

Screening for Alcohol Misuse in Older Adults



May 18, 2017

Presented by: Dr. Paula E. Hartman-Stein, PhD.



Thank you for joining us for the presentation: Screening for Alcohol Misuse in Older Adults

- ▶ The presenters will be with you shortly
- ▶ This is a 30-minute broadcast
- ▶ All lines are muted
- ▶ The host for the broadcast today is:

Adrienne Mims, MD, MPH,FAAFP, AGSF

Vice President and Chief Medical Officer
Alliant Quality

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Continuing Medical Education

“This Live series activity, Behavioral Health Learning and Action Network Webinar Series, from 09/29/2016 - 09/29/2017, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for 0.5 AAFP Prescribed credits.

Continuing Education Accreditation

This program has been approved for 0.5 nursing education contact hours. This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

Continuing Education Instructions

Obtaining CNE

- ▶ Please follow these steps to obtain Continuing Nursing Education:
 - ▶ Attend the program in full
 - ▶ Complete the evaluation form (link will be provided at the end of the program)

Following the completion of the evaluation you will have an opportunity to download or print a certificate

Disclosures

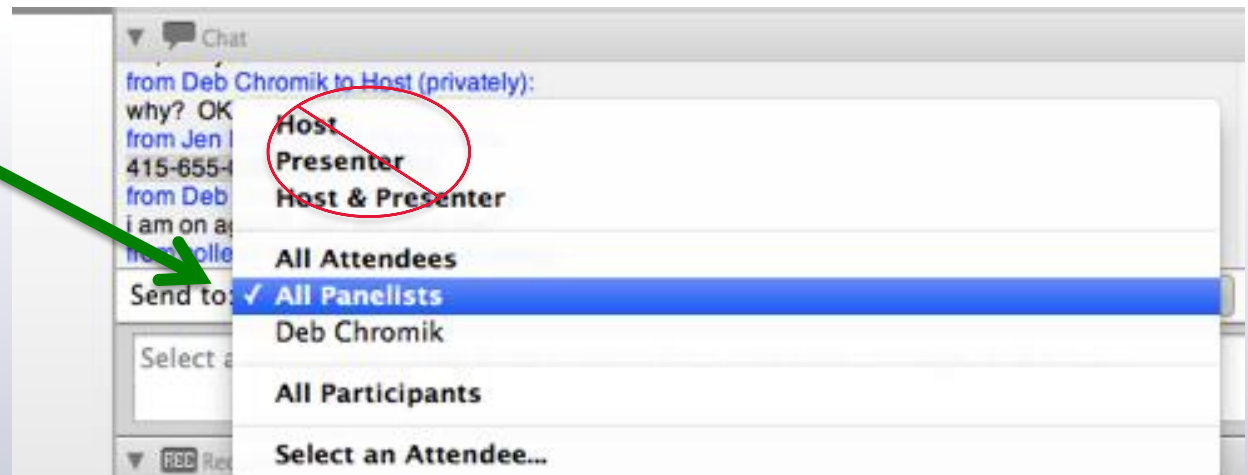
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- ▶ No commercial support was received for this activity.

