

# Prevention of Co-Occurring Disorders in Older Adults



**OLDER AMERICANS**  
Substance Abuse & Mental Health  
Technical Assistance Center



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### **TAC MISSION**

The mission of the *Older Americans Substance Abuse and Mental Health Technical Assistance Center* is to enhance the quality of life of older adults by providing training and technical assistance to health care agencies and providers regarding health issues common in late life. TAC priorities include the prevention and early intervention of substance abuse, medication misuse and abuse, mental health disorders, and co-occurring disorders.

For more information on this topic or other topics offered in our *Professional Reference Series* please contact the Older Americans Substance Abuse and Mental Health Technical Assistance Center at:

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# Prevention of Co-Occurring Disorders in Older Adults

Co-occurring substance abuse and mental health problems in older adults are serious public health problems that respond to treatment and care. The following information is adapted from the SAMHSA Older Americans Technical Assistance Center’s “Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults.”

Data on the prevention and early intervention of co-occurring disorders in older adults are limited. A review of evidence-based practice research did not locate universal prevention programs for older adults. The absence of universal prevention programs for late-life dual diagnosis is expected, because pre-existing substance abuse or mental health problems places preventive efforts at a selective or indicated level. The research literature describing the early intervention of co-occurring disorders is small and is largely focused on the comorbidity of depression and alcohol abuse.

## Screening

A recent study by Philpot and colleagues examined the effectiveness of three screening tests to identify problem drinking in older adults with mental illness. This examination evaluated the Alcohol Use Disorders Identification Test (AUDIT), the AUDIT-5, and the CAGE among 128 older adult patients with a mean age of 77 years. In comparison with clinical case criteria, the AUDIT-5 performed better than either of the other scales and had a sensitivity of 75%, specificity of 97%, and positive predictive value of 83% using a 4/5 cut-point. This study suggests that the AUDIT and AUDIT-5 are both appropriate screening instruments for detecting problem drinking in older adults with mental illness.

### **DID YOU KNOW?**

**The prevalence of older adults with comorbid substance abuse and mental disorders varies by population. Prevalence ranges from 7% to 38% of those with psychiatric illness and from 21% to 66% of those with substance abuse disorders.**

**Co-occurring mental health and substance use disorders are associated with:**

- **Increased risk of poor health outcomes;**
- **Greater inpatient and outpatient service utilization; and**
- **Increased suicidal ideation and attempts, compared to having either a mental health or substance use disorder alone.**

**Depression and alcohol use are the most commonly cited co-occurring disorders in older adults.**

## **Prevention (Early Intervention) Strategies to Treat Co-Occurring Substance Abuse and Mental Health Problems in Older Adults**

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### *Effect of Alcohol Use on Depression Treatment Outcomes*

Oslin and colleagues found that concurrent treatment of depression along with a reduction in alcohol use was effective in achieving positive treatment outcomes. In this large study of older persons (age 60+) hospitalized for late-life depression, outcomes were evaluated 3 to 4 months following discharge. Treatment during hospitalization for the vast majority (88%) included concurrent treatment with antidepressants and abstinence from alcohol. Surprisingly, those with a history of moderate and high alcohol consumption (compared to light consumption) had significantly better social functioning and energy outcomes and a lower proportion used antidepressant medications. The

authors found that the vast majority of those in the moderate and high alcohol consumption group significantly decreased their alcohol consumption at the same time as receiving treatment for depression, with approximately 80% of patients reducing their drinking by more than 90%.

Of note, reducing alcohol use was associated with a modest benefit on depression outcomes, compared to older adults who continued to drink. The results of this study suggest that older adults with co-occurring depression and substance abuse benefit from treatment of depression, especially when consumption of alcohol is decreased.

## **Effect of Integrated Care Compared to Enhanced Referral Care**

The Primary Care Research in Substance Abuse and Mental Health for Elderly (PRISM-E) study compared treatment engagement of older primary care patients (age 65+) receiving care through two distinct services models, including integrated substance abuse and mental health treatment and enhanced referral to a specialty mental health clinic. A subgroup of participants in this study had co-occurring at-risk alcohol use and depression or anxiety (n=148). Older adults with co-occurring

disorders were significantly more likely to engage in the integrated model of treatment (4.0 mean treatment visits) compared to the enhanced model of referral to specialty mental health clinics (1.8 mean treatment visits). Both the integrated and enhanced referral conditions were effective in decreasing alcohol use (as measured by number of drinks per week and the number of binges per month) and improving mental health status (as measured by the mental component score of the SF-36). These results suggest that co-occurring at-risk alcohol use and depression or anxiety can significantly improve over 6 months among older adults receiving mental health and substance abuse services in primary care or specialty mental health settings.

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Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention