

Older Adult Brief Intervention for At-Risk or Problem Substance Use:

Following identification of at-risk or problem drinkers through screening techniques, a semistructured brief intervention can be conducted. An older adult-specific brief intervention should include the following steps:

1. Customized feedback on patient's responses to screening questions about drinking patterns and other health habits such as smoking and nutrition.
2. Discussion of types of drinkers in the United States and where the patient's drinking patterns fit into the population norms for his or her age group.
3. Reasons for drinking. This is particularly important because the practitioner needs to understand the role of alcohol in the context of the older patient's life, including coping with loss and loneliness.
4. Consequences of heavier drinking. Some older patients may experience problems in physical, psychological, or social functioning even though they are drinking below cutoff levels.
5. Reasons to cut down or quit drinking. Maintaining independence, physical health, financial security, and mental capacity can be key motivators in this age group.
6. Sensible drinking limits and strategies for cutting down or quitting. Strategies that are useful in this age group include developing social opportunities that do not involve alcohol, getting reacquainted with hobbies and interests from earlier in life, and pursuing volunteer activities, if possible.
7. Drinking agreement in the form of a prescription. Agreed-upon drinking limits that are signed by the patient and practitioner are particularly effective in changing drinking patterns.
8. Coping with risky situations. Social isolation, boredom, and negative family interactions can present special problems in this age group.
9. Summary of the session.

Adapted from Center for Substance Abuse Treatment, Substance Abuse and Mental Health Service Administration. (2012). Substance Abuse Among Older Adults. Treatment Improvement Protocol (TIP) Series.

Drug-Alcohol Interactions and Adverse Effects			
Drug	Adverse Effect with Alcohol	Drug	Adverse Effect with Alcohol
Acetaminophen	Severe hepatotoxicity with therapeutic doses of acetaminophen in chronic alcoholics	Glutethimide	Additive central nervous system depressant effect
Anticoagulants, oral	Decreased anticoagulant effect with chronic alcohol abuse	Heparin	Increased bleeding
Antidepressants, tricyclic	Combined central nervous system depression decreases psychomotor performance, especially in the first week of treatment	Hypoglycemics, sulfonylurea	Acutely ingested, alcohol can increase the hypoglycemic effect of sulfonylurea drugs; chronically ingested, it can decrease hypoglycemic effect of these drugs
Aspirin and other NSAIDs	Increased the possibility of gastritis and gastrointestinal hemorrhage	Tolbutamide, chlorpropamide	Disulfiram-like reaction
Barbiturates	Increased central nervous system depression (additive effects)	Isoniazid	Increased liver toxicity
Benzodiazepines	Increased central nervous system depression (additive effects)	Ketoconazole, griseofulvin	Disulfiram-like reaction
Beta-adrenergic blockers	Masked signs of delirium tremens	Lithium	Increased lithium toxicity
Bromocriptine	Combined use increases gastrointestinal side effects	Meprobamate	Synergistic central nervous system depression
Caffeine	Possible further decreased reaction time	Methotrexate	Increased hepatic damage in chronic alcoholics
Cephalosporins and Chloramphenicol	Disulfiram-like reaction with some cephalosporins and chloramphenicol	Metronidazole	Disulfiram-like reaction
Chloral hydrate	Prolonged hypnotic effect and adverse cardiovascular effects	Nitroglycerin	Possible hypotension
Cimetidine	Increased central nervous system depressant effect of alcohol	Phenformin	Lactic acidosis (synergism)
Cycloserine	Increased alcohol effect or convulsions	Phenothiazines	Additive central nervous system depressant activity
Digoxin	Decreased digitalis effect	Phenytoin	Acutely ingested, alcohol can increase the toxicity of phenytoin; chronically ingested, it can decrease the anticonvulsant effect of phenytoin
Disulfiram	Abdominal cramps, flushing, vomiting, hypotension, confusion, blurred vision, and psychosis	Quinacrine	Disulfiram-like reaction
Guanadrel	Increased sedative effect and orthostatic hypotension	Tetracyclines	Decreased effect of doxycycline

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