Housekeeping: Submitting Questions



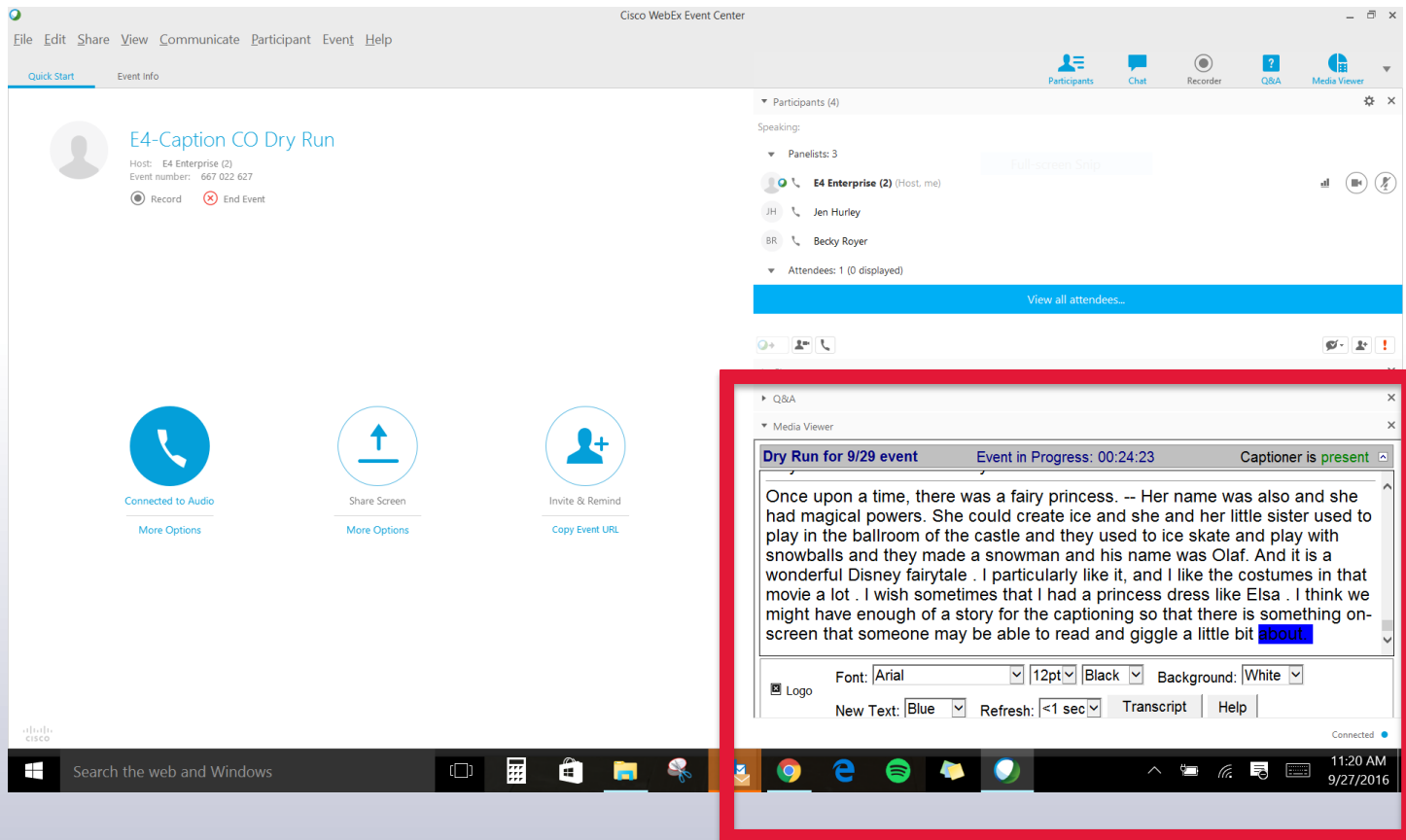
► WebEx Chat

- Send messages to the panelists using the chat feature using the drop down menu



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- ▶ Please access all recorded events on the Alliant Quality website (www.alliantquality.org) at the following link:
http://e4enterprise.com/Alliant/Webinar_Recordings.html
 - Recorded events have been approved for 0.5 Continuing Nursing Education (CNE) contact hours by the Ohio Nurses Association (ONA). ONA is authorized by the American Nurses Credentialing Center to approve CNE. (OBN-001-91)
- ▶ Please forward to your colleagues

Opening Remarks

1. Purpose
2. Welcoming Dr. Hartman-Stein
3. Q&A

Task Lead Stacy
Hull
Behavioral Health

Opening Remarks



- ▶ Purpose
- ▶ Welcoming Dr. Paula Hartman-Stein
- ▶ Q&A

Dr. Adrienne Mims
Vice President & Chief Medical Officer

Free Technical Assistance

Alliant Quality can offer the following technical assistance to help your primary care practice improve screening rates:

- ▶ Expertise in billable screening tools, treatment approaches and referral processes
- ▶ Process design and linkages to referral programs
- ▶ Training in quality improvement methodologies
- ▶ Opportunities to participate in Learning and Action Networks
- ▶ Education on best practices, shared successes and lessons learned

