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Early detection. Better care.

Adapting the Cognitive Health Assessment for Patients with Substance Use Disorder and Serious Mental Illness

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Introduction

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Financial Disclosures

- All presenters report that they have no financial disclosures.

Dementia Care Aware Program: statewide

Warmline:

- A provider support and consultation service that connects primary care teams with Dementia Care Aware experts

Trainings:

- Online Trainings
- Live Cognitive Health Assessment (CHA) training
- Monthly Webinars
- "Dementia Care on Air" Podcast

Interactive Case Conferences:

- ECHO conferences

Practice change support:

- UCLA Alzheimer's and Dementia Care program
- Alzheimer's Association Health Systems

Our Training

dementiacareaware.org

Dashboard Admin News

Welcome to Dementia Care Aware

Welcome!

Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "*Dementia Care Aware: The Basics*" course. Select Start in the "Dementia Care Aware: The Basics" block below to begin.

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Screening for dementia: The CHA

Goal: screen patients age 65 and older annually (who do not already have a diagnosis of dementia)

Part 1

Take a Brief Patient History

Part 2

Use Screening Tools

Part 3

Document Care Partner Information

Allows you to start a brain health plan at the earliest detection of symptoms.

Learning Objectives

By the end of the webinar, participants will be able to:

- Identify the impact of substance use on people with cognitive impairment
- Incorporate a workup for substance use and serious mental illness* in an adult with cognitive impairment during screening and next steps
- Incorporate care of substance use disorder into the brain health plan
- Adapt substance use disorder treatment for a person with cognitive impairment

**Serious mental illness is a secondary focus of today's talk, and we will have more emphasis on this in future webinars.*

Epidemiology

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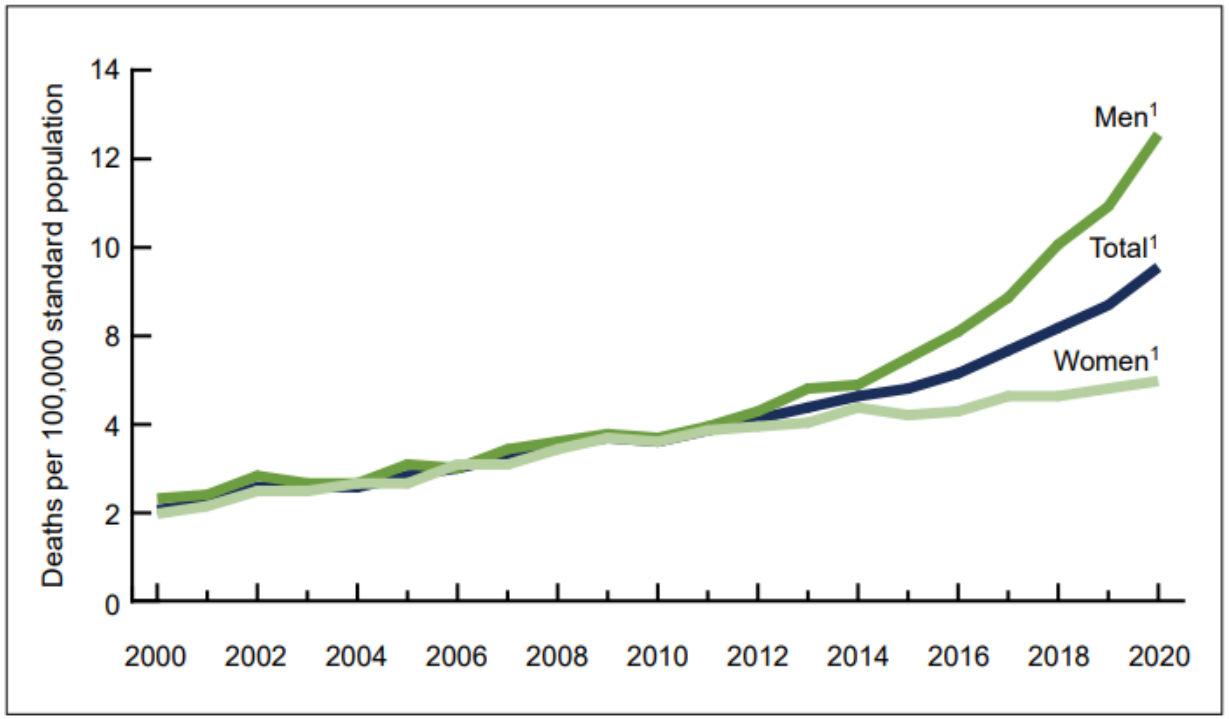
Why is it important to assess for unhealthy substance use?

- Substance use disorder among older adults is a fast-growing public health problem
- Older adults are more likely to take multiple medications and have health conditions
- Prescription medications, especially pain relievers, are misused among older adults
- Older adults use alcohol more than any other substance
- Hospital admissions related to substance use and overdose rates among older adults have increased

Figure 1. Age-adjusted drug overdose death rate for adults aged 65 and over, by sex: United States, 2000–2020



[1]Significant increasing trend from 2000 through 2020 with different rates of change over time; $p < 0.05$.
NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db455-tables.pdf#1.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

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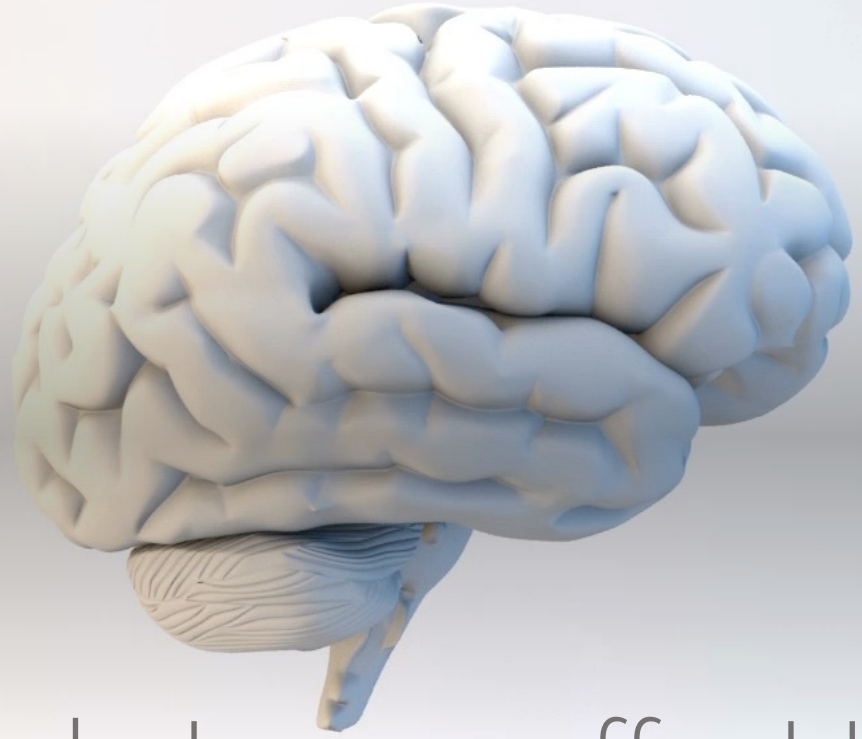
SAMHSA Tip 26, 2020; Karamanow et al, NCHS Data Brief



