

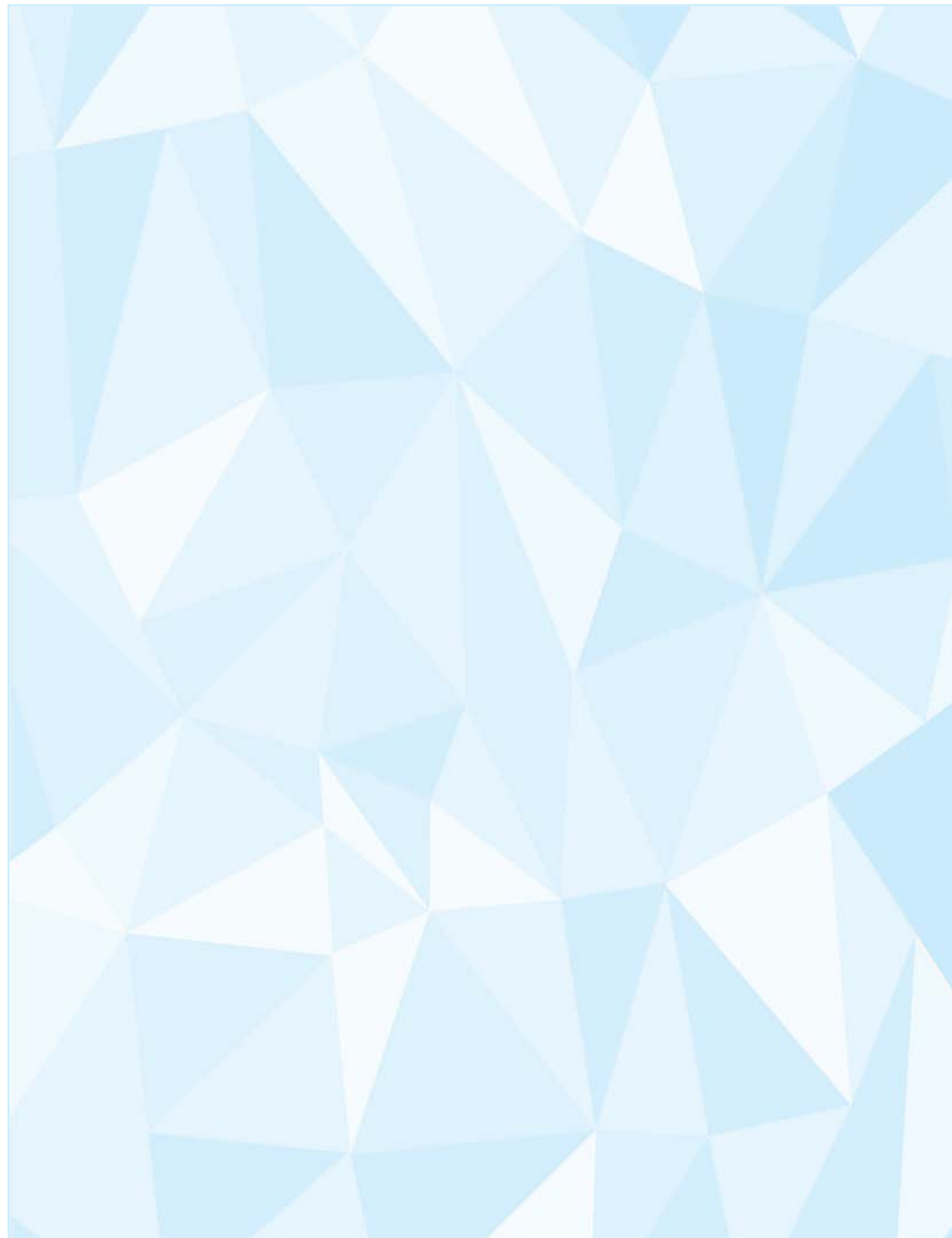


Issues in Assessing Substance Use in the Cognitively Impaired

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Your community
Your hospital
Your healthcare service



Outline

- Cognitive Impairment
- Alcohol and Other Drugs
- Behaviours
- AOD Assessment
- Tips
- Case Study
- Questions, Discussion



Cognitive Impairment

Cognitive functioning or cognition refers to the processing of information by the brain, and can be described as a person's ability to think, concentrate, formulate ideas, reason and remember.