Depression Screening Codes

- ▶ The following clinicians are eligible to bill for the services listed below:
General Practitioners; Family Practitioners; Internists; Geriatricians; Nurse Practitioners; Certified Clinical Nurse Specialists; Physician Assistants.
- ▶ G0402 - Initial Preventive Physical Examination
NC (\$175.95); Atlanta (\$183.14); Rest of GA (\$174.20)
- ▶ G0438 - Annual Wellness Visit
NC (\$181.05); Atlanta (\$188.64); Rest of GA (\$179.13)
- ▶ G0444 - Annual Depression Screening, 15 minutes:
NC (\$18.98); Atlanta (\$19.99); Rest of GA (\$18.65)

<http://www.alliantquality.org/content/behavioral-health>

Alcohol Screening Codes

- ▶ The following clinicians are eligible to bill for the services listed below: General Practitioners; Family Practitioners; Internists; Geriatricians; Nurse Practitioners; Certified Clinical Nurse Specialists; Physician Assistants.
- ▶ G0402 - [Initial Preventive Physical Examination](#)
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- ▶ G0438 - [Annual Wellness Visit](#)
NC (\$181.05); Atlanta (\$188.64); Rest of GA (\$179.13)

Featured Guest Speaker



Paula E. Hartman-Stein, Ph.D.
Consultant in Geriatric Behavioral Health

- ▶ Clinical psychologist, Consultant & Educator in geriatric behavioral health
- ▶ Education background
 - University of Pittsburgh, West Virginia University, Kent State University
 - Geriatric Clinician Certificate from GREC, Case Western Reserve University
- ▶ Work History
 - Hospitals, Primary Care Clinic, Long Term Care settings, private practice
 - Medicare Correspondent, *The National Psychologist* newspaper
- ▶ Accomplishments
 - Senior Fellow, University of Akron
 - Associate Professor, Northeast Ohio Medical University
 - Member of The Centers for Medicare & Medicaid Services (CMS) Technical Expert panels for depression & elder maltreatment screening measures
 - Lead editor, *Enhancing Cognitive Fitness in Adults* (2011)

Objectives

1. Analyze reasons to ask about alcohol use in older adults.
2. Evaluate factors contributing to risky or hazardous drinking in late life.
3. Identify common medical conditions worsened by risky drinking.
4. Evaluate a validated screening tool for older adults: Alcohol Use Disorders Identification Test (AUDIT).
5. Evaluate strategies to ensure valid screening results & steps to take when a screen is positive.

Definitions of Alcohol Use

- ▶ **Risky or hazardous use:** consumption in amounts that increase the likelihood of health consequences (e.g., injury, interpersonal problems, medical consequences).
- ▶ **Harmful use:** alcohol consumption resulting in consequences to physical, mental health.

Identification of Risky Alcohol Use in Older Adults in Primary Care (PC)

- ▶ **Alcohol dependence:** cluster of behavioral, cognitive and physiological phenomena that develop after repeated alcohol use.

(strong desire to drink, impaired control over its use, persistent drinking despite harmful consequences, higher priority to drinking over other activities, increased alcohol tolerance and physical withdrawal symptoms).

Quiz on Alcohol and Older Adults

1. Which group has the highest rate of alcohol dependence in U.S?
 - a) Widowers over age 75
 - b) Widowers between age 60 to 74
2. What percent of nursing home residents have alcohol related problems:
 - a. 5%
 - b. 25%
 - c. 50%

Quiz on Risky Alcohol Use in Later Life

3. Older adults are hospitalized as often for alcoholic related problems as for
- a. heart attacks
 - b. suicide attempts
 - c. cancer treatment

Source: (2017) <https://www.ncadd.org/about-addiction/seniors/alcohol-drug-dependence>.

Risky Alcohol Use in Older Adults is on the Rise!

- ▶ In a Canadian study, one in 6 older adults self-report heavy drinking (14 drinks a week for men; 9 for women, half report having $>$ or $=$ 5 drinks at a time.
- ▶ According to the National Health Interview survey, 50% of men and 39% of women were almost daily drinkers; 5.9% of all men and .9% of all women aged over 60 reported binge drinking once a month or more.
- ▶ 2.36% of older men and .38% of older women met criteria for an alcohol use disorder (more severe than risky or harmful use).