How substances affect the brain

Impact of Drugs and Alcohol on the Brain

Acute intoxication

- Altered judgement
- Impaired memory and attention
- Disinhibited behavior

Neuroadaptations

- Metabolism
- Blood flow
- Receptor downregulation
- Neuronal connections
- Epigenetics

Chronic effects on

- Cognitive domains
- Executive function
- Memory and attention

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SAMHSA Tip 26, 2020
Ries, R et al, eds. *Principles of addiction medicine*. Lippincott Williams & Wilkins, 2009.
Volkow, N et al. "Neurobiologic advances from the brain disease model of addiction." *New England Journal of Medicine* 374.4 (2016): 363-371.

How do Drugs or Alcohol Impact Cognitive Impairment

- Alcohol
  - Negatively impacts memory
  - Can increase the risk of dementia
    - Heavy drinking is associated with higher rates of cognitive problems and Alzheimer's dementia
    - Light to moderate drinking can increase risk of mild cognitive impairment (MCI) --> dementia
    - In those with cognitive impairment, can worsen cognitive problems and dementia symptoms
- Benzodiazepines
  - Any benzodiazepine use is associated with higher risk of dementia as compared to no use
- Tobacco
  - Current smokers experience increased risk of developing dementia as compared to former or never smokers
- Cognitive impairment may impact someone's ability to use substances safely
- Older adults more likely to experience acute negative effects of a substance

Tip 26, 2020
Ries, Richard K., Shannon C. Miller, and David A. Fiellin, eds. *Principles of addiction medicine*. Lippincott Williams & Wilkins, 2009.

Assessment

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Adapting the CHA

The CHA approach can be used in someone with substance use disorder

Part 1

Take a Brief Patient History

Part 2

Use Screening Tools

Part 3

Document Care Partner Information

Part 1

Take a Brief Patient History

Take a very brief cognitive health history of the patient. This history can be:

- The response to an annual screening question (e.g., Have you or friends/family noted changes in your mental abilities?) OR
- The observation of a sign of cognitive decline by someone (e.g., a care partner reports that the patient has difficulty remembering medication changes)

Part 2

Use Screening Tools

Use Screening Tools

Assess the patient directly for both cognitive and functional decline using screening tools. If the patient screens negative, use cognitive and functional screening tools with the patient's care partner, if available. Refer to the next table for a list of recommended tools.

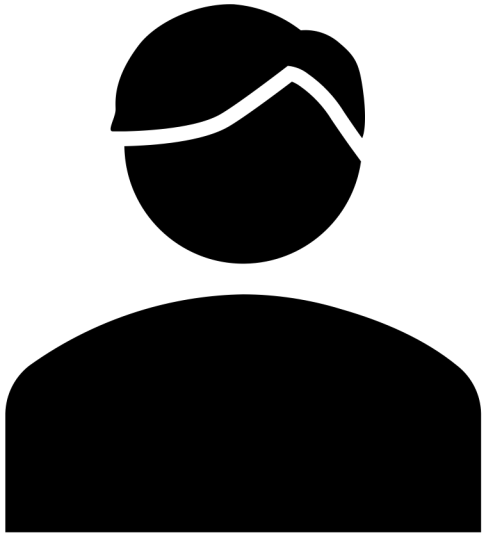
	Administered to the patient:	Administered to the care partner:
Cognitive Screening Tools	GP-COG: Part 1: General Practitioner Assessment of Cognition (for the patient) Mini-Cog	Short IQ-CODE: Short Informant Questionnaire on Cognitive Decline in the Elderly AD-8: Eight-Item Informant Interview to Differentiate Aging and Dementia
Functional Screening Tools	ADLs/IADLs: Activities of Daily Living and Instrumental Activities of Daily Living	GP-COG Part 2: General Practitioner Assessment of Cognition (for the informant) FAQ: Functional Activities Questionnaire

