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As the veteran population is aging, it is placing increased pressure on the VA's long-term care system. Among these pressures are care issues associated with patients with substance use disorders (SUDs). SUDs are among the most common mental health diagnoses in VA nursing homes (18% of admissions in 2004) and are likely to increase as Vietnam Era veterans age.

An ongoing VA HSR&D project, "Substance Use Disorder Patients in VA Nursing Homes," directed by Sonne Lemke, PhD and Jeanne Schaefer, RN, PhD, aims to (1) gain a better understanding of the extent of SUDs among VA nursing home (VANH) patients, (2) provide comprehensive information about the treatment challenges posed by VANH patients with SUD and determine their impact on staff and the long-term care system, (3) assess strategies and models of care that staff are using to meet the needs of patients with SUDs, (4) help VA managers and clinicians pinpoint staff educational needs and target interventions to foster high quality care for patients with SUDs, and (5) conduct cost analyses of health care for patients with SUDs in VANHs.

In the sections that follow, we discuss issues and present preliminary findings from analyses of VA administrative data for VANH patients treated in fiscal years 1998, 2000, 2002, and 2004.

Substance Use Disorders are Poorly Documented for Patients during their Nursing Home Stays

Research shows that SUDs often are not detected and documented among older patients. These failures have been attributed to (1) the expectation that substance use is not a likely problem in older persons, (2) a reluctance to ask questions about substance use for fear of offending those who don't misuse, (3) the assumption that substance use is not a problem for nursing home patients because they are not given access to alcohol and illicit drugs, and (4) treatment pessimism.

However, failure to recognize SUDs may compromise the treatment of medical problems. Importantly, serious illness offers a valuable opportunity to educate patients with SUDs and to motivate behavior change.

We found that of VANH patients with an

identified SUD, only 41% had the diagnosis recorded during their VANH stay. In many instances, even the SUD diagnosis from VA treatment immediately preceding the VANH admission was not carried over to the VANH patient record.

The oldest patients, those who were married, and those with the most medical conditions were more likely to have a SUD that was not documented in the VANH patient record.

Facility size and facility SUD prevalence were not related to documentation rates. In future work, we plan to examine other nursing home characteristics that may be associated with better documentation. This will allow the possibility of propagating approaches that VANHs can use to increase their identification of patients with SUDs.

SUD Patients Differ from Non-SUD Patients in their Demographic Characteristics and Comorbidities

Research indicates that SUDs are associated with limited social resources, medical and psychiatric comorbidities, functional disability, and premature mortality. We investigated whether VANH patients mirror these findings.

Compared with non-SUD patients, VANH patients with SUDs were more likely to be unmarried and to have lower incomes. They had health problems linked to substance use, including higher rates of hepatitis, liver disease, and gastric disorders. In addition, they had higher levels of psychiatric comorbidities, such as depressive disorders, manic disorders, and serious mental illness. Thus, these patients present some distinctive clinical challenges to VANH staff.

On the positive side, patients with SUDs had fewer functional dependencies and lower mortality than other VANH patients, underlining their potential for return to the community.

A VANH stay offers a window of opportunity to address substance use problems. By focusing on substance use problems during the VANH stay, staff may improve these patients' chances of returning to community residence and decrease their risk of future nursing home admissions. In order to meet the complex needs of patients with SUDs, it is essential that VANH staff be furnished the resources to effectively deal with patients' substance use problems and associated comorbidities.

The Profile of Mental Health Disorders in VANH Patients Has Changed Over Recent Years

As Vietnam Era veterans age, observers have predicted shifts in the mental health profile of VANH patients, particularly increases in the prevalence of Post Traumatic Stress Disorder (PTSD) and SUDs. Accordingly, we examined trends in the prevalence of mental health disorders in VANH admissions between 1998 and 2004.

Over the 6-year period, PTSD increased by 60% among all VANH admissions. SUDs and depressive disorders increased in prevalence among patients under age 65 but not for admissions overall.

Thus, as expected, aging Vietnam Era veterans are driving increases in the prevalence of PTSD and, to some extent, of SUDs and depression. VANH managers and policymakers face the challenge of identifying resources and models of care that

can address the demands that these patients will place on the long-term care system.

We also found unexpected declines in prevalence rates for dementia (41% decline) and serious mental illness (26% decline). These declines began in 2000 and occurred among patients of all ages. In addition, SUD prevalence declined 55% among older patients.

These unexpected declines coincided with changes in the VA long-term care system, including increased noninstitutional care and shorter length of stay. Researchers and policymakers will need to collaborate in exploring whether decreases in the prevalence of some mental health disorders are related to these system-wide changes or signal the presence of aging veterans whose mental health needs are not being addressed.

Vietnam Era Veterans

Vietnam Era veterans are the “young old” of the nursing home population. As the leading edge of this patient population increasingly uses VANHs, there is concern that these veterans will present high levels of mental health disorders and behavior problems. To better understand this issue, we identified differences between younger (those under age 65) and older VANH patients in their resources and diagnoses.

Younger patients (27% of admissions) had fewer social resources than older patients: they were more likely to be unmarried and had lower incomes. However, fewer of the younger patients had serious medical problems such as vascular disease, heart disease, neurological disorders, and cancer.

Younger patients were less likely than older patients to have functional dependencies such as in eating and toileting. In terms of psychiatric disorders, they had lower rates of dementia but higher rates of SUD, PTSD, and mood disorders. Finally, disruptive behaviors and verbalizations were equally likely in younger and older patients, and aggressive behavior was slightly less common among younger patients.

Most of the differences between younger and older VANH patients appear to reflect aging rather than cohort effects. For example, as Vietnam Era veterans age, we can expect them to experience increased levels of dementia, serious medical illness, and functional impairment.

Patients with Problem Behaviors

We also explored characteristics other than age that might be linked to problem behaviors. Physical aggression and disruptive behaviors or verbalizations were more likely among patients with dementia, psychoses, and manic disorders, as well as among patients with greater functional dependence.

Patients with SUD or PTSD were not more likely to exhibit problem behaviors. Problem behaviors were least likely to be

seen in patients with serious medical problems or depressive disorders.

Thus, neither younger age nor SUD appears to be a separate risk factor for problem behaviors. Because these problem behaviors impact staff functioning and morale, it will be important to continue to monitor the risk factors of VANH patients and to provide staff with the necessary training and resources to address these patients’ treatment needs.

Project Information

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