One Face of a Risky Alcohol Consumer



A Face of a Harmful Alcohol User



Common Triggers for Late Life Alcohol Misuse

1. Loneliness
2. Feeling unwanted, ignored, lack of purpose
3. Retirement Stress
4. Widowhood
5. Bereavement-nature's response to severe loss
 - Complicated bereavement can lead to depression
6. Chronic Illness, including dementia
7. Disability, such as low vision
8. Caregiving to a family member or spouse



Summary of Factors in Risky Alcohol Use in Late Life

- ▶ Response to loneliness and grief
- ▶ Persist as a life-long outlet to dull emotional pain
- ▶ Socio-cultural habit
- ▶ Cognitively impaired older adults may drink more than they realize or remember!

How much is too much?

- ▶ National Institute on Alcohol Abuse and Alcoholism recommends that men over 65 have no more than 7 drinks on average, with a maximum of two on one occasion.
- ▶ Older women: no more than 4 drinks per week.
- ▶ Risky drinking=5 or more drinks for men; 4 or more for women per occasion.

What's a drink?

- ▶ One bottle of beer (~5% alcohol)
- ▶ A glass of 5 oz. wine (~12% alcohol)
- ▶ A 1.5 oz shot of spirits (~40% alcohol). But one mixed drink can contain from 1 to 3 or more standard drinks.

Excessive alcohol consumption increases risk of:

- Memory loss
- Falls
- Irrational, disinhibited behavior
- Cancer of throat and mouth
- Frequent colds. Reduced resistance to infection.
- Liver damage
- Ulcers
- Numb, tingling toes
- Premature aging
- Heart failure, anemia
- Impaired blood clotting
- breast cancer
- Vitamin deficiency, malnutrition
- Inflammation of the stomach
- Vomiting, diarrhea
- Inflammation of the pancreas
- Impaired sexual performance
- Adverse interactions with medications, especially pain meds, psychoactive meds and anti-convulsants.

Practitioner Barriers to Identification

About 13% of PCPs screen for alcohol use using a standard measure.

- Ageist assumptions: “Don’t waste your breath because he/she won’t change.”
- Failure to recognize symptoms
- Lack of knowledge about subtle signs
- Physician discomfort with topic with OAs

Behavioral signs and indicators

Top 5 red flag behaviors/signposts:

1. Frequent falls
2. Two or more bone fractures in a 3 to 5 yr period.
3. Auto accidents or dings in the car
4. DUI
5. Domestic violence (44% of male and 14% of female abusers of parents were dependent upon alcohol/drugs as were 7% of the OA victims, based on World Health Organization Fact Sheet.)

What is the AUDIT

- ▶ Developed in 1982 by World Health Organization for Primary Care; validated in 6 countries
- ▶ Identifies risky, harmful use and dependence
- ▶ Brief, rapid
- ▶ Focuses on recent alcohol use
- ▶ 10 questions
- ▶ Easy scoring

Guidelines for Administering the AUDIT

- ▶ Administer either separately or combined with lifestyle questionnaire or medical hx
- ▶ Decide to administer orally or as a self-report, either on paper or on computer
- ▶ Be friendly, non-threatening;
- ▶ Assure confidentiality
- ▶ Be sure the pt is not intoxicated or in delirium state; if memory impairment is suspected, obtain caregiver's input.
- ▶ State the purpose is of relevance to pt's health

Introducing the AUDIT

Example: “Now I am going to ask you some questions about your use of alcoholic beverages in the past year because alcohol can affect your health and interfere with medications you are taking. Please be as honest and accurate as you can be. All information will be confidential.”

Use of the AUDIT

- ▶ Explain what a “drink” constitutes.
- ▶ Advantages of self-report vs interview

Questionnaire: less time, easy to administer, suitable for computers, may produce more honest answers

Interview: allows clarification of ambiguous answers, can be given to people with low literacy, allows seamless feedback

Where to obtain the AUDIT

It is in the public domain. Google it and it pops up on many sites.

Babor, T. F., Higgins-Biddle, JC, Saunders, J.B. & Monteiro, M.G. (2001). *The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Care, second edition*. World Health Organization.

Interpreting the Results and Next Steps

- ▶ 8 to 15: focus on reduction of hazardous drinking through education and support.
- ▶ 16 to 19 suggest need for brief counseling and ongoing monitoring.
- ▶ 20 or greater warrant further evaluation for alcohol dependence.

