

Chapter 1 : Substance Abuse Among Older Adults | NIDA Archives

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Most older adults take several medicines to treat chronic illnesses. Health care providers may also prescribe medications to older adults to help prevent certain illnesses. These dosages may not be appropriate for older adults, because changes can occur with age that can affect how our bodies deal with drugs. Changes in metabolism and body composition as we age can affect how well a medication works. These changes can also affect the appropriate dosage of the medication. Both the effectiveness and dosage of medications can be affected by diseases and conditions that develop later in life, and the medicines we take for them. For example, liver and kidney function decrease with age. This can slow down the metabolism of a medication and its elimination from the body. This affects how your body distributes medication to its different parts. Changes in the Body To work effectively, medications must be: Absorbed into the body usually through the stomach and intestines Distributed to where they are needed Metabolized chemically changed to become effective or to be eliminated from the body Eliminated from the body usually through the urine These age-related changes can affect the appropriate dosage, depending on the person. When these changes decrease absorption or distribution of the medicine, a higher dose may be needed. When taking medications, these factors will make sure you have the best outcome: When the correct medication is prescribed for the correct condition. When the medication is right for you and your condition. When you take the proper dose for the length of time your healthcare provider recommends. Unfortunately, these guidelines are not always black and white. Many factors influence medication treatment. For example, a person may be on medicines for other conditions, in addition to the new one just prescribed. This could result in the new medication not working the way it should, or there may be an interaction between the medications. Multiple Medical Conditions Older adults often have multiple medical conditions. These may affect how medications are absorbed, metabolized, or eliminated. Obesity and diseases that cause fluid retention also change how your body responds to certain medicines. Older adults with memory problems may have increased sensitivity or unusual reactions to certain medications. Effects of Food and Beverages on Medications Medications may be affected by food, beverages, and other medications that you take at the same time. For example, some antibiotics are not absorbed well when taken with foods, beverages or other medications that contain a lot of calcium, magnesium, or iron such as antacids, vitamins, or dairy products. Certain foods, such as grapefruit juice, can also change the metabolism of medications. This makes the medicine build up in the body. Medication Interactions Some medications can slow down the metabolism of other medications. Others can speed up the process. Different medications may interact with each other, sometimes with serious consequences. Usually, there is a correct dose for a new medication that you are prescribed. However, medication interactions can cause the dose of a new medicine to be too high or too low. If a new medication interacts and slows down the metabolism of a medication that you are already taking, you may begin to have side effects that are new to you. Read all prescription and warning labels carefully. You will find the following information: Instructions on how to take the medication what it should or should not be taken with the potential for medication interactions Ask your healthcare provider or pharmacist if you have any questions or concerns about potential interactions. Other Factors Other factors may affect how the body deals with medications. For example, medication metabolism seems to be affected by cigarette smoking, drinking caffeinated or alcoholic beverages, changes in diet, and viral infections. Polypharmacy Many older adults cope with more than one medical condition at the same time. For example, the medications can increase negative side effects or decrease desired effects. An example of a negative side effect is frailty , which is a problem linked to aging. Someone who is frail can be weak, have less endurance, and be less able to function well. Frailty increases the risk for falls, disability, and even death. In addition to frailty, the risk for falls and delirium also increases when you take multiple medications. In a recent study published in the Journal of the American Geriatrics Society, older adults who took more than 10 medications were twice as likely to become frail within three years as people who took less than five

medications. Reducing the number of medications prescribed could be a promising approach for lessening the risks for frailty for older adults. Primary care providers know about the negative effects that taking multiple medications can cause. Tell all your healthcare providers about all of the prescriptions you are taking, no matter which provider prescribed them to you. Be sure to mention any drugstore supplements or other medications you take on your own. Tell your healthcare provider about all the medicines that you are taking. If you are caring for an older adult, you will want to do the same with their healthcare providers. Discuss vitamins, supplements, and other over the counter medications, as well as any prescribed by other healthcare providers. Then you and your provider can figure out whether one or more drugs might be changed or stopped. This can lead to being prescribed even more medications and having even more side effects. Therefore, it is very important that your healthcare provider review all of your medications and consider their side effects before prescribing any new medications.

Chapter 2 : Medications > Aging & Health A To Z > Health in Aging

Alcohol and drug problems, particularly prescription drug abuse, among older adults is one of the fastest growing health problems facing the country. Yet, our awareness, understanding and response to this health care problem is inadequate.