There are several domains of cognitive functioning including;

Attention, Memory

Visual-spatial skills, Executive functioning

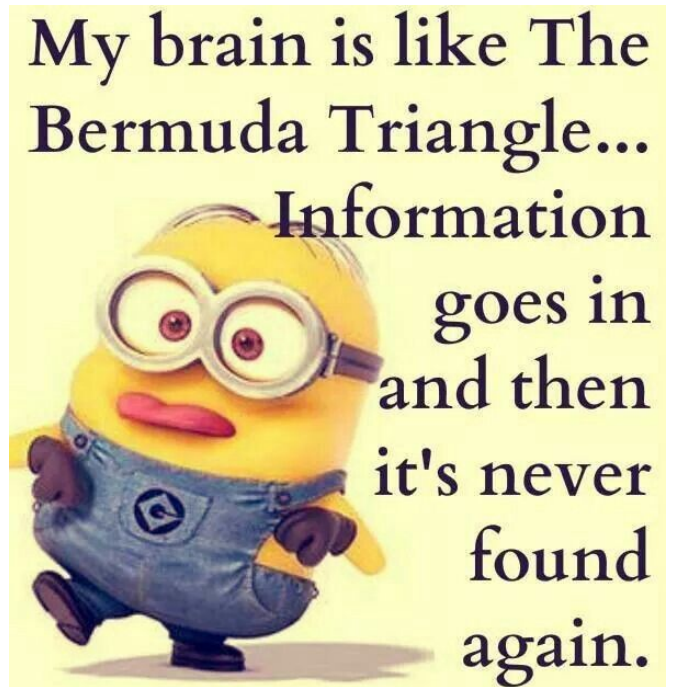
Each of these domains can be selectively or jointly impaired.

Cognitive impairment is used to recognise a broad range of disorders that affect cognitive functioning.



Neurocognitive Disorders (NCD) DSM5 2013

- Alzheimer's Disease
- Vascular NCD
- Fronto-temporal NCD
- Lewy Body Dementia
- Parkinson Disease
- **Substance Induced NCD**
- Prion Disease (CJD)
- Mixed dementia
- Other medical conditions
- Huntington's Disease-Inability to read facial expressions



Alcohol and Other Drugs

“Signs of an alcohol or drug problem can be mistaken for signs of ageing”

- **Alcohol** Alcohol intoxication can cause cognitive effects such as disinhibition, ataxia, and short-term memory impairment.
- **Cannabis** cannabis use has been shown to be associated with acute neuropsychological effects including deficits in attention, short term memory, and executive functioning as seen in intoxication.
- **Opiates** acute and chronic opioid use is associated with neuropsychological deficits in executive functions, attention, concentration, recall, visuospatial skills, and psychomotor speed.



**If weed causes
memory loss how
come I never forget to
smoke weed?** 🤔 🧠

Curious



Prescription and OTC



- **Benzodiazepines**
associated with a host of cognitive and psychomotor side effects including episodic memory problems, poor concentration, disinhibition, drowsiness, dysarthria, motor incoordination, and falls.
- **Anticholinergics/Antispasmodics**
Chronic use of anticholinergic medications may cause a cognitively intact individual to seem demented.
- **Polypharmacy**
It is important to draw attention to polypharmacy, which increases the risk for the development of substance-induced impairment and for other adverse drug reactions.

Substance related behaviours

- Impaired motor skills at low level use
- Increased risk of injury (falls, accidents)
- **Aggression, anger**
- Isolation
- Depression
- Incontinence
- Poor hygiene



- **Emotional Cognition**

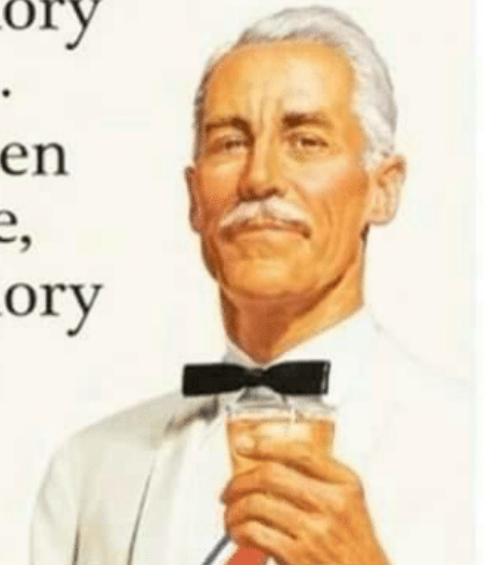
Increasing emotional dysregulation, mental health Dx, cravings, fears, out of comfort zones...

AOD Comprehensive Assessment

Challenges...

