

Alcohol and Medication Issues for Older Adults

The Massachusetts Department of Public Health, Bureau of Substance Abuse Services appreciates that providers are charged with ensuring patient care in an ever-changing and challenging healthcare environment. This Update provides the tools to effectively screen patients for unhealthy use of alcohol and other drugs.

Providers are a trusted source of clarity about alcohol and health. For healthy people who choose to drink, monitoring intake will help reduce the risk for chronic disease and other alcohol-related problems.

According to the National Survey on Drug Use and Health (NSDUH), 41.2% of adults aged 65 or older reported having at least one drink in the past 30 days and 8.2% reported having five or more drinks on the same occasion¹.

Healthcare professionals are in a powerful position to influence older adults' health behavior. Screening and Brief Interventions have been shown to reduce unhealthy substance use, and to save lives and healthcare dollars. Early identification and intervention with unhealthy alcohol and drug use address the middle ground between prevention of substance use initiation, and specialty treatment for people who are heavy, dependent or addicted users. Screenings and Brief Interventions focus on the group of people who use alcohol or other drugs in unhealthy ways but who are not dependent. Many of these older adults can successfully change their use patterns with early intervention.

Medicare will reimburse for an annual specific alcohol screening and for counseling within certain parameters (see page 3).

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, National Survey of Drug Use and Health. 2012. Accessed Feb 24, 2014.



Important Information to Share with Older Adults

With age comes an increase in sensitivity and decrease in tolerance for alcohol and medications. Over time, someone whose drinking habits haven't changed may find she/he reacts differently.

- When an older adult drinks alcohol while taking prescription drugs, the substances may affect the body for a longer period of time.
- Interaction between alcohol and medications can increase the risk of falls and accidents. Sometimes drinking even small amounts of alcohol can impair judgment, coordination, and reaction time.
- Patients profit from reminders to take medications only as directed and to discuss any negative effects with a pharmacist or another health professional of your choice.
- Alcohol use, even in small amounts, can make some health conditions worse (e.g., depression, insomnia). Encourage patients to discuss their alcohol use with you and other health care providers.
- All medications should be stored securely, out of the reach of children, teens, and pets. Locked boxes are recommended. Extra medications should be disposed of according to Federal Guidelines. (These can be downloaded or printed by visiting www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm)
- The limits for healthy men aged 21 to 64 - no more than 4 drinks in one day and no more than a total of 14 drinks in one week - change as patients get older. Because of the changes in the metabolism, alcohol's effects are more intense and last longer. It is important to talk to your patients about whether they can safely drink alcohol, and how much.
- The limits for healthy women 21 to 64 - no more than 3 drinks in one day and no more than a total of 7 drinks in one week - should be less once they turn 65 years old. You can explain that their bodies react more strongly to alcohol.²
- Drinking above these limits is considered unhealthy. The limits don't take into consideration body weight; past or current patterns of drinking; spacing of drinks; medications, etc.
- As a trusted provider, your words on preventing or addressing a substance use issue will generally improve the quality of your patients' lives.

Screening for alcohol use is useful for chronic disease management, just like checking cholesterol, blood pressure, and blood sugar levels. Health care providers need to know about how much alcohol and drugs patients use.

² Substance Abuse and Mental Health Services Administration (SAMHSA). Older Americans Behavioral Health. Issue Brief 2: Alcohol Misuse and Abuse Prevention. 2012. Accessed Feb 28, 2014.

Brief Intervention for Those Screening Positive for Risk

Research shows that brief interventions lasting as little as five minutes are effective in decreasing substance use. The Brief Intervention is a non-confrontational, non-judgmental conversation with the patient about his/her use. This can be the first of several conversations over time about cutting back or stopping the use of a substance. The purpose is to elicit “change talk” from the patient and to help the patient develop a “change plan” that he/she can carry out.³

Research and demonstration projects with adults show that about 20% of primary care patients may screen at some level of risk and need a brief intervention, and 4% to 7% may need brief or specialty treatment.^{4,5}

Tips for Influencing Positive Change

- Ask open ended questions.
- Link questions and responses about alcohol with the patient’s health status, other health behaviors (e.g., exercise, weight, sleep, smoking), or medication use.
- Active listening can help the patient focus on what may be new information rather than getting defensive about his/her use.
- Simple reflective statements that paraphrase or restate what the patient is saying can elicit more “change talk.”
- Providing patient consumer-oriented education materials (available free at www.mass.gov/maclearinghouse) can support their efforts to improve their health.
- Check in and support the patient’s efforts to change at the next appropriate visit.
- If a patient needs more than a brief intervention, consider referring him/her to a substance abuse/mental health provider within your system or within a substance abuse treatment agency for an assessment and/or counseling. Please see page 7 for referral resources.

