I deserve a drink’
- ‘One drink won’t hurt’
- ‘I will be calmer’
- ‘My life is awful it does not matter if I drink’

Instrumental Action
- Buy alcohol, go to the pub, drink

Continued Use

Adapted from Liese & Franz (1996)
Interventions

• NICE Alcohol dependence & harmful drinking quality standard 11 outlines that:
  • Health & social care staff trained in alcohol awareness
  • Opportunistic screening for alcohol & brief interventions for harmful / hazardous drinking (motivational interviewing)
  • Those requiring specialist substance misuse services are referred & receive comprehensive assessment & specialist intervention
  • Family members & carers offered information & support
  • Intervention may include medically assisted alcohol withdrawal, relapse management planning, residential rehabilitation & evidence based psychological interventions

Interventions

• NICE Clinical Guideline 115 Alcohol dependence & harmful alcohol use
  • Cognitive Behaviour Therapy - to address alcohol related problems
  • Behavioural Couples Therapy – to address impact of alcohol related problems on relationships
  • Behavioural Therapies
  • Social Network or environment based therapies – cognitive behavioural strategies to assist individuals in building supportive social networks, engaging in activities which do not involve alcohol use
  • Encouraging engaging in support groups i.e., AA

Barriers to Treatment

• Ageism
  • Stigma – substance misuse & mental health problems
  • Lack of awareness – staff, clients, community
  • Lack of research – impacts on treatment
  • Lack of specialist services
  • Misdiagnosis
  • Minimising or ignoring the problem
  • Complexity of the problem

How can we take things forward?

• Raising awareness of substance misuse in older adult populations – individual, NHS, social care, service commissioning, policy making, cultural & societal level
  • Improving on identifying substance misuse in older adults & offering appropriate interventions
  • Improving service provision – increasing specialist substance misuse services for older adults, specially trained front line staff & liaison between services for individuals with dual diagnosis
  • Increasing research with older adults with dual diagnosis
  • Continuing to address ageism & stigma

Conclusions

• Dual diagnosis in older adult populations is an issue which is likely to become more of a problem over time
  • Complex issue with many factors to consider – physical, psychological, social, cultural & societal
  • Frontline staff are in vital position to raise awareness, identify substance misuse, provide brief interventions & signpost to specialist services

Links & references

• Alcohol Concern www.alcoholconcern.org.uk
• Alzheimer's society www.alzheimers.org.uk
• National Audit Office www.nao.org.uk
• National Institute for Health and Clinical Excellence www.nice.org.uk
• National Treatment Agency www.nta.nhs.uk
• Royal college of psychiatrists 2011 report Our Invisible Addicts http://www.rcpsych.ac.uk
• Skills consortium www.skillsconsortium.org.uk
References