Older people often have more health problems and take more medications than younger people. Because of this, older adults are more likely to experience harmful interactions between different medications. In fact, one in six adults age 65 or older will likely have one or more harmful reactions to a medication or medications. Based on the review of this research, the experts updated lists of: Healthcare providers should consider avoiding medications on this list when prescribing for adults age 65 and older. These medications generally pose a higher risk of side effects, may not work as well in an older person, and can sometimes be replaced with safer or more effective medications or non-medication remedies. See the list Medications that are potentially inappropriate for older adults with certain common health problems. Older adults often have other specific diseases or disorders that some medications may make worse. See the list Types of medications that should be used with caution in older adults. Medicines on this list can cause medication-related problems. There is less agreement by the experts about the balance of benefits and harms of these drugs in older adults, and they may be the best choice available for certain older adults. However, healthcare providers and patients need to carefully monitor how these medications are working and keep an eye out for side effects. Medications for several conditions common in older adults may be inappropriate when prescribed at the same time. In each of the combinations of medication or medication classes listed, the medications interact with each other to put older adults at higher risk of serious side effects. Because the kidneys help to filter many medications from the body, people with reduced kidney function may react poorly to certain medications. In response, AGS created the first list of certain suggested alternative medications and treatment options that are not prescribed medications. Keep a list of all of the medications you take—both non-prescription and prescription. This includes any supplements that you take, such as vitamins. You should also write down the doses, and remember to bring the list with you whenever you see a healthcare professional. This way, he or she will know what medications and supplements you are taking and can check whether these might be causing side effects, or could cause side effects, if taken along with a new medication. Ask what side effects your medications can cause, and watch for them. If you think you may be having a bad reaction to a medication, or if you think a medication is not working, tell your healthcare provider as soon as possible. Ask if there might be a safer or more effective alternative. The way you respond to a medication or medications can differ from the way other people respond to it.

Chapter 3 : Medications & Older Adults > Health in Aging

Medications and Older Adults As people age, the number of medications they take often increases significantly. It is essential that older patients have an awareness of what medications they are taking, how to take them and what the potential side effects can be.

President, The John A. Addressing Both The Epidemic And Undertreated Pain Older adults are not immune to the problems of abuse and addiction, and signs point to a growing problem. With prescription pain medication abuse a driving factor, the focus has mostly been on younger and middle-aged people and restricting drug access. However, millions of older people experience chronic, even debilitating pain and desperately need relief. We must take a balanced approach so that older adults can continue to make contributions to their communities and families and continue to live well as they age. Older adults and prescription drug problems In recent years, the health care system, led by the Veterans Administration in , began to treat pain as the " fifth vital sign. An explosion of opioid addictions and overdoses , with an intergenerational ripple effect on grandparents, parents, young children and our overall society. Older adults are not immune to the problems of abuse and addiction, and signs point to a growing problem. The efforts underway to help clinicians recognize patients with drug problems and appropriately prescribe opioids must include a focus on our Medicare patients, in addition to younger adults. Chronic pain should not be a constant companion simply because we age. While concerns about addiction are warranted, we must also ensure adequate pain management in older people. Almost half of all adults over age 65 routinely live with pain, part of a larger and important public health challenge. Chronic pain in older adults comes from a variety of and often multiple sources--degenerative arthritis, nerve damage from fibromyalgia, shingles and diabetes and cancers. Still, undertreatment remains a significant problem. We know that severity of pain is subjective, and can be particularly hard to diagnose and manage in the elderly. This health disparity must be addressed, just as variations in pain treatment based on race and ethnicity found in recent research from the University of Pennsylvania require similar attention. Treating pain is a critical aspect of good health care, and sometimes opioids are the best option. A review of studies showed that short-term use of opioids in older non-cancer patients can be safe and effective, and the risk of abuse is negatively associated with age. With aging, metabolism slows and side effects such as nausea, vomiting, constipation and falls are more frequent. Further, despite common expectations, opioids do not always work and may instead exacerbate the pain. Clinicians need to be conservative as long-term opioid use in general can be dangerous, and experts find that opioids may not be effective in terms of restoring activity and function. In many cases, alternative therapies should be considered first. Physical therapy may be an important initial step, along with massage therapy. There are several places to access supervised programs at local senior centers, churches, Ys, on television and in online classes. Some older people may be able to eschew opiates all together, with combinations of non-opioid drug and non-drug alternatives, and manage their pain to tolerable levels. Currently, grantees of The John A. Hartford Foundation are developing standards and resources to limit opioid overuse during and after surgery and in the emergency room. Moving to action The opioid epidemic remains a national crisis, one that requires actions at all levels. The solutions must take the special needs of older people into account. The FDA, CDC and other groups have offered responses, for example, placing limits on various opiate formulations, constraining how clinicians can call in opiate refills, and providing a clearer sense of who will benefit from opioids and who should not receive them. These efforts should include a focus on older adults. At the same time, we need an approach that avoids unintentionally exacerbating the undertreatment of pain in elders. We need action that includes: Further development, testing and prescription of pharmaceutical and non-pharmaceutical alternatives to opioids; Clinical support necessary to help older people take on and manage drug and non-drug options for their pain; and A commitment to more research into opioid use and its efficacy for chronic pain management. For older people already addicted to opioids, we also need to create greater access to treatment services and social supports that can help them break their addictions and find new ways to take control of their pain and their lives. Together we can both stem the opioid epidemic and ensure