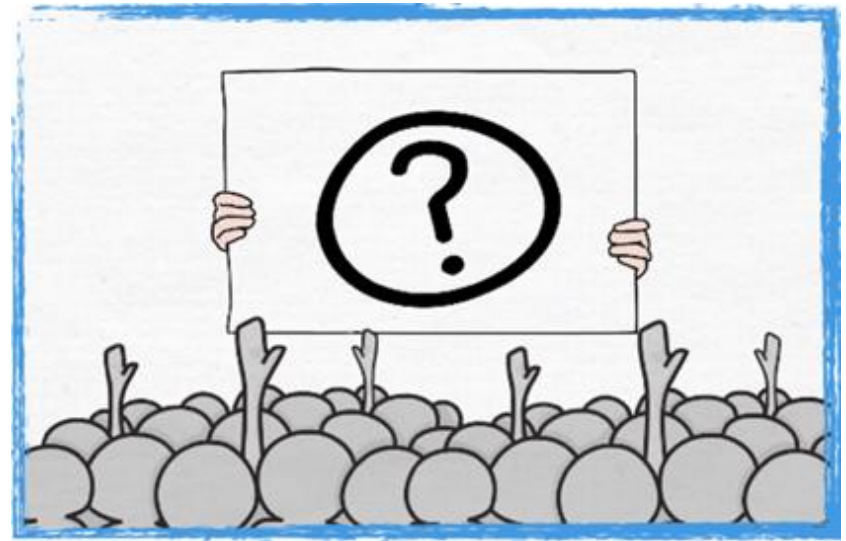
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Thank you!

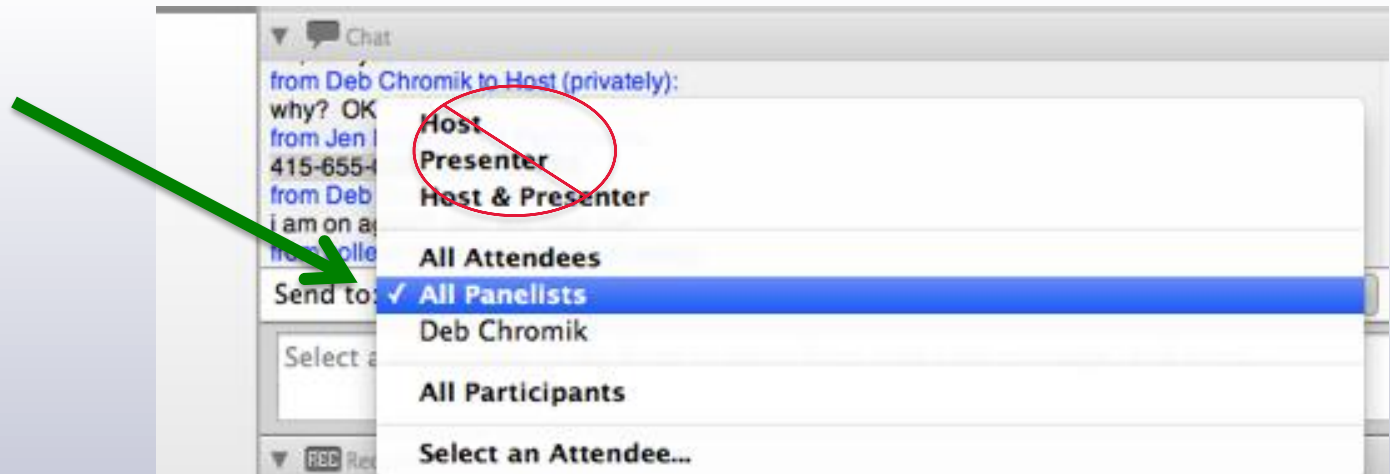
For more information, please contact:

- ▶ Paula E. Hartman-Stein Ph.D.
- ▶ www.centerforhealthyaging.com

Submitting Questions



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Contact Information



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Behavioral Health LAN: Upcoming Event

Topic: Treating the Caregivers of older adults: Essential basics for
Population Health

Thursday, June 15, 2017

12:30 to 1:00pm ET



Dr. Paula Hartman-Stein

MAKING HEALTH CARE BETTER