Part 3

Document Care Partner Information

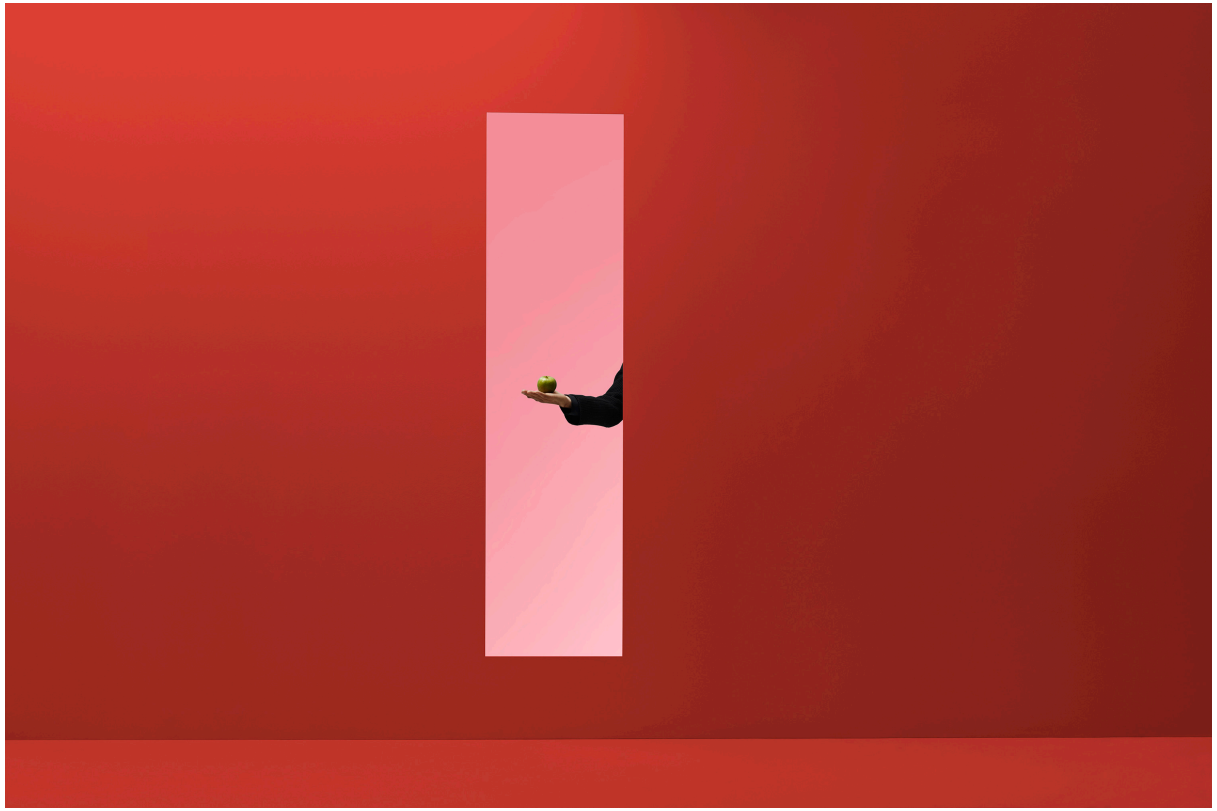
Identify a care partner and document the partner's contact information in the patient's record. Ideally, this is a health care agent who has legal authority to make decisions on behalf of the patient. Even if a patient's cognitive and functional screenings are negative, ask about the patient's support system. If the patient can't identify someone, then document this instead.

Case



Jesse is a 72-year-old patient who presents to your primary care visit with their adult daughter to follow up on memory and cognitive challenges. At your last visit, you assessed their cognition and function. Today, they are here for further assessment.

Older adults with unhealthy substance use: An “invisible population”

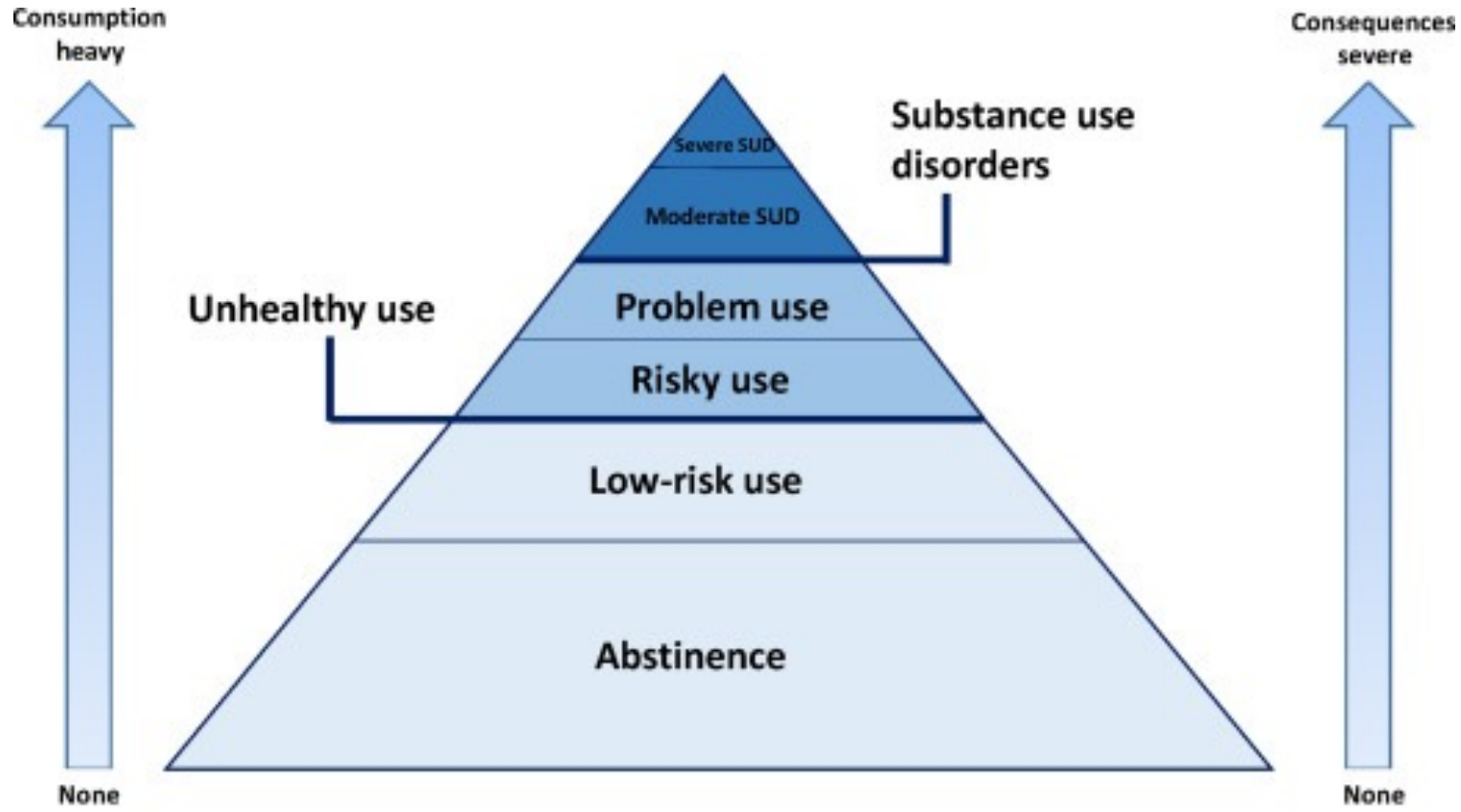


Challenges of Recognizing Unhealthy Substance Use

- Stereotypes & bias about older adults, addiction, and mental illness
- Stigma & shame
- Older adults less likely to seek care in addiction treatment settings
- Overlapping symptoms with medical disorders and/or dementia
- Substance-related functional impairment can be harder to detect
- Screening and diagnostic tools can be challenging to apply to older adults
- Dynamics with caregivers
- Clinician's lack of time and/or knowledge about substance use disorder management

