

# What do older adults seeking AOD treatment look like?

## Results of a 12 month medical chart audit

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### Introduction

The Australian population is ageing. It is projected that the proportion of the Australian population aged 65-years and older will increase from 15% in 2016 to 22% by 2026 (AIHW, 2017a).

This is significant given that the 21st century has seen an unprecedented increase in the use of AODs among older adults in most first world countries. The proportion of Australians aged between 50 - 59 drinking at levels placing them at risk of harm on a monthly basis has increased by 6.5% over 10 years, while there was a 17% increase among those aged 60-69 (AIHW, 2017b).

And these figures are likely to be conservative given older adults underestimate the size of a standard drink by as much as 32% (Wilkinson et al., 2011).

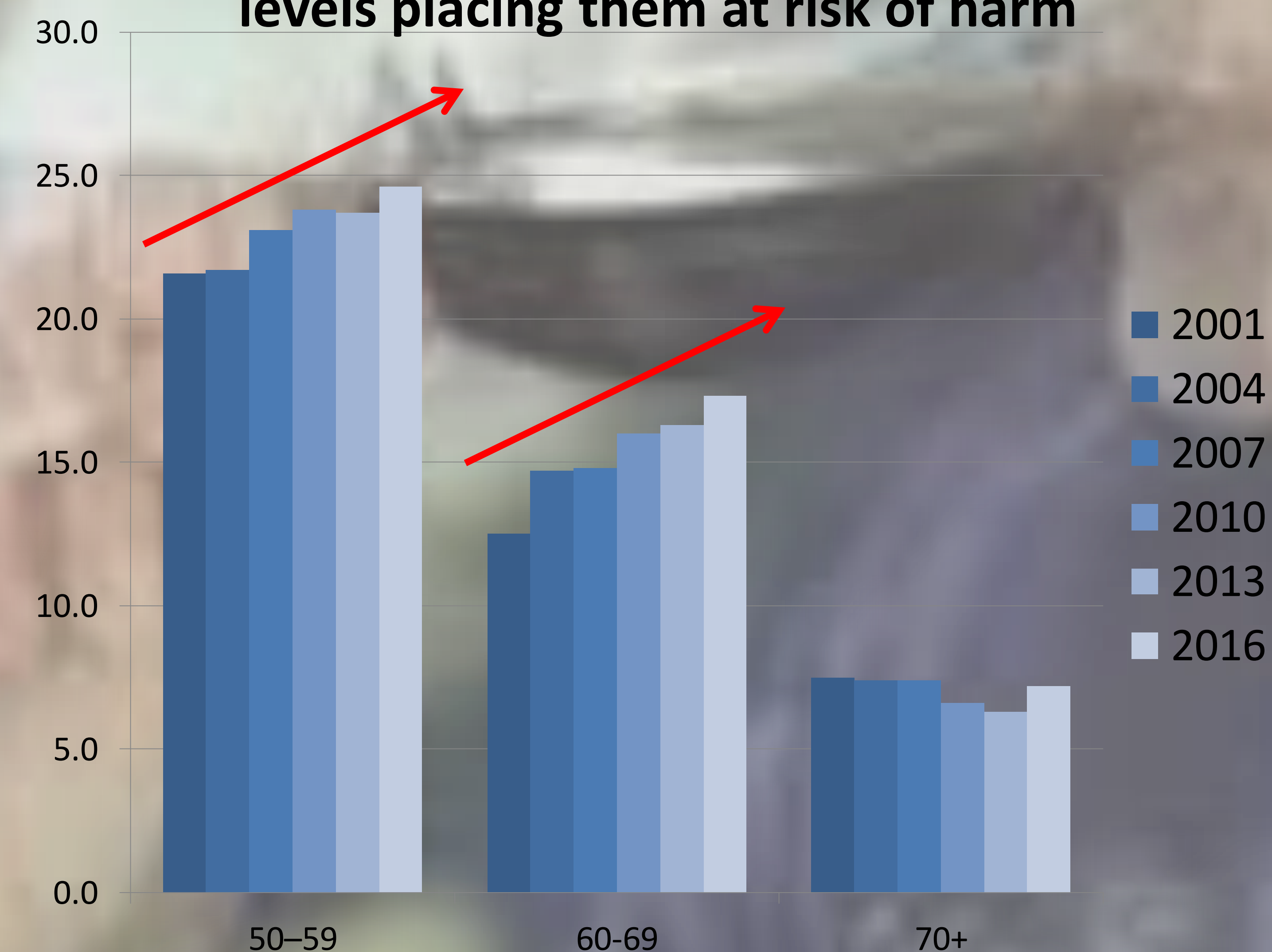
Further, older adults are at increased risk of alcohol-related harm due to:

- Physiological changes that lead to higher BACs
- Adverse Medication Interactions
- Medical Co-morbidities
- Reduced functionality increasing the risk of falls

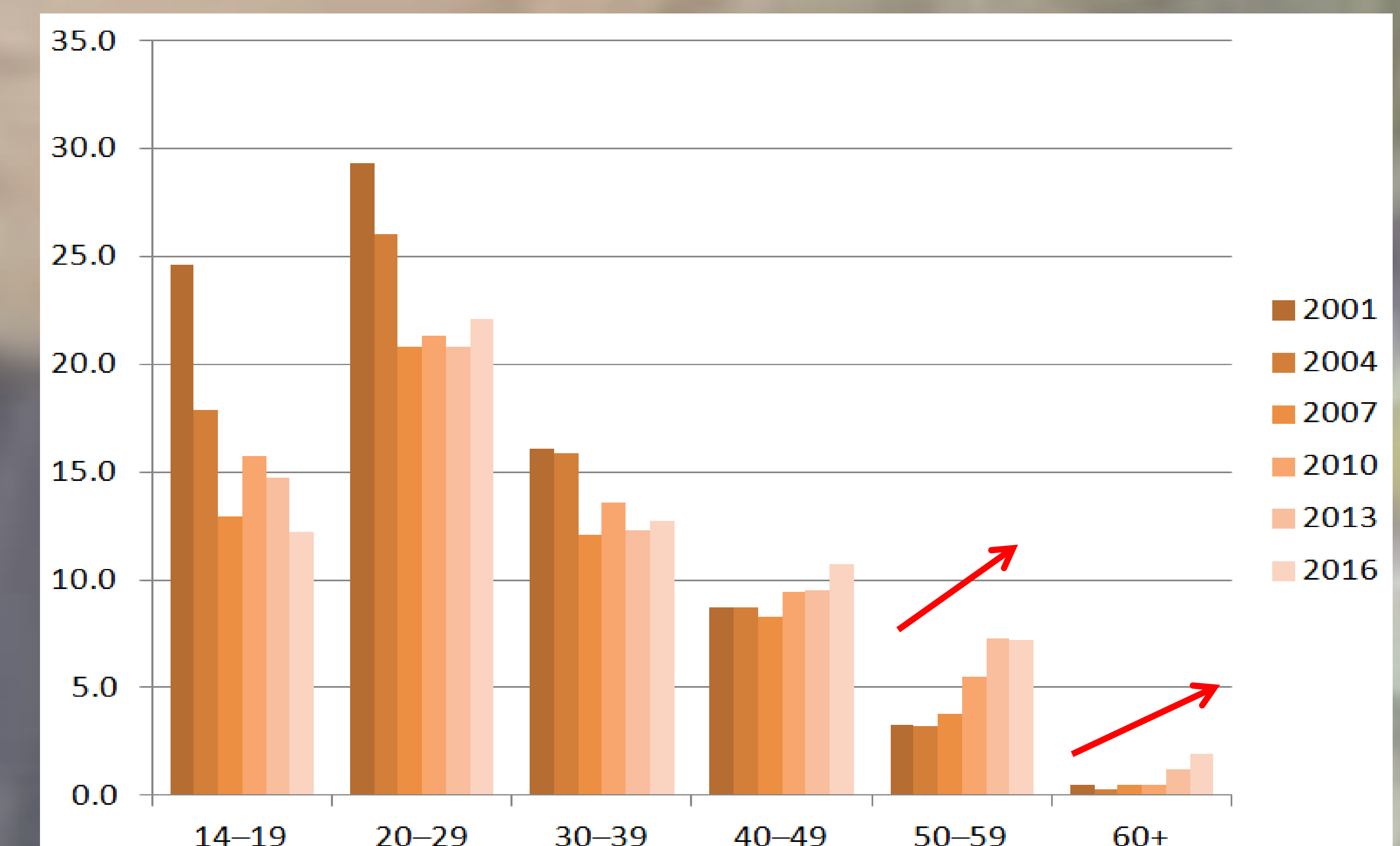
Recent use of cannabis among Australian people aged 50 - 59 has increased by 54% between 2001 and 2016 (AIHW, 2017b). Among people aged 60 or older there has been a 280% increase.

