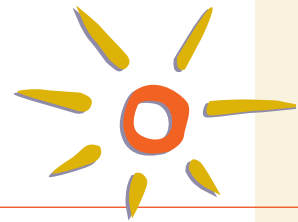


In the Mood



A Newsletter of the Fuqua Center for Late-Life Depression of Emory University

Volume 12, Issue 1
Summer 2014

Substance Use/Misuse by Older Adults – A Growing Issue

SUBSTANCE USE/MISUSE IN THE OLDER ADULT POPULATION is a growing issue that needs to be recognized and addressed. Substances misused include alcohol and prescription medications as well as illicit drugs such as marijuana and cocaine. Health care providers frequently don't ask older adults about subjects such as their drinking habits, and, if they do, they often fail to recognize their response as a potential problem.

The U.S. Census reports that baby boomers, those born between January 1, 1946 and December 31, 1964, are turning 65 at a rate of over 10,000 per day. Many of these "boomers" grew up during a period where smoking marijuana and binge drinking was common and accepted. Having a "couple of drinks" each night is routine in many households and people are often not aware of the risks associated with drinking and aging. Some older adults are turning to alcohol or prescription medication following retirement, the loss of a loved one, or to combat social isolation.

According to the National Institute on Alcohol Abuse and Alcoholism, (NIAAA), about 40% of adults ages 65 and older drink alcohol based on a 2008 national survey. The 2009 Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health reported an increase in illicit drug use in older adults including the non-medical use of prescription drugs. Psychiatric Times reports that

Changes that occur in the body as people age increase the impact alcohol and other substances have on the older adult.

drugs commonly prescribed to treat anxiety, pain, or sleep problems are among those with the most frequent abuse potential.

Changes that occur in the body as people age increase the impact alcohol and other substances have on the older adult. As people age, they may become more sensitive to alcohol's effects (National Institute on Aging). Thus, an older adult who could have a glass of wine before dinner may now feel the effects after several sips. *(continued next page)*



SYMPTOMS OF SUBSTANCE MISUSE

- ◆ Anxiousness or irritability (*feeling worried or "crabby"*)
- ◆ Memory loss (*trouble remembering things*)
- ◆ New problems making decisions
- ◆ Difficulty concentrating or paying attention
- ◆ Lack of interest in usual activities
- ◆ Sadness or depression
- ◆ Mood swings (*happy one minute, sad or angry the next*)
- ◆ Chronic pain (*pain that doesn't go away*)
- ◆ Problems with money or the police
- ◆ Poor nutrition, changes in eating habits (*eating junk food only*)
- ◆ Falls, bruises, burns
- ◆ Headaches
- ◆ Dizziness
- ◆ Incontinence (*can't control urinating, wetting the bed*)
- ◆ Poor hygiene (*not combing hair, bathing*)
- ◆ Out of touch with family and friends
- ◆ Suicidal thoughts (*wanting to kill yourself*)
- ◆ Strange response to medication

Substance Use/Misuse by Older Adults – A Growing Issue

(continued from page 1)

Who to call



For information or education on depression, call the toll-free Depression Information Service (DIS) 1-877-498-0096 (M-F 7:00am-7:00pm)

For information about the Fuqua Center, call Michele Lyn Siverson at 404-728-6948

For NEW PATIENT appointments, call 404-728-6302

For telemedicine appointments, call 1-866-754-4325

For information on community clinics call Jocelyn Chen Wise at 404-728-4784

For information on community education call Cathy T. Rambach at 404-728-4558

For information about Transitions Senior Program, call Ed Lawrence at 404-728-6975

To be added to our newsletter mailing list sign up at www.fuquacenter.org/newsletter or e-mail m.l.siverson@emory.edu

Mixing medications and alcohol, drinking too much, or taking medications differently than prescribed can cause symptoms that may cause the person to think they are experiencing medical or emotional problems. Certain health problems common to older adults such as high blood pressure, memory loss, and mood disorders can be made worse by drinking alcohol.

According to NIAAA and the Center for Substance Abuse Treatment (CSAT), people age 65 and older should consume no more than one (1) standard* drink per day or a total of seven (7) standard drinks per week. Women age 65 or older should consume slightly lower amounts as they get older. Some older adults should not drink at all.

Recognizing there may be a problem with

alcohol or medication misuse before things get too serious can make a difference. Cutting down on drinking or stopping the misuse of substances can improve many conditions that were thought to be symptoms of normal aging or symptoms of an illness. (Geriatric Mental Health Foundation)

It is important to talk openly and honestly to your health care provider about your drinking patterns, all medications you are taking, and to discuss any impact they may be having on your health. By being aware of the impact substances can have and in turn changing habits or patterns, many older adults feel better physically and mentally and improve their quality of life.

*See chart below for definition of a standard drink.

What is a standard drink?

