Alliant Quality Quickinar
Alcohol Misuse in Older Adults with Dr. Paula Hartman-Stein

The time is now 12:30 PM Eastern. The official start time for today's broadcast. The topic today is Screening for Alcohol Misuse in Older Adults. And now, without further ado, I would like to turn things over to your host, Stacy Hull, Behavioral Health lead with Alliant Quality. Stacy, the floor is yours.

Thank you. Good afternoon everyone. I would like to thank you for participating in Alliant Quality's learning and action network event today. And for your continued commitment to integrate behavioral health into your practices. Before we get started I want to remind you that in addition to the free monthly Quickinar, Alliant is also available to provide free technical assistance to you and your staff. We can assist with things such as process flow, resource coordination, training and evidence-based tools. I invite you to take advantage of these services and reach out if you have questions or concerns. Now it is my pleasure to introduce our speaker, Dr. Paula Hartman-Stein. With more than 30 years of experience as a healthcare educator and clinical psychologist specializing in (*inaudible*), Dr. Hartman-Stein currently works as an independent consultant and is a Medicare correspondent for the national psychologist newspaper. Since 2007, Dr. Stein has served on technical expert panels for the physician quality recording system. Her current academic appointments include Professor of Psychiatry at Northeast Ohio Medical University, Senior Fellow at the Institute for Lifespan Development and Gerontology at the University of Akron, and adjunct faculty in the Integrated Primary Care Certificate Program at the University of Massachusetts Medical School. And now, I would like to turn it over to Dr. Hartman-Stein.

Thank you very much, Stacy, for your kind introduction. Thank you to Alliant for giving me an opportunity to teach about this important topic. We have a variety of objectives to achieve today and hopefully we will get through all of them. We will be identifying what CPT codes providers can use for the alcohol screening and grief counseling through the Medicare system. We will look at the reason to screen for alcohol misuse and look at the factors that contribute to what is called risky or hazardous drinking in late life. We will talk about the common medical conditions that are made worse by this risky drinking and look at a validated screening tool called the AUDIT: Alcohol Use Disorders Identification Test. I will talk about strategies to ensure valid screening.

These are your CPT codes that you can use. The first one G0442 is one that, for 15 minutes, it can be done on an annual basis and this is made available through the Affordable Care Act, the current law of the land. And Medicare beneficiaries are eligible for screening of several behavioral health issues, one of which is including alcohol misuse. The other code you can see G0443 is brief face-to-face counseling for people who screen positively and that means (*inaudible*) there is evidence through the screen that the person is misusing alcohol. So you can do the frequency for four times a year for the counseling and for both services -- I think this is interesting and a good benefit, the copayment, coinsurance and deductible are waived.

Okay, Let's look at a polling question. We would like some audience participation and how often do you screen for alcohol use in your primary care practice? A) Never, B) Occasionally, C) Sometimes, D) Usually, or E) Every single time.

Dr. Hartman-Stein, it looks like a little variation between sometimes – 2 responses, usually – 1 response, every time – 2 responses.

Okay. Interesting. We will give you some national statistics that 13% of primary care physicians report that they screen on a regular basis for alcohol misuse using standardized screening tools. From our

audience participation, we hope that you will be motivated after you hear this to screen more often than you currently do.

Why should you screen? What is the purpose? Alcohol misuse or abuse among older people are often hidden and overlooked or not diagnosed properly. When I was preparing for this quickinar, I learned a lot of things that we do when we are speakers that we read a lot of material, the misuse is more harmful in late life -- misuse is slightly different than alcohol abuse. Misuse can cause problems. The impact of injuries are more severe, there are medication interactions are greater and general, physical effects are debilitating. I want to add information -- I don't have it on the slides but there are examples. Aspirin or arthritis medications and alcohol -- mixing those two increases the risk of bleeding in the stomach. Acetaminophen and alcohol increases the chance of liver damage. And during the cold season or allergy season which can be at all year round, cold and allergy medications we know can cause drowsiness. You mix that with alcohol and there is more drowsiness, more sleepiness. And that can lead to poor coordination and also can lead to breathing problems, rapid heart rate, and an area that I've had a lot of people coming to me for evaluation -- memory problems. Not to mention, the medication issues but of course alcohol use increases the risk of driving accidents. The risk of crashing without alcohol goes up after the age of 55. Alcohol adds to this risk and blood alcohol concentration levels even below the legal limit can still impair driving skills and people are not even aware their driving may be affected. Another area of course with older people are problems with falls. Alcohol can lead to balance problems. We all know that balance becomes more difficult with advancing age and of course, falls result in hip and arm fractures. Our bones get thinner as we get older and the rate of hip fractures definitely increases. One other thing I did not mention is that alcohol misuse and abuse can strain relationships with family members. Adult children may not want to bring their grandkids over. Of course, at its extreme alcohol abuse can lead to domestic violence.