that older adults get the pain management they need.

Chapter 4 : Drug Addiction in Older Adults: A Prescription for Denial

Although misuse of prescription drugs affects many Americans, certain populations such as youth, older adults, and women may be at particular risk. In addition, while more men than women currently misuse prescription drugs, the rates of misuse and overdose among women are increasing faster than among men.

The baby boomer generation — Americans born between and — continues to age. Baby boomers were between 50 and 70 years old in . Adults ages 65 and older make up 13 percent of the population, but they constitute 33 percent of outpatient spending on prescription drugs. Their high exposure to prescription drugs increases their chances for accidental misuse and addiction. Late onset substance use disorders do happen. They also take more over-the-counter medications than other age groups, increasing the risks of unintended side effects from mixing medications with alcohol or other drugs. The cumulative effect is a massive number of older Americans requiring education about substance abuse, treatment for addiction and support systems for recovery. Trends The first baby boomers turned 45 in . The number of older adults abusing illicit and prescription drugs has been growing ever since, according to data from the National Institute on Drug Abuse and the Centers for Disease Control and Prevention. Drug Abuse Among Americans ages 50 to 59 From to , the percentage of Americans ages 50 to 59 who abused drugs grew from 2. Accidental Drug Overdose Mortality Rates In , more people in the to age group died of accidental drug overdose than in the to age group for the first time in history. This trend continued in . Increasingly Devastating Side Effects All-cause mortality, also known as overall death rate, has steadily decreased across all age groups in industrialized nations for decades. However, the all-cause mortality of white non-Hispanic Americans ages 45 to 55 began increasing after . NIDA estimates that from to , substance abuse prevention efforts could have averted , deaths. Alcohol and drug abuse were influential factors in the trend reversal. White non-Hispanic Americans ages 45 to 55 died from drug and alcohol poisoning, suicide and chronic liver disease at high rates during the time frame. Other age groups experienced increases in each of those categories as well, but the rise among the white non-Hispanic to age group was by far the most drastic. The increase was most prominent among groups with low educational levels. Causes The baby boomer generation has always been characterized by tolerant attitudes toward drug use, and much of the population has a history of illicit drug use. Now, unforeseen underlying causes may be contributing to drug abuse rates. Older adults increasingly report poor health, pain, emotional problems and difficulty with daily activities such as walking, shopping and socializing. Recent studies indicate that those risk factors may have contributed to the opioid epidemic. A Wall Street Journal investigation revealed that many baby boomers quit using drugs as they entered adulthood, but they began using again after divorce, loss of a loved one or job loss. Others in the generation never quit using drugs. The Wall Street Journal Today, baby boomers with weak educational backgrounds are having difficulty growing financially. Experts fear that generations of Americans may turn to alcohol and other drugs when faced with delayed retirement and a less affluent future than their parents had. A person becomes more sensitive to the effects of alcohol and other drugs when they take longer to metabolize. Additionally, medications for age-related health conditions interact with substances of abuse, which can lead to dangerous side effects. Older adults may be tempted to self-medicate symptoms of depression , anxiety or stress, which become more common in old age. Alcohol and other drugs only temporarily mask symptoms, though. In the long run, substances of abuse make symptoms worse and can lead to more rapid cognitive decline. Ready to start recovery now? Our recovery programs are based on decades of research to deliver treatment that really works. The number of people older than 65 is expected to nearly double by , increasing the impact that older adult health care will have on the U. Treatment for substance use disorders is the same for young adults as it is for older adults. Research indicates that evidence-based treatment methods are equally effective for all adult age groups. However, the industry may not be able to meet the expected increase in demand for treatment. Factors specific to the baby boomer generation — such as longer histories of lifetime drug use and weak attitudes toward the dangers of drugs — could increase the impact of drug abuse on society. Primary care and geriatric physicians should screen older adults for alcohol or drug abuse and refer them to drug rehabilitation centers if