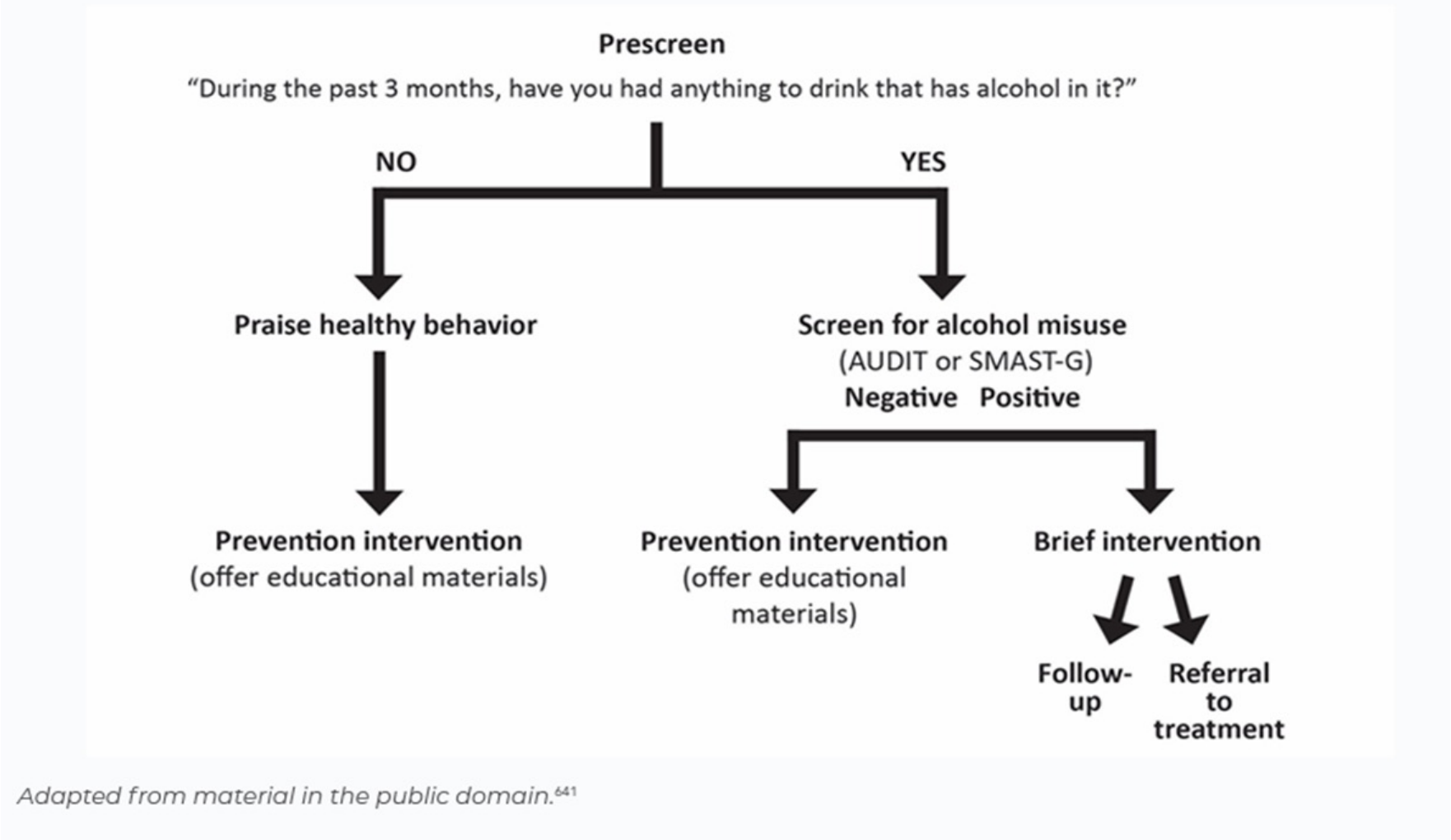
There is no wrong door to address substance use

Spectrum of Substance Use



McNeely, J., et al. *Screening for Unhealthy Alcohol and Drug Use in General Medicine Settings*, Medical Clinics of North America, Volume 106, Issue 1, 2022, Pages 13-28.

Screening Considerations



Adapted from material in the public domain.[641]

SAMHSA Tip 26, 2020

Limitations of screening approaches:

