Complexity and Addiction in Older Adults: The Role of the Advanced Practice Nurse

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Disclosure presenter

✗	No (potential) conflict of interests	
✗	1. Relations that could be relevant for the meeting	
✓	2. Sponsorship or research funds	DANA
✓	3. Payment or other (financial) remuneration	DANA
✗	4. Shareholder	
✗	5. Other relation	

Thank you to the Drug and Alcohol Nurses of Australasia (DANA) for the provision of the 2018 Margaret Hamilton Scholarship to assist with my attendance at this event

- Older adults and addiction: what’s the problem?
- The role of the advanced practice nurse in addressing addiction in the older adult cohort
- Case example

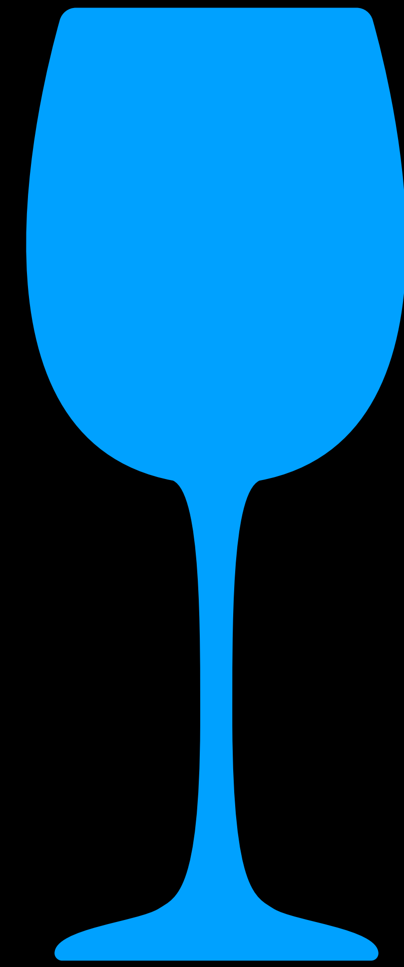
Older adults and addiction: what's the problem?

- Poorly understood population
- Screening is often poor
- Prevailing attitudes
- May present in settings other than addiction treatment

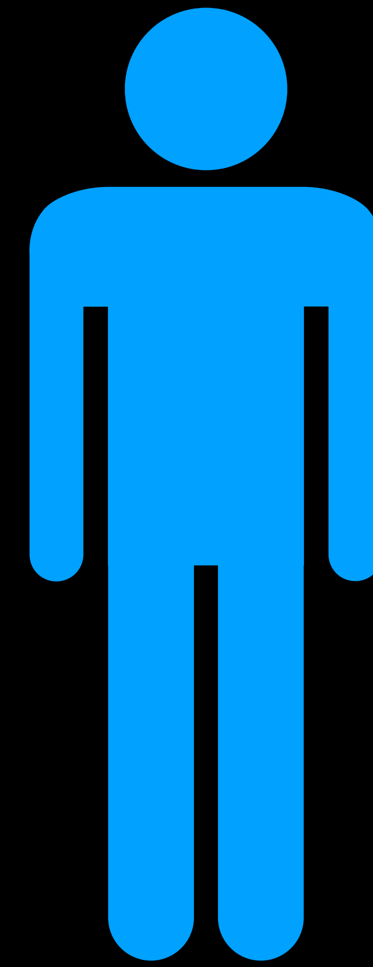
Older adults and addiction: what’s the problem?

- “Baby boomer” population predicted to increase presentations
- Different attitude to illicit drugs when compared to their older counterparts
- Individuals living longer due to medical advances
- Healthcare settings not necessarily geared to respond to addiction issues in older people

What does addiction in older adults look like?



Alcohol



Male Gender

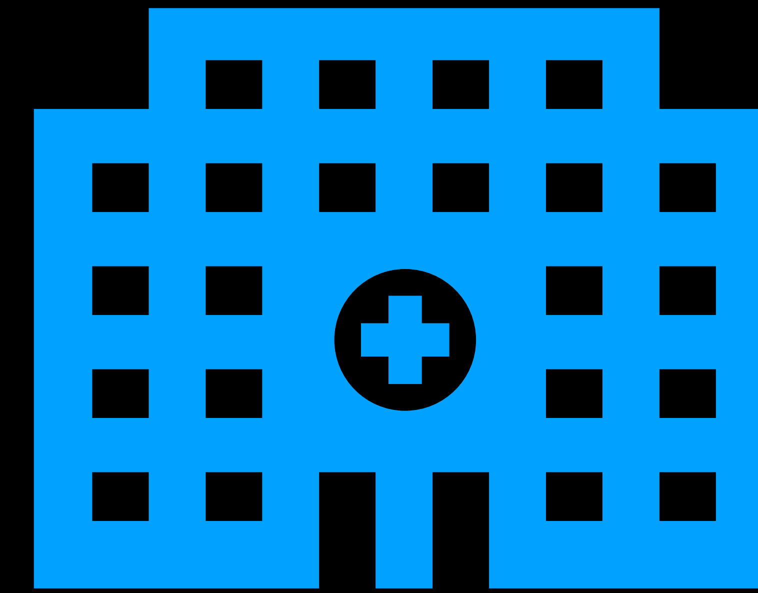
Depression

Searby, Maude & McGrath, 2016

What does addiction in older adults look like?