necessary. Friends and family should intervene if they know a loved one is abusing drugs and stop the problem before it gets worse. This can be a barrier to getting help.

Chapter 5 : Senior Substance Abuse | Addiction Treatment for the Elderly

Drug Side Effects and Older Adults Two pharmacists say the aging process is to blame, and they reveal here the names of medications on their "black list" that older adults may want to avoid.

A few days later, you experience a troubling side effect. You read online that no one your age should take this medication. They can be metabolized differently by your liver and excreted differently by your kidneys, so you may be more sensitive to some medications. Antibiotic Causes Painful Achilles One recent weekend, I experienced a relapse while on doxycycline, an antibiotic prescribed for a bacterial sinus infection. After four days on the new drug, a throbbing Achilles tendon awakened me in the wee hours. I hobbled to the computer and learned the drug is not recommended for people 60 and older. Later that morning, I called my internist, who advised me to stop taking it and start helping the tendon to heal – no easy task, and one with no quick fix. Our aging bodies are not the only challenge. Only about 7, physicians in the U. With 46 million Americans age 65 and older today, that works out to about one geriatrician per 6, patients. I blame the system, which does not incentivize patients to have sit-down conversations with doctors or pharmacists about medications. The medications can cause confusion and greatly increase the risk of falling. Cumulative exposure to these drugs can lead to dementia. They are not recommended for long-term use. For management of arthritis pain, Lee recommends acetaminophen Tylenol , physical therapy, acupuncture, aquatic therapy or acupressure. Lee suggests taking the lowest effective dose for the shortest term possible. Worz notes that blood pressure medications also can cause fatigue or lead to falls. And he suggests being cautious with the dosage for ranitidine Zantac , often taken for heartburn. Worz notes that other antibiotics in the same class have been pulled from the market after causing changes in the nervous system, hallucinations and other problems. Then, after reading just a sentence or two of the lengthy list provided to me of possible side effects, I tossed the paper into a recycling bin. That is one of two typical responses, Lee says. The information on side effects is based on factual data and written for legal purposes, but it will help you sort out common and less-common side effects, learn what side effects are considered severe and be aware of contraindications. As always, talk to your doctor before you stop taking any prescribed medications. Always look at your metrics and go from there.

Chapter 6 : Older Adults and Drug Abuse | Hazelden Betty Ford Foundation

Older adults that use herbal supplements along with prescription drugs may run the risk of supplement-drug interactions that have the potential to be harmful to health, say UK researchers. Findings from a cross-sectional survey of older adults revealed the most commonly used dietary supplements were.

Chapter 7 : Opioids And Older Adults: Addressing Both The Epidemic And Undertreated Pain | HuffPost

The Food and Drug Administration is working to make drugs safer for older adults, who consume a large share of the nation's medications. Adults over age 65 buy 30 percent of all prescription drugs.

Chapter 8 : The Top Drugs for Older Adults to Avoid | Presbyterian Manors Blog

Drug-Disease Interactions. Age-related decline in renal and hepatic function can result in slower metabolism of racedaydvl.com addition, a majority of older adults suffer from renal or liver diseases.

Chapter 9 : Older adults at risk for supplement-drug interactions, study finds

Illicit drug use generally declines as individuals move through young adulthood and into middle adulthood. Although the percentage of people with substance use disorder (SUD) reflects the decline in use as people age, more than 1 million

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individuals aged 65 or older ("older adults") had an SUD in , including , older adults with an alcohol use disorder and , with an illicit drug.