No known safer limits in patients with cognitive disorders

AUDIT-C

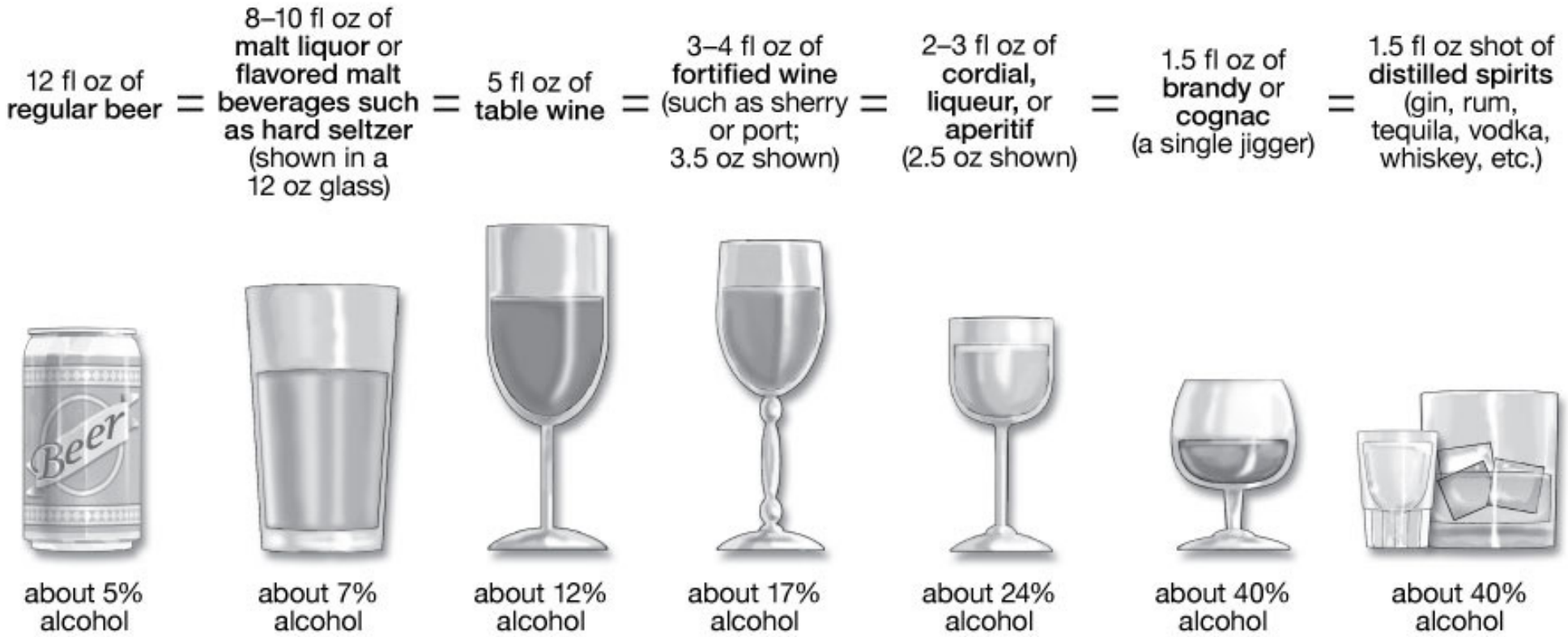
Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?					**SCORE**
Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	_____
2. How many drinks containing alcohol do you have on a typical day when you are drinking?					
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	_____
3. How often do you have six or more drinks on one occasion?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
TOTAL SCORE Add the number for each question to get your total score.					_____

Maximum score is 12. A score of ≥ 4 identifies 86% of men who report drinking above recommended levels or meets criteria for alcohol use disorders. A score of > 2 identifies 84% of women who report hazardous drinking or alcohol use disorders.

Abbreviated from the World Health Organization (WHO)

Screening Tip: Discuss standard drink amounts



Each drink shown above represents one U.S. standard drink and has an equivalent amount (0.6 fluid ounces) of "pure" ethanol.

Screening Tip: Consider geriatric-focused questions

Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G)

		Yes (1)	No (0)
1.	When talking with others, do you ever underestimate how much you drink?	☐	☐
2.	After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	☐	☐
3.	Does having a few drinks help decrease your shakiness or tremors?	☐	☐
4.	Does alcohol sometimes make it hard for you to remember parts of the day or night?	☐	☐
5.	Do you usually take a drink to relax or calm your nerves?	☐	☐
6.	Do you drink to take your mind off your problems?	☐	☐
7.	Have you ever increased your drinking after experiencing a loss in your life?	☐	☐
8.	Has a doctor or nurse ever said they were worried or concerned about your drinking?	☐	☐
9.	Have you ever made rules to manage your drinking?	☐	☐
10.	When you feel lonely, does having a drink help?	☐	☐

TOTAL SMAST-G-SCORE (0-10) _____

SCORING: 2 OR MORE "YES" RESPONSES IS INDICATIVE OF AN ALCOHOL PROBLEM.

Ask the extra question below but do not calculate it in the final score.
Extra question: Do you drink alcohol and take mood or mind-altering drugs, including prescription tranquilizers, prescription sleeping pills, prescription pain pills, or any illicit drugs?

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DSM-5 Criteria for Diagnosis of SUD

Table 1. Use of DSM-5 Criteria for the Diagnosis of Substance-Use Disorder in Older Adults.*

DSM-5 Criterion	Application of Criterion for Older Adult
Substance taken in greater amount than intended	Older adult may be impaired using the same amount taken when younger
There is persistent desire or unsuccessful effort to cut down or control use	Older adult may not realize use is problematic, especially with long-term use
There is excessive time spent to obtain, use, or recover from the substance	Same
There is craving for the substance	Same
Repeated use leads to inability to perform role in the workplace or at school or home	Role impairment is less pertinent; older adult may be retired and may be living alone
Use continues despite negative consequences in social and interpersonal situations	Same
Valued social or work-related roles are stopped because of use	Effect of substance use on social roles is less obvious if older adult is no longer working
Repeated substance use occurs in potentially dangerous situations	Same; older adult may be at increased risk for impaired driving
Substance use not deterred by medical or psychiatric complication	Same; medical consequences can be serious, including confusion, falls with injury, and psychiatric symptoms
Tolerance develops: increasing amount is needed to obtain effects	Symptomatic impairment may occur without an obvious need for increasing the amount
Withdrawal syndrome occurs or patient takes substance to prevent withdrawal	Withdrawal syndrome can occur with more subtle symptoms such as confusion

* DSM-5 denotes *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition.

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Lehmann SW, Fingerhood M. Substance-Use Disorders in Later Life. N Engl J Med. 2018 Dec 13;379(24):2351-2360.

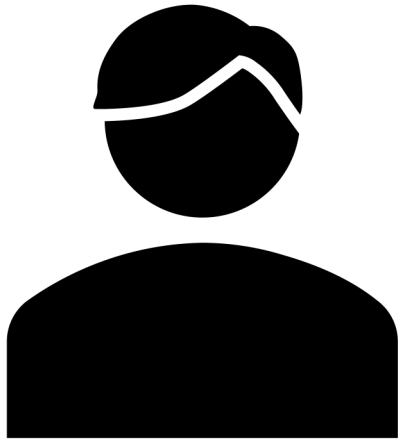
How SUD may present in a patient with cognitive impairment?

Consider overall health and wellbeing

- Sleep problems
- Chronic pain
- Difficulty with ADLs
- Falls
- Hepatic complications
- Infectious complications

- Drug-drug Interactions
- Hypertension
- Relationship problems
- More severe withdrawal
- Cognitive problems
- Depression & anxiety

Case



- Jesse is most bothered by problems with sleep and chronic pain. He does not like taking medications for hypertension. Life has been hard after the death of his spouse.
- His daughter has noticed that he is more withdrawn, isolated, and confused recently. She worries that he only leaves the house to purchase alcohol.
- Further chart review shows a positive substance use screen from several years ago.