How often -- how big a problem is it? Among older adults, alcohol is the most abused substance. We hear a lot today about opioids and of course that is a growing problem, but alcohol is clearly still the most abused substance. In various surveys, 55% of older adults acknowledge they drink and use alcohol. That is not bad if it is light or moderate, but we will talk about that. A fairly -- relatively small percentage of people over 60 in the community acknowledge they are abusing alcohol. But then when you go to medical settings, the percentage increases. 10 to 15% of men who are seen in various medical settings acknowledge they are abusing alcohol and this other category of risky drinking, it goes up to 17% of men and 11% of women over 50 acknowledge that.

In primary care practice and emergency departments as well, there we have alcohol and other substance abuse diagnoses tenfold more frequently than in the community.

How much is too much? Our National Institute on Alcohol Abuse and Alcoholism -- their guideline is defined this way. Seven drinks per week are considered moderate drinking. That is per week, not per day. Using that guideline is the same for men and women, but other studies suggest that is for women over 65 have no more than four drinks per week is recommended. In this category called risky drinking, that is per occasion. So five or more drinks for males and four a more for women per occasion puts you in the category of risky drinking.

So what's a drink? Here are some pictures of drinks that make them look quite tantalizing. So what's a drink? Drinks a drinks a drink, right? One bottle of beer, one glass of wine that is a five-ounce glass, or a

1.5 ounce shot of spirits. One mixed drink can contain from one to three or more standard drinks. Some people put a lot of alcohol in those martinis. It may be more than that 1.5 ounce.

We have another polling question for you. What barrier is your biggest challenge in conducting these screenings for alcohol use? A) Time, B) Is it uncomfortable asking such questions, C) It's not a part of your regular assessment, D) Billing issues and uncertainty, E) Lack of referral resources if needed. Are we opening a can of worms that we cannot do anything about? F) None, I screen, or G) some other reason.

Those results are calculating. It looks like the top answer was -- 3 people responded "None, I screen." We have a few other results – Uncomfortable asking the questions, Not part of the assessment, and Lack of referral.

Okay. Let me tell you some of the -- from the national survey perspective -- as I mentioned earlier, about 13% of the primary care practitioners screen regularly. But why is it so low? One of the reasons that comes up in various surveys are some ageist assumptions. One physician one said to me, don't waste your wind on getting that patient to change. Assuming that because the person was in his mid-70s, nothing would change his habits. There are other ageist assumptions such as -- drinking is the only thing that makes grandpa happy. So I take that away? That is a pathetic idea. That's the only thing that makes him happy then maybe there are other things you might want to introduce to grandpa. Another ageist assumption might be what difference does it make? Grandma is not going to be around much longer so why do we need to do this? And yet another relatively common assumption is it is simply a waste of resources. Other reasons can be failure to recognize the symptoms and subtle signs of alcohol misuse. The alcohol abuser might have it written on his forehead but the misuse is much more subtle and that is why we are trying to get the Medicare system -- trying to get primary care practitioners to be more aware of the misuse concept. I think as one of the persons on our line acknowledged today and believe me you are not alone, there is this -- discomfort with addressing this topic with older adults and we will talk about that.

What are the types of alcohol problems you see in this population? It is split into two. There are those who have been big alcohol users before the age of 60 or those who it is more of a late life problem, a new problem. The earlier onset alcohol use disorders make up about two thirds of the alcohol misusing drinkers in this population -- they are usually men, they have more alcohol related medical problems as well as psychiatric comorbid conditions such as depression, or other psychiatric conditions. The later onset people, the people who have just started in later ages typically have a milder clinical picture, usually fewer medical issues, they have more money, more are women and usually it starts after a stressor in life.

Let's look at these definitions about alcohol misuse. That means consuming it in an amount that increases the chances of health consequences such as the falls I mentioned or the interpersonal problems with various medical consequences as a result. The harmful use, that results in pretty significant consequences to both physical and mental health.

We have the alcohol dependence issue and that is a little different because it is a cluster of behavioral cognitive thinking and physiological phenomena that develops after repeated alcohol abuse and you can see the definition about the strong desire to drink and impaired control over its use. Persistent drinking despite being told about the harm and increased alcohol tolerance and physical withdrawal symptoms.

In the screening that we are trying to encourage practitioners to engage in, this is really looking more at the misuse than the dependence.

Here are some of the red flags about misuse. Solitary or secretive drinking. The ritual of drinking before, with or after dinner. Some symptoms we defined with depression, loss of interest in hobbies. Drinking despite the fact that the warning labels on the medications say it's not a good idea. Also people who frequently use the anti-anxiety meds may also be closet drinkers. Empty liquor and beer bottles -- family will know that. You won't know that in your outpatient offices, but if you are working in assisted living facilities you might mention that. People who exhibit hostility, particularly males may also be considered a red flag and you might ask those people about their alcohol use. And in my view people who are coming in with complaints of memory loss and confusion, you should definitely do a screen and also the frequent falls, people sometimes -- practitioners don't think about the alcohol as a potential ideological factor for that.