A “standard” drink is any drink that contains about 0.6 fluid ounces or 14 grams of “pure” alcohol. Although the drinks below are different sizes, each contains approximately the same amount of alcohol and counts as a single standard drink.

ONE STANDARD DRINK EQUALS:

ONE CAN of ordinary beer or ale 12 oz.	A SINGLE SHOT of spirits (whiskey, gin, etc.) 1.5 oz.	A GLASS of wine 5 oz.	A SMALL GLASS of sherry 4 oz.	A SMALL GLASS of liqueur or aperitif 4 oz.

(Modified from BNI-ART Institute Boston University, School of Public Health)

According to NIAAA and the Center for Substance Abuse Treatment (CSAT), people age 65 and older should consume no more than one (1) standard drink per day or a total of seven (7) standard drinks per week. Women age 65 or older should consume slightly lower amounts as they get older. Some older adults should not drink at all.

Did You Know...? **Binge Drinking**

Binge drinking is defined as having five (5) or more drinks at one sitting for men and four (4) or more drinks in a single sitting for women. (Medscape Medical News). According to the CDC, one (1) in six (6) U.S. adults binge drink on average four (4) times a month. Adults aged 65 and older report binge drinking an average of five (5) to six (6) times a month. Binge drinking is associated with a number of health problems such as high blood pressure, stroke, and other cardiovascular diseases, liver disease, neurological damage, sexual dysfunction, and injuries from falls or automobile accidents. (CDC).

WHAT CONSTITUTES BINGE DRINKING?



Five or more drinks at one sitting for men



Four or more drinks in a single sitting for women

Helpful Resources: Additional Information on Substance Misuse

National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov

National Clearing House for Alcohol and Drug Information: www.findtreatment.samhsa.gov

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

National Institute on Aging Information Center: www.nia.nih.gov

Colleran, C. and Jay, D., (2002), *Aging and Addiction*, Center City, MN, Hazelden

Georgia Crisis & Access Line:
1-800-715-4225 (Help is available 24/7 for problems with mental health, drugs, or alcohol)

Atlanta Region Area Agency on Aging AgeWise Connection:
404-463-3333, www.agewiseconnection.com

GA Council on Substance Abuse:
www.gasubstanceabuse.org

Research Participation Opportunities: tDCS

The Fuqua Center for Late-Life Depression is currently investigating the safety and efficacy of transcranial direct current stimulation, or tDCS, at treating depression. tDCS is a non-medication treatment for depression. During tDCS treatment, electrodes are placed on the scalp and current is run across the electrodes, causing stimulation in the brain. By stimulating certain areas of the brain, it may be possible to alleviate depression.

The Fuqua Center is currently recruiting depressed patients 18 and over for this study. Patients with unipolar and bipolar depression are invited to participate. Study participants will not need to discontinue any current antidepressant therapy. Treatments will occur at the Wesley Woods Health Center. To learn more about this study, please call 404-728-6856 or visit clinicaltrials.gov.



In Memoriam

Dr. Joseph H. "Skoot" Dimon served as a valued member of the Fuqua Center's Advisory Board from October, 2004 through August 2011. In his acceptance letter to serve on the Board Dr. Dimon wrote, "my particular interest would be in the educational sphere – overcoming the stigma of mental disease...I can tell my story of suffering and recovery from acute depression and if that helps anyone reduce their psychic pain, it is time well spent in my opinion." Dr. Dimon's time was indeed well spent. He will long be remembered for his kind and gentle heart, his sensitivity and understanding for those struggling with depression, and the wisdom and knowledge he brought to the Advisory Board. Dr. Dimon died on March 24, 2014 following a long illness.

Fuqua Center for Late-Life Depression

Wesley Woods Health Center, 4th Floor

1841 Clifton Rd., NE

Atlanta, GA 30329

404-728-6948

www.fuquacenter.org



Facts about depression
Treatment options
How to learn more

Help Continue the Work of the Fuqua Center

WHY MAKE A GIFT TO THE FUQUA CENTER?

The Fuqua Center for Late-Life Depression of Emory University, a community education and outreach entity within the Division of Geriatric Psychiatry, relies on private support from generous partners like you to sustain its comprehensive programs and services. Your gifts help to improve access to clinical services for older adults, increase public awareness and understanding that depression is NOT a normal part of aging, as well as maintain extensive community outreach efforts aimed at educating those who serve older adults. Each and every contribution makes a difference and has an impact.

To make a gift online, visit www.fuquacenter.org/donations



Contributions to help continue the work of the Fuqua Center for Late-Life Depression of Emory University

Enclosed is my tax deductible gift of \$_____. Please note that this contribution is:

In memory of: In honor of: _____

Please send acknowledgement of this donation to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to:

Emory University – Fuqua Center for Late-Life Depression

Please mail to:

Emory University – Fuqua Center for Late-Life Depression

c/o Office of Gift Records

1726 Clifton Road, Suite 1400

Atlanta, GA 30322-4001