Assessment of Substance Use

- Approach
  - Ask about overall health and well-being, not just substance use
  - Ask permission to discuss substance use
- Characterize
    - What
    - How often
    - How much
    - Routes of use of substance(s) (including prescription and over-the-counter (OTC) medications)
    - History of withdrawal, overdose, and mixing substances

Assessment of Substance Use, cont'd

- Contextualize
  - How using substances fits into their life
  - Reasons for use
  - How they feel and what they believe about their misuse
    - Problems connected with use
  - Ask about social supports
    - With whom do they use or obtain substances
- Treat
  - SUD treatment history
    - History of attempts at stopping use in the past
  - What are the patient's goals to change, if any?

Screen for co-occurring mental health disorders and serious mental illness

- Substance use and depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and other disorders commonly co-occur

- Symptoms may overlap

Tools for assessing for co-occurring mental health disorders can be helpful in the "next steps"

1. The CHA screen is still useful in people with serious mental illness
2. If positive, then at a follow-up you can assess for the presence of mental health conditions
    1. In older adults, the following screens are often used:
        1. For depression:
            1. Geriatrics Depression Screen (5-item or 15-item)
            2. PHQ-9
        2. For anxiety: GAD-7
        3. For PTSD: Primary-care PTSD screen (5-item)

Serious mental illness and cognition

- Broadly, serious mental illness can affect cognition and functioning, especially when symptoms (negative more than positive) are present.

- Attention, memory, and executive function are more often affected.

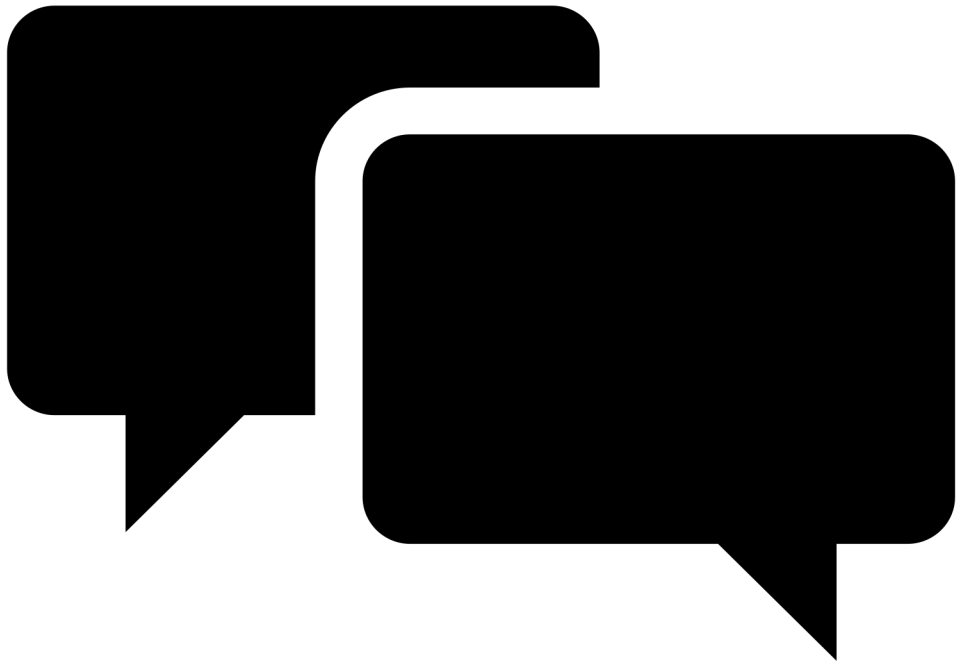
- An individual assessment of their cognitive symptoms and strengths will help you make a care plan with them (i.e., what support do they need and what strategies might help them retain information?).

Adapted from https://www.mirecc.va.gov/visn5/Educational_products/docs/Cognition_in_Serious_Mental_Illness.pdf

Tips for a non-stigmatizing approach toward assessment

- Consider the environment (e.g., privacy, rapport, and a welcoming atmosphere)
- Ask permission before discussing substance use with patient and caregivers
- Normalize that you talk to all of your patients about this issue
- Discuss in context of overall health and functioning
- Use open-ended questions and avoid yes or no questions.
- Use clinically accurate, non-stigmatizing terminology

Role Play: Having a conversation about substance use



Having a conversation about substance use

- **Goal**: Assess their understanding of their substance use and insight into its impact on their cognition
  - **Ask** them about their perspective on their substance use and how that may or may not impact their cognition
  - **Reflect** back on what you heard
  - **Ask** permission to share information
  - **Assess** interest in supports for changing their substance use
- **Goal**: Provide universal, non-judgmental education
- **Goal**: Keep door open for follow-up discussions
- You are not trying to convince someone to stop using alcohol or drugs

Managing the Plan

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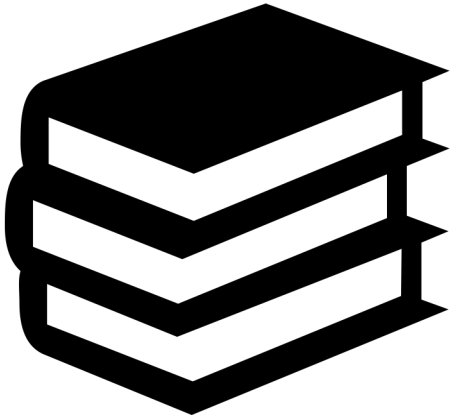
An Approach to Substance Use and Cognitive Impairment
Incorporating Substance Use into your Brain Health Plan

- Non-judgmental conversation and universal education
- Discuss harm reduction
- Offer treatment
- Increased emphasis on other aspects of brain health plan
  - Reviewing medications
  - Social networks
  - Caregiver involvement

Universal Education on Substances and Cognitive Impairment

- All patients and caregivers should receive education about the effects of alcohol and drugs on the brain



- "Can I some share information about the impact of alcohol on the health of the brain and memory?"

Are there safer use limits for people with cognitive impairment?