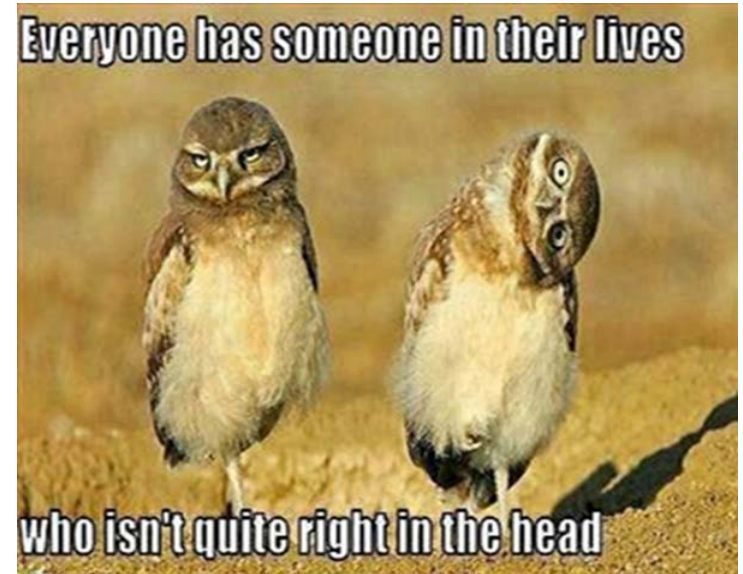
- Memory – ST and LT (sometimes apparent, or subtle)
- Minimisation, underreporting
- Confusion
- Concentration
- Retention
- Frustration
- Aggression, anger

Drinking
can cause
memory
loss...
or even
worse,
memory
loss.



Managing Challenging Assessments

- Rapport
- Non-judgemental attitudes, Be aware of your personal beliefs
- Stay calm, facial expression, body language
- Talk slow and simply
- Listen with empathy
- Respect
- Involve the family
- Use appropriate, non-confronting language
- Involve the patient in decision-making
- Patience, repetition, rephrasing
- Multiple sessions
- CBT, MI may not be appropriate



Case Study - Jo

60 year old divorced female living alone.

Presentation: poorly groomed, slow shuffling gait, poor eye contact, loud volume speech, slow, monotonous, one word answers, guarded. Mood: stated - anxious, incongruent, flat, blunted affect. Preoccupied with detox admission, chronic suicidal ideation with plan, poor STM and LTM. Concentration and Orientation poor. Poor insight and judgement, dismissive.

Protectively: 3 daughters are supportive, 3 grandchildren

20 year history of multiple mental health diagnosis (Depression, Anxiety, Schizoaffective, Panic disorder, Bi-polar, Borderline PD). 7x suicide attempts – all OD's EToH and medications.

Physical health: Pain in back and neck – Osteoporosis, Elevated liver count.

Medications: Clonazepam, Diazepam, Xanax, Panadeine Forte, Seroquel x2, Saphris wafer, Aldactone, Brufen, Levothyroxine x2, Tenormin, Urex.

Substance use: 16 panadeine forte (10 not prescribed) every morning
1 bottle wine 4-5 days a week between 1:00 and 2:00 p.m.

Non-compliant with Seroquel, stock piling 3 daily for next suicide attempt

Compliance of other meds unknown...

3 different prescribing doctors.

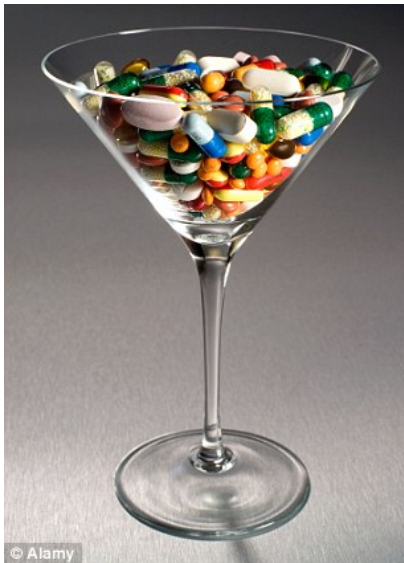
Seeking detox from alcohol

We've put more effort into helping folks reach old age than into helping them enjoy it. Frank A. Clark



Older Wiser Lifestyle (OWL) program

OWL is Australia's first older adult, age-specific AOD service for people 55+. It was established by Peninsula Health in 2008 and is underpinned by health promotion and harm minimisation principles and designed to meet the needs of a diverse client group.