Among adults, alcohol screening and brief intervention can reduce the amount of alcohol consumed on an occasion by 25 percent among those who drink too much. These methods are recommended for all non-dependent adults, including pregnant women.⁶

³ Miller WR and Rollnick SP. *Motivational Interviewing: Preparing People for Change*, Guilford Press, 2002.

⁴ Moyer VA, on behalf of the U.S. Preventive Services Task Force. *Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: U.S. Preventive Services Task Force Recommendation Statement*. *Ann Intern Med*. 2013; 159(3): 210-218.

⁵ Madras BK, Compton WM, Avula D, Stegbauer T, Stein JB, Clark, HW. *Screening, Brief Interventions, Referral to Treatment (SBIRT) for Illicit Drug and Alcohol Use at Multiple Healthcare Sites: Comparison at Intake and 6 Months Later*. *Drug Alcohol Depend*. 2009; 99: 280-295.

⁶ McKnight-Eily LR, Liu Y, Brewer RD, Kanny D, Lu H, Denny CH, Balluz L, Collins J. *Vital Signs: Communication Between Health Professionals and Their Patients about Alcohol Use – 44 States and District of Columbia*. 2011. *Centers for Disease Control and Prevention MMWR, Early Release*. Vol. 63. January 7, 2014.

Medicare Reimbursement*

- According to the Centers for Medicare & Medicaid Services (www.cms.gov) “CMS will cover annual alcohol screening, and for those that screen positive, up to four brief, face-to-face, behavioral counseling interventions per year for Medicare beneficiaries, including pregnant women:
 - Who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence (defined as at least three of the following: tolerance, withdrawal symptoms, impaired control, preoccupation with acquisition and/or use, persistent desire or unsuccessful efforts to quit, sustains social, occupational, or recreational disability, use continues despite adverse consequences); and
 - Who are competent and alert at the time that counseling is provided; and,
 - Whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.”
- Alcohol screening will not be covered when performed more than one time in a 12-month period, and brief face-to-face behavioral counseling will not be covered when performed more than four times in a 12-month period, or more than once in one day.
- “CMS does not identify specific alcohol misuse screening tools. Rather, the decision to use a specific tool is at the discretion of the clinician in the primary care setting.”⁷ See page 5 for an example.
- Inpatient and outpatient treatment for ongoing substance abuse is reimbursed differently, and if information is needed it may be found at the CMS website.

* Updates on Codes and requirements should be accessed at the Centers for Medicare and Medicaid Services (CMS) website. Changes in these systems can occur at any time. Search the site or visit www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf.⁸

⁷ Department of Health and Human Services, Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (210.8). 2011. Accessed June 23, 2015.

⁸ Department of Health and Human Services, Centers for Medicare & Medicaid Services. Alcohol Misuse Screening and Counseling. 2015. Accessed June 24, 2015

All Patients, Especially Adults 65 Years and Older, Should Be Screened for Alcohol and Other Drug Use:

- As part of every annual physical exam

It is Helpful to Advise Patients About Alcohol and Other Drug Use:

- When starting a new medication
- When a patient is experiencing major stressful life changes (e.g., death of a significant other, retirement, declining health, loss of social supports)
- When potential signs and symptoms of an alcohol problem are present, such as sleep difficulties, injuries, depression, self-neglect, etc.
- When a patient has multiple physicians or uses more than one pharmacy
- If a patient complains that a medication is less effective over time
- When there is a prior personal or family history of substance use or mental health problems

Not everyone who drinks regularly has a drinking problem, and not all problem drinkers drink every day.

Helpful Hints for Effective Universal Screening:

- You can begin with a universal statement such as, “We ask all of our patients these questions. I’d like to ask you a few questions about your alcohol and drug use.”
- Provide assurance of confidentiality. If appropriate, ask permission to talk with family members or friends.
- Ask all patients for permission to provide screening feedback. This is an opportunity to reinforce healthy behaviors, and make sure every one understands precautions about using alcohol.

Alcohol:

As a first step, here are a few simple questions that were developed for adults that can be asked:

- Do you sometimes drink alcoholic beverages?
- (Regardless of response) How many times in the past year have you had X or more drinks in a day? (where X is 5 for men and 4 for women)
- A response of ≥ 1 is considered a positive screen.⁹

Drug Use:

- How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?
- A response of ≥ 1 is considered a positive screen.¹⁰

⁹ Saitz R, Cheng DM, Allensworth-Davies D, Winter MR, Smith PC. The Ability of Single Screening Questions for Unhealthy Alcohol and Other Drug Use to Identify Substance Dependence in Primary Care. *J. Stud. Alcohol Drugs.* 2014; 75: 153-157.