- Likely no safer use limit

- Less is better
  - For alcohol: Consider advising reduction in use to standard recommendations for adults >65

An Approach to Substance Use and Cognitive Impairment
Incorporating Substance Use into your Brain Health Plan

- Non-judgmental conversation and universal education
- Discuss harm reduction
- Offer treatment
- Increased emphasis on other aspects of brain health plan:
    - Reviewing medications
    - Social networks
    - Caregiver involvement

Reducing Harm of Substance Use

- Not all people want to stop using drugs or alcohol or feel ready when you talk to them
- The goal should be on improving quality of life and reducing harm of substance use
- Respect, non-judgment for differences in values and goals

- Basic practices
  - Less is better
  - Use in the presence of others
  - Support strategies for nutrition, hydration, and sleep
  - Avoiding physical injuries
  - Naloxone for patient and caregivers
- National Harm Reduction Coalition: https://harmreduction.org/

An Approach to Substance Use and Cognitive Impairment
Incorporating Substance Use into your Brain Health Plan

- Non-judgmental conversation and universal education
- Discuss harm reduction
- Offer treatment
- Increased emphasis on other aspects of brain health plan
    - Reviewing medication interactions
    - Social networks
    - Caregiver involvement

Treatment for Substance Use Disorders

- Treatment is effective and desired
  - Older adults are interested in treatment
  - Evidence supports older adults benefit from treatment
  - Older adults experience barriers to treatment
- Interventions are more effective when adapted to the physical, **cognitive**, and psychosocial needs
- Treatment includes medications, behavioral interventions, and harm reduction

- There is no wrong door for treatment

Medications for Alcohol Use Disorder

Medications are effective and should be considered for all patients with Alcohol Use Disorder

	Considerations in adults with cognitive impairment
Naltrexone	• Generally safe and well-tolerated
Acamprosate	• Three times a day (TID) dosing
Disulfiram	• Patient's goals • Ability to understand what happens if they drink • Generally not recommended for people with cognitive impairment
Topiramate*	• Cognitive side effects
Gabapentin*	• Sedating side effects, TID medications

*Off-label use

Medications for Alcohol Use Disorder In People with Cognitive Impairment

Naltrexone should be the first line of treatment due to its effectiveness and side effect profile

Other medications should be considered and provided if the patient is interested, and benefits outweigh the risks

Alcohol Use Disorder

- Consider risk of withdrawal
- Older adults are at higher risk of complicated withdrawal
- Most patients with cognitive impairment and alcohol use disorder should strongly consider inpatient medically supervised withdrawal
- Get help from a specialist and get to know your local resources to assess if you needs withdrawal management

Medications for Opioid Use Disorder

Medications are effective, reduce all-cause mortality, and should be considered for all patients with Opioid Use Disorder

	Considerations in adults with cognitive impairment
Methadone	• Drug-drug interactions • Sedating side effects • Co-morbidities • Support and structure provided by Opioid Treatment Program • Recommended to start at lower doses and slower dose titration • When provided and monitored by an experienced clinician is safe
Buprenorphine	• May need lower doses and slower titration
Naltrexone IM	• Generally well tolerated • Effectiveness: Challenges of starting, lower rates of retention, overdose risk after stopping

Medications for Opioid Use Disorder In People with Cognitive Impairment

Medication treatment should be offered to all people with cognitive impairment, given the significant benefit.

The choice of medication depends on the individual's desire and co-morbidities.

Buprenorphine may be preferable.

Medications for Other SUDs

- No FDA-approved medications
- Stimulant use disorder
  - Potential benefit from Mirtazapine or Bupropion + Naltrexone IM
  - Consider these medications if co-occurring depression or anxiety
- Benzodiazepine use disorder
  - Wrap around support for anxiety and/or insomnia
  - Recognize risk of withdrawal
- Cannabis use disorder
  - No FDA-approved medications

Behavioral Treatment: Adapting to Individuals with Cognitive Impairment

- Each person has unique needs
  - Some may need adaptations and others may not
  - Respecting differences in experiences and values
- Group vs. Individual and In-person vs. telehealth vs. home visits
- Adaptations for cognitive impairment: slower pace, repetition, and shorter session length
  - Program materials: print, visual, and audio recordings
  - Adapt to other needs: hearing, visual, physical
- Age specific peer support and topics

An Approach to Substance Use and Cognitive Impairment
Incorporating Substance Use into your Brain Health Plan

- Non-judgmental conversation and universal education
- Offer treatment
- Discuss harm reduction
- <u>Increased emphasis on other aspects of the brain health plan</u>
    - Reviewing medications
    - Social networks
    - Caregiver involvement

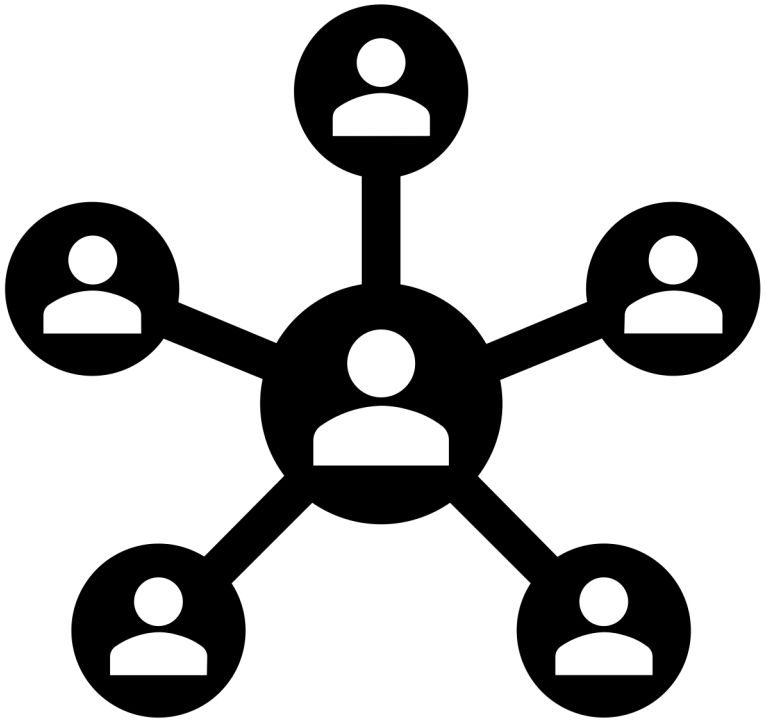
Prescription Medications

- De-prescribe unnecessary medications
- Increases importance of identifying other medications with cognitive side effects for all substance use
- For prescription medications with potential for misuse or ill-side effects
  - Weigh risks and benefits of stopping or tapering the medication
  - Unless there are imminent serious safety concerns, taking time to get patient buy-in
  - Build up other supports and treatment options