Alcohol and/or
Other Drug Use

Mental Ill Health



Physical Illness

What is the role of the APN/NP?

- Screening
- Role modelling “addiction aware” behaviour when seeing older adult clients
- Supporting recognition of alcohol and other drug use awareness in prescribing decisions
- Implementing advanced techniques

The presence of the APN

- Survey of 180 nurses in an Australian health district's hospitals working with an alcohol and other drug (AOD) Clinical Nurse Consultant (CNC)
- High level of awareness of AOD service and CNCs resulted in higher rates of screening and assessment and more referral of AOD issues for further clinical intervention
- Although exploratory, this study provides strong evidence for the presence of APNs and NPs in addressing addiction in the general hospital

Smyth, Hutchinson and Searby (2018) - Submitted for Publication

The presence of the APN

- There is a role for the APN to act as “mentor” in good practice:
    - *“We don’t even ask about their usage, let alone what they want to do about it”*
    - *“Alcohol I will ask, heroin I would never ask about, no. Not in aged psychiatry”*
    - *“I think we make assumptions about motivation to change their habit ... I think we just accept that it is a longstanding problem and there is not much more that we can do”*

Searby, Maude & McGrath, 2017

The presence of the APN

- *“Because what can we do for them? You know what I mean, [it’s] that kind of attitude, what can we do. It’s their choice, their decision [to use AOD]”*
- *“There is this feeling of helplessness when you deal with people, because there is this expectation that it is going to be impossible to change the behaviours”*
- *“I don’t think they are very knowledgeable about our age group. Because the focus has always been on people under 65 drinking”*

Searby, Maude & McGrath, 2017

Case Example

- 77 year old female admitted to aged care ward of rehabilitation hospital
- Originally admitted to community hospital with falls and bizarre behaviour
- From own home, living with husband with high care needs
- Numerous tests completed with inconclusive results

Searby, van Swet, Maude & McGrath, 2017

December 2015 that her eye sight had improved and that she did not require ...
into her eye this month – usually goes every 6 weeks)

- Cant concentrate (complains of this)
- Often walks around the house with both eyes closed (community physio at sunshine CRC have also noted this is a problem)
- Some times has slurred speech
- Unable to always place a cup or similar on a table – misjudges distance for the same reason frequently spills hot drinks on her self .
- No longer able to manage webster pack _ Dad doing it for her . She manages PRN meds and Dad has concerns that she is double dosing and cant recall when she last took it . Refuses assistance with these meds
- Frequently in constant pain (back pain , knee pain , hip pin , hand pain) at home daily would describe pain as ""the worst she has ever had in her whole life" – under chronic pain clinic at the RMH
- Sleeps during the day ++++ often up to 8 hrs
- Sees "optical illusions" (her words) ??? hallucinations
- Sees people that are familiar to her in places where they couldn't have been
- Frequently sees a man standing at the end of the bed – sometimes describes this as a night mare .
- Hyper reactive to noise (long standing) ie door bell rings she sometimes screams
- Often will not talk on the phone ? finds it hard to coordinate the handset , forgets that she has to talk into the phone .
- Decreased reason and judgement and lack of insight ie gets up ladders, claims she will prune hedges wash cars , wants a dog even though she has had to give her own dog away because they couldn't look after it
- Wants dad to take her away on a holiday but cant understand how this is not possible given that she cant/ wont walk even to the letter box – when going shopping with granddaughter she goes in a wheelchair
- physio – was going to CRC under pressure ++++– wouldnt do exercises at home – gait at home very shuffling .
- Often paranoid (particularly when she goes out shopping, paranoid about neighbours and sometimes friends) Confabulates / speculates on others intentions.
- Says disturbing things about what people she doesn't know may do to her or her family ie Granddaughter Jane 24 yo should "always lock the car doors or a man will come and stick a hypodermic needle in her neck
- Agitation and sometimes crying (increases when she has to go out – when we took her way away for the weekend)
- Very abusive particularly towards Dad as she blames him when "every thing is going wrong "
- She says that she looks after Dad but actually he is her carer and the arguments are increasing as he believes that some of the things she suggests makes no sense (ie getting him to get on a ladder to clean out the kitchen cupboards to pack up the world book encyclopaedia, then realising that she had nowhere to put the dishes)
- Dad will often go along to keep the peace – he says he is no longer able to care for her if her condition doesn't improve.

Case Example

- Referred to consultation-liaison psychiatry service for opinion
- Assessment: pronounced bruxism, hypervigilance
- Described increase in depressive symptoms, reliance on medications

Case Example

- Drug and alcohol assessment conducted
- Disclosed alcohol consumption ranging from 500mL to 3L daily
- Problematic consumption of medication: oxycodone, benzodiazepines

Case Example

- Antidepressant therapy commenced (duloxetine)
- Brief intervention for alcohol commenced
- Acamprosate commenced (999mg BD)
- Follow up alcohol counselling declined
- Liaison with community doctor and pharmacy to monitor medication use

Case Example

- Outcome:
  - Good control of anxiety
  - Reduction in drinking (abstinent at follow up)
  - Remained independent

Thank you

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