Yet older adults are under represented in AOD treatment services.

Percentage of older Australians drinking at levels placing them at risk of harm



Percentage of Australians reporting use of Cannabis in the past 12 months



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### Method

To better understand those older adults who engage in AOD treatment services, a medical chart audit was conducted on all clients that were discharged from the Older Wiser Lifestyle (OWL) service between June 2015 & June 2016. OWL is Australia's first and only older adult-specific AOD service, based in Melbourne.

### Results

#### Demographics

A total of 79 (n=45, 57% male) medical charts were audited. The males had a mean age of 65.5 years (SD=4.8) and the females, 66.4 years (SD=6.8). Clients had between 1 and 27 sessions (Median=6, IQR=6).

#### AOD Use

91% sought treatment for alcohol with a mean AUDIT-C score of 11.3 (SD=1.3). Of these 4 reported cannabis to be their secondary drug of choice with a mean DUDIT-C score of 6.5 (SD=3.4) & 2 reported benzodiazepines with the mean DUDIT-C score being 2.5 (SD =3.5). 5% were primarily seeking treatment for cannabis and had a mean DUDIT-C score of 6.5 (SD =3.1). Of these 5%, 3 admitted to a secondary drug of choice, including benzodiazepines & amphetamines.

#### Mental Health

89% had at least one co-morbid mental health disorder (see Table). Clients with dual diagnosis were younger ( $p=0.01$ ) and had higher K10 scores ( $p=0.01$ ). Number of diagnoses was associated with more treatment sessions ( $p=0.10$ ).

Clients with post-traumatic stress disorder ( $p=0.01$ ), bipolar disorder ( $p=0.009$ ) and personality disorders ( $p=0.01$ ) required more treatment sessions (Bright, Walsh & Williams, 2017).

Prevalence of mental health condition among the sample

	Total n(%)	AUDIT - C Mean (SD)	DUDIT-C Mean (SD)	K-10 Mean (SD)
Anxiety	42 (53%)	10.80 (2.99)	1.22 (2.81)	32.65 (8.18)
- GAD	39 (49%)	10.70 (3.06)	1.31 (2.89)	32.70 (8.33)
- PTSD	7 (9%)	10.57 (3.78)	1.00 (2.65)	35.00 (9.82)
- Social Phobia	3 (4%)	8.67 (5.77)	2.33 (4.04)	31.00 (10.44)
- Panic Disorder	1 (1%)	12 (N/A)	0 (N/A)	27 (N/A)
Depression	53 (67%)	10.78 (2.81)	1.34 (3.01)	29.44 (10.32)
Bipolar Disorder	7 (9%)	11.14 (2.27)	0.86 (2.27)	29.02 (11.90)
Schizophrenia	1 (1%)	10 (N/A)	0 (N/A)	21 (N/A)
Dementia	1 (1%)	8 (N/A)	0 (N/A)	10 (N/A)
Personality Disorder	8 (10%)	8.75 (4.92)	2.43 (4.24)	31.13 (8.69)

Note: AUDIT-C = Alcohol Use Disorders Identification Test, DUDIT = Drug Use Disorders Identification Test, K-10 = Kessler 10, GAD = Generalised Anxiety Disorder, PTSD = Post traumatic stress disorder

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### Medications

78 of the 79 clients reported taking between 1 and 15 ( $M=5.3$ ;  $SD=2.8$ ) medicines.

The number of pharmaceutical drugs ranged between 1 and 12 ( $M=4.2$ ;  $SD=2.4$ ). 62% took between 1 and 5 herbal supplements ( $M=4.2$ ;  $SD=2.4$ ).

The most common medication were for the treatment of psychiatric disorders (69%), gastric disorders (46%), hypertension (43%) and cholesterol (34%).

### Medical Conditions

76 of the 79 clients had between 1 and 8 medical conditions ( $M=2.9$ ;  $SD=1.6$ ). 40% of the sample had 2 or more medical conditions. The most common conditions were gastric disease, hypertension, cardiac disease, vascular disease and liver disease (see Figure). All of these conditions are

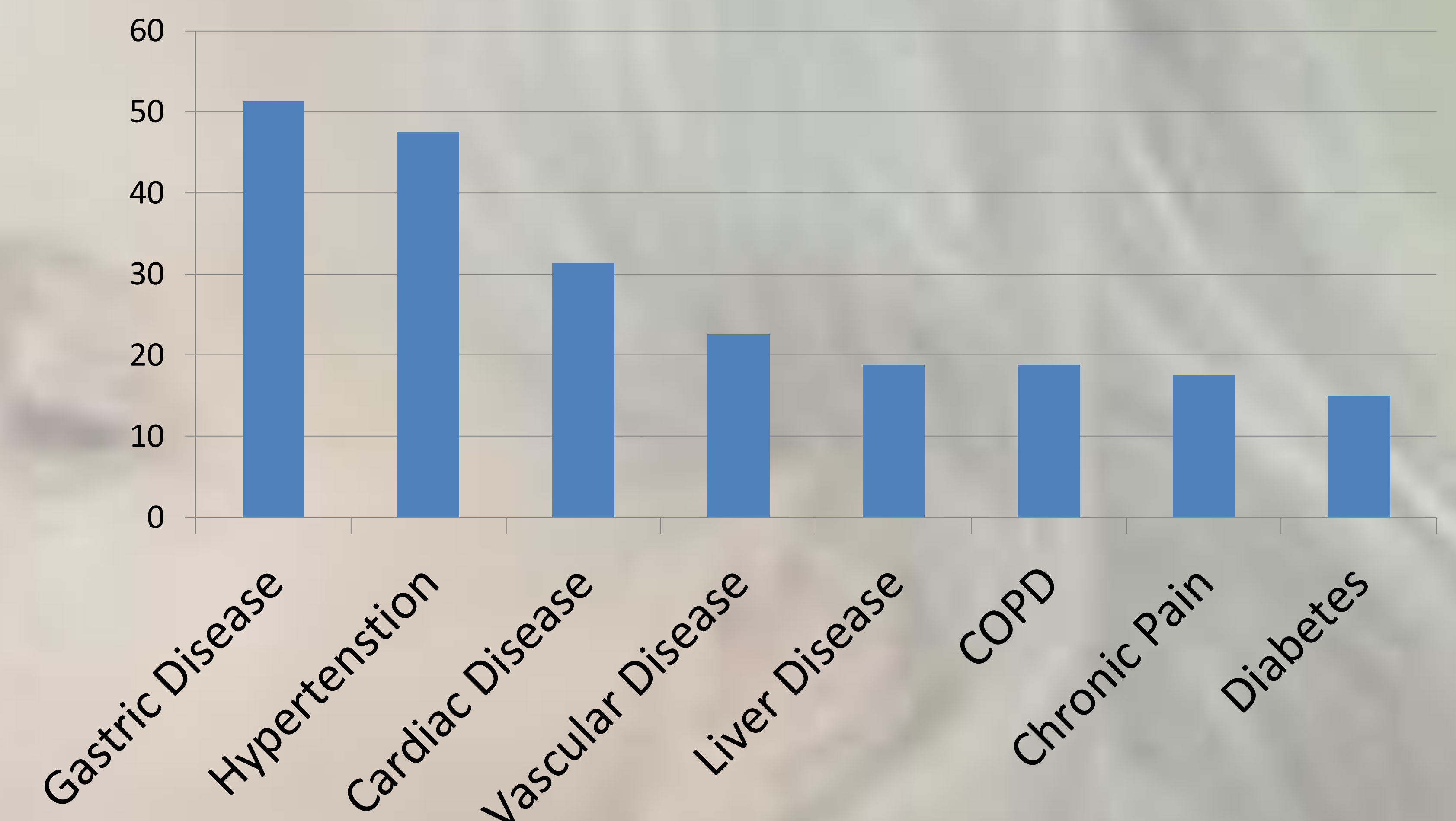
exacerbated by the use of alcohol.

### Discussion

Older adults with Substance Use Disorders have high rates of dual diagnosis. They take more medications than the general population that could interact with their substance use. They also have a broad range of medical comorbidities that could be exacerbated by the use of AODs, or impact the efficacy of treatment. As such, older adult-specific services are required that have multi-disciplinary teams including medical staff.

**OWL has successfully engaged a number of older adults who would not normally access AOD services. Given the ageing Australian population, services similar to OWL should be established nationally.**

Prevalence of medical conditions among the sample



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