Social networks and isolation

- Social isolation can be a contributor to substance use
- Social networks as contributors for substance use
  - e.g. Drinking in retirement communities
- Social networks as positive areas for change

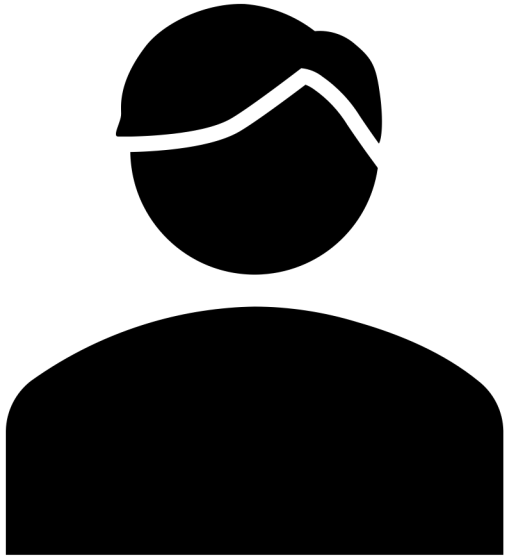
- Combating isolation
  - Mutual aid groups



Involving caregivers

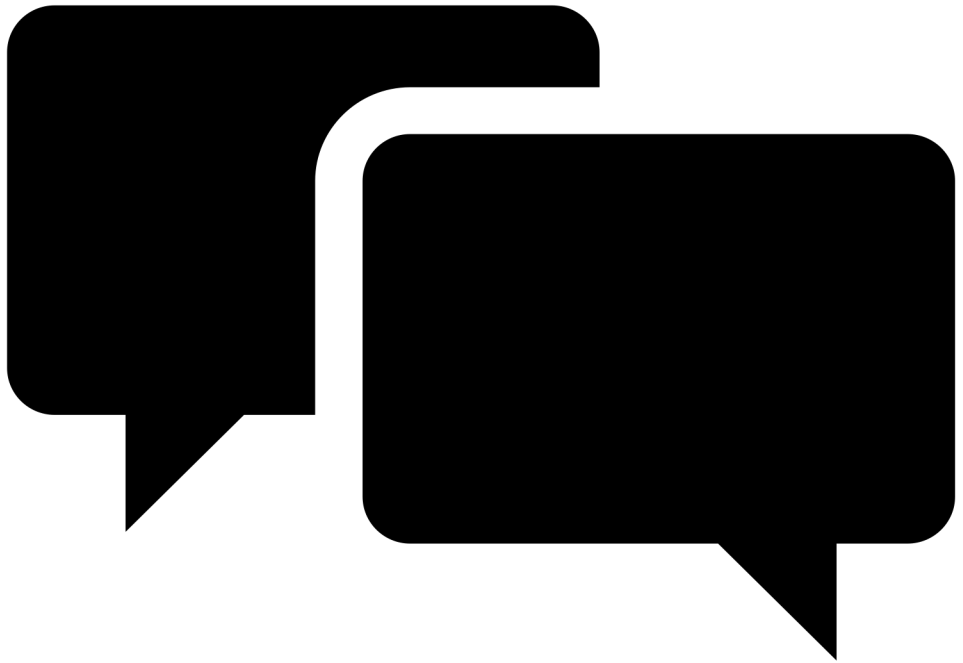
- Caregiver involvement in treatment improves outcomes
- Ask permission
- Assess the caregiver's role in substance use
  - Caregiver may have own perspective or influence
  - Provide education and resources
- Do not place the burden of substance use treatment on the caregiver
- Focus on safety and agreed upon treatment plan
- Caregivers need support

Case



Jesse is a 72-year-old patient with cognitive changes. At your last visit, you assessed their substance use. You determine his alcohol use meets the criteria for an alcohol use disorder.

Role Play: Having a conversation about management



Key Points

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Key Points

- After a positive CHA, follow-up assessments should include an assessment for unhealthy substance use because it can worsen cognition
- Use a non-stigmatizing approach to focus on how substance use and co-occurring mental health disorders affect overall health and well-being
- Educate all patients and caregivers about unhealthy substance use
- Medication treatment and harm reduction should be offered to people with SUDs and cognitive impairment

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Thank You

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DEMENTIA Care Aware
Early detection. Better care.

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Q&A

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Have more questions? Get answers through our Warmline @ **1-800-933 – 1789** or our support page!

Here are some examples!

What do I prioritize after a positive cognitive health assessment?

Is the cognitive health assessment covered for patients over age 65 who have Medicare but not Medi-Cal?

Can I use the cognitive health assessment with a patient with limited literacy?

Open your phone camera and scan the QR code to submit questions:

Or visit: www.dementiacareaware.org

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How to Claim Continuing Medical Education (CME) Credit?

Step 1. Please complete our evaluation survey using the link provided in the chat and a follow-up email after the webinar. For this activity, we provide CME and California Association of Marriage and Family Therapists (CAMFT) credits. Please select the correct link based on the credit type you are claiming.

Step 2. Upon completing the evaluation survey, please scan a QR code or link to claim credit:

- Use your phone camera to scan a QR code and tap the notification to open the link associated with the CME portal.
- Enter you first name, last name, profession, and claim **1 CE credit** for the webinar.

Alcohol Symptom Checklist

To help you and your provider understand how your alcohol use might be affecting your health, please answer the following questions.

Please SELECT the best response to each question.

In the past 12 months…

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No	Yes
2. When you cut down or stop drinking did you get sweaty or nervous, or have an upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No	Yes
3. When you drank, did you drink more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No	Yes
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	No	Yes
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No	Yes
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or craving to drink alcohol?	No	Yes
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No	Yes

Source: Hallgren KA et al. Alcohol Clin Exp Res. 2022 Mar;46(3):458-467.