Here is a little quiz I put together. We won't ask for your answers but do it for yourself. Which group do you think has the highest rate of alcohol dependency in the United States? Do you think it is widowers over the age of 75? Or widowers between the ages of 65 to 74? The answer surprised me. The answer is A) Widowers over the age of 75. I thought it would be the younger baby boomer group. What percent of psychiatric admissions of older adults are due to alcohol or drug problems? 5%, 10%, 20%? I was surprised when I studied this. The answer is C, 20%. I thought it would be other issues. It is a significant reason for psychiatric admit.

And the third question -- Older adults are hospitalized as often for alcohol-related problems as for? A) heart attacks, B) Suicide attempts, or C) cancer treatment? I thought the answer before I studied this might be B. It's not. The answer is A, heart attacks. We know heart attacks happen more frequently with older age. People are hospitalized also as frequently for alcohol use problems.

Here might be a guy who volunteers at a school but he might also be a risky alcohol consumer. But you can't tell by appearances. That's for sure. This lady may be a harmful alcohol user. She looks like a patient I saw about 10 years ago in an assisted living facility who had depression and frequent falls and when I was asked to go in to evaluate her in her assisted living apartment, what did she have along the wall? Bottles of very expensive alcohol. All on display and when I asked about that she said, oh my dear, would you like to have a drink right now with me? This is like addressing the elephant in the room. The staff clearly could see this as I could and her falls and depression appeared to be clearly related to her alcohol use.

What are the factors in becoming an alcohol user in late life? It could be in that one group that hasn't been a misuser or abuser in earlier days. They may be responding now to their loneliness, grieving or lack of meaning or purpose in life. Or it may be a lifelong outlet to dull emotional pain. What I see in a lot of the assisted living and retirement communities, it's a sociocultural habit or ritual -- having happy hours. You can do that but it's the amount that people drink that is the issue. It may be a response to chronic illness, disability. This is clearly true in my experience, the cognitively impaired older people may drink than they even realize or remember.

We've all heard there are benefits, yes, that is true. But there are caveats there. Drinking lightly or moderately with men means 1 to 2 a day. Women half to one drink a day. Statistically speaking that is correlated with less likelihood of developing or dying of heart disease. Stroke, heart disease and some

studies have suggested a reduced risk of diabetes. It is not clear if consuming the red wine or other alcoholic beverages account for better health. It may be that these people are healthier to begin with. So no one is going to suggest that you've never been a drinker before so why don't you start boozing it up so you increase your health. No one would ever say that.

This is my summary slide. You might want to look at it later, but all of these things we talked about -- memory loss, falls, cancer of the throat and mouth. With women there is a slight increased risk of breast cancer with regular alcohol use. Inflammation of the stomach, impairment in blood clotting time, pancreas problems, sexual performance and of course the medication issue I alluded to.

Here is the AUDIT. This was first developed in the 1980s. It is brief, rapid. There are 10 questions and it's easy to score. We gave you a copy of it and there's a link to it if you want to download it. There are 10 questions, so you can look at this and you just do it two ways -- you can do it in a questionnaire or as part of your regular history. You need to be friendly and nonthreatening, assure confidentiality. A course if the person is intoxicated or delirious it won't be valid. In my opinion it's important to gain the caregivers input if the person shows some impairment.

Quickly, I want to say to you, you have to introduce this nice and carefully and now I will ask you some questions about your use of alcoholic beverages in the last year. Why? Because alcohol can affect your health and interfere with the medication. That's why we are doing this and your information will be confidential.

There is advantages and disadvantages to how you administer it and look at it. And there is the scoring. It is very clear. When you add up the points, that is your score and you can look at that on your slides while you are doing it.

I want to quickly go over maybe one of these three examples. We will do the first one. 75-year-old gentleman who is a widower, he acknowledged alcohol abuse to his primary care doctor and he was referred for neuropsychological testing to me because of his memory loss. He came out as having MCI, mild cognitive impairment, not into the dementias zone. I said to him given your acknowledgment of your alcohol use, alcohol is a risk factor with dementia. You can continue drinking like this or you may be able to improve your memory or at least slow down the risk rate of developing more memory problems if you slow down or stop. I asked him if he wanted to be referred and he said no, he wanted no help and his lady friend was there listening. I thought, I did my job and what else can I do. Three years later his niece meets me because she works at a medical facility and said I don't know what you did with my uncle, but a minor miracle he stopped drinking. Sometimes one time intervention does help. I will stop with that.

Thank you for your presentation, Dr. Hartman-Stein, valuable information. We did have a question from a participant but I think you may have addressed it. Asking if you had recently seen the studies cited on NBC news that wine consumption helps to prevent colon cancer? For men two classes a day and women one glass per day.

Again, there are many studies that suggest that the lighter drinking does correlate with improved health. But it is light, not three glasses a day. There may be some health benefits and if you read stuff about the blue zones, places on the planet where people live the longest. You see many -- all of those places, people drink. But again it is the quantity.

At this time I would like to turn it over to our host, to wrap up our session.

Thank you, Dr. Hartman-Stein, for an excellent presentation and thank you all for participating. Our next webinar will be held on June 15 with Dr. Hartman-Stein, with a subject: Treating the Caregivers of Older Adults. Please reach out to us and enjoy the rest of your day.

Thank you and this concludes our event for today.