¹⁰ Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A Single-question Screening Test for Drug Use in Primary Care. *Arch Intern Med.* 2010; 170(13): 1156.

SCREENING FOR ALCOHOL USE

As of May 2015, Medicare permits the health care provider to choose the alcohol misuse screening tools to be used if the encounter is to be reimbursed. If the older person ever uses alcohol, the validated tool below can help determine if their use is unhealthy for their age group.

Short Michigan Alcoholism Screening Test — Geriatric Version (S-MAST-G)¹¹

- ① When talking with others, do you ever underestimate how much you actually drink? _____
- ② After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry? _____
- ③ Does having a few drinks help decrease your shakiness or tremors? _____
- ④ Does alcohol sometimes make it hard for you to remember parts of the day or night? _____
- ⑤ Do you usually take a drink to relax or calm your nerves? _____
- ⑥ Do you drink to take your mind off your problems? _____
- ⑦ Have you ever increased your drinking after experiencing a loss in your life? _____
- ⑧ Has a doctor or nurse ever said they were worried or concerned about your drinking? _____
- ⑨ Have you ever made rules to manage your drinking? _____
- ⑩ When you feel lonely, does having a drink help? _____

SCORING:

If the person answered “yes” to two or more questions, go on to do a Brief Intervention (BI) or make the appropriate referral within or outside of your system.

To download this tool or other screening tools please see page 6.

¹¹ Blow F. Michigan Alcoholism Screening Test – Geriatric Version (MAST-G). Baltimore: University of Michigan Alcohol Research Center. 1991.

RESOURCES FOR PROVIDERS

Screening/Assessment Tools for Older Adults

Short Michigan Alcoholism Screening Test – Geriatric Version (S-MAST-G)

- http://consultgerirn.org/uploads/File/trythis/try_this_17.pdf

Michigan Alcoholism Screening Test – Geriatric Version (MAST-G)

- www.ncbi.nlm.nih.gov/books/NBK64829/#A46031

Alcohol Use Disorders Identification Test (AUDIT)

- www.integration.samhsa.gov/AUDIT_screener_for_alcohol.pdf

Drug Abuse Screening Test (DAST)

- www.drtepp.com/pdf/substance_abuse.pdf

Substance Use and Older Adults

Massachusetts Health Promotion Clearinghouse

- 800-952-6637; TTY: Use MassRelay at 711 or 1-800-720-3480
- www.mass.gov/maclearinghouse; request additional copies, download a version of this Update or order multilingual posters and patient booklets on substance abuse prevention and other health topics

Substance Abuse and Mental Health Services Administration (SAMHSA)

- 877-726-4727; 800-487-4889 (TTY)
- www.samhsa.gov; search for “older adults and substance abuse,” and/or “SBIRT” and www.store.samhsa.gov; search for “elderly”

National Administration on Aging

- Public Inquiries: 202-619-0724
- Eldercare Locator (to find local resources): 800-677-1116
- www.aoa.gov

Referrals for Assessment or Treatment

Massachusetts Substance Abuse Information & Education Helpline

- 800-327-5050, TTY: Use MassRelay at 711 or 1-800-720-3480 (7 days a week)
- Referral information on treatment programs and support services
- www.helpline-online.com; searchable database of substance abuse services

Drug Information

National Library of Medicine Medline Plus

- www.nlm.nih.gov/medlineplus/druginformation.html

The Massachusetts College of Pharmacy and Health Sciences (MCPHS) Pharmacy Outreach Program (formerly MassMedLine)

- 866-633-1617
- www.mcphs.edu/patient%20clinics%20and%20community%20out-reach/pharmacy%20outreach%20program/massmedlink%20to%20health

Information for Consumers

Information and referrals:

Massachusetts Substance Abuse Information & Education Helpline

- 800-327-5050, TTY: Use MassRelay at 711 or 1-800-720-3480 (7 days a week)
- Questions answered, translations available in over 140 languages
- www.helpline-online.com
- Both provide referrals by region

Massachusetts Health Promotion Clearinghouse

- 800-952-6637, TTY: Use MassRelay at 711 or 1-800-720-3480
- www.mass.gov/maclearinghouse
- Free booklets available on a range of health topics

“Your Meds: Be Smart. Be Safe.”

- 800-358-9295, TTY: 888-586-6340
- www.ahrq.gov
- Multiple resources are available under the “For Patients and Consumers” section.

Thank you for your support in keeping Massachusetts older adults healthy and vibrant!

This Provider Update is informed by Substance Abuse among Older Adults, TIP 26, published by the Center for Substance Abuse Treatment. Providers are encouraged to download a free copy of TIP 26 and access more information on these topics by visiting <http://store.samhsa.gov/product/TIP-26-Substance-Abuse-Among-Older-Adults/SMA12-3918>