Multidisciplinary team

One AOD Specialist
Two RN's with extensive knowledge in geriatrics
and aged persons mental health

The program has two distinct arms:

Early Intervention and Intensive Treatment

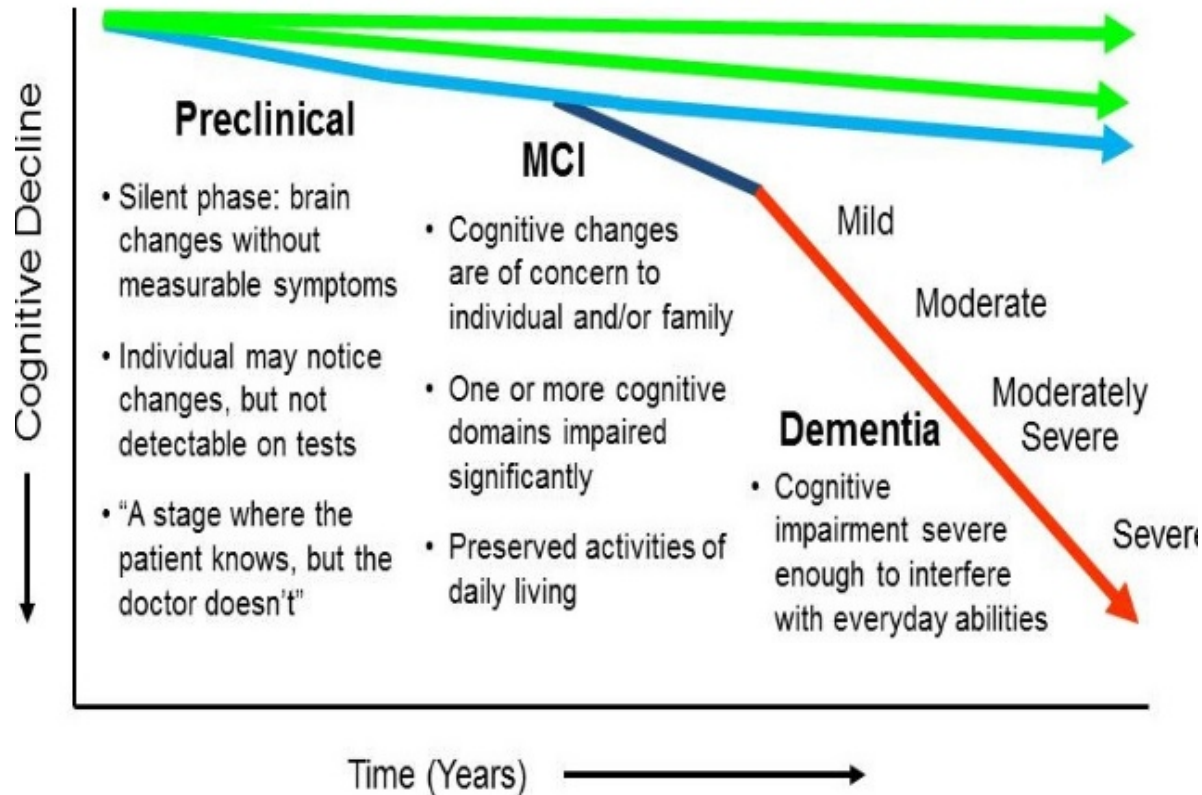
Both arms include:

Comprehensive Screening and/or Assessment
Counselling, support
Harm Reduction Strategies
Office-based and Outreach Support
Evidence-driven Best Practice



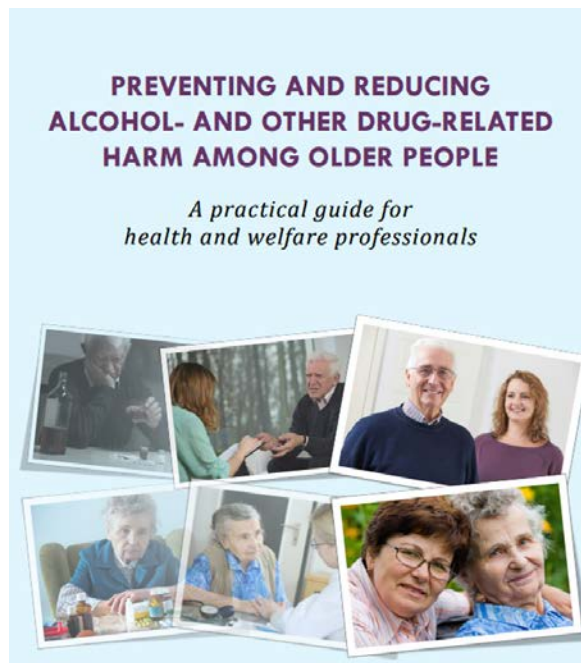
Discussion... Questions?

Am I on the TIMELINE?



THANK YOU FOR HAVING ME

Plug! →



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