Older Women with Psychoactive Medication Abuse

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The older population of the United States has dramatically increased over the past few decades; currently, approximately 13% of the nation's population is categorized as *older adults* (persons over 65 years old). Moreover, it is expected that both absolute number and percentage of older people in the population will continue to increase. The number of persons over age 65 is projected to reach more than 70 million by the year 2030 and to constitute approximately 21% of the U.S. population (American Society on Aging, n.d.).

As people age, they suffer from multiple chronic diseases that require long-term medical treatment and use of multiple medications (Linjakumpu et al., 2002). Older adults are the largest consumers of prescription (Barnea & Teichman, 1994; Francis, Barnett, & Denham, 2005; National Institute on Drug Abuse, 2005; Oslin, 2004) and over-the-counter (OTC) medications (Lumpkin, Lowrey, Strutton, & Kouzi, 1991; Memmott, 2003). In particular, older women are the main recipients of prescription (Kaufman, Kelly, Rosenberg, Anderson, & Mitchell, 2002; Simoni-Wastila, Ritter, & Strickler, 2004; Szwabo, 1993) and OTC medications (Kaufman et al.; Thomas, Straus, & Bloom, 2002), many of which adversely interact with alcohol (Blow, 2000; Blow & Barry, 2002). It has been estimated that 11% of older women (who outnumber older men 21.6 million to 15.7 million; Administration on Aging, 2008) have misused psychoactive medications at last once (National Center on Addiction and Substance Abuse, 1998).

The misuse of alcohol and medications is detrimental to women as they age due to specific sensitivity to alcohol and medications (Blow & Barry, 2002). For instance, consumption of benzodiazepines with alcohol is more likely than consumption of benzodiazepines alone to lead to impaired judgment, respiratory failure, falls, and accidents (Center for Substance Abuse Treatment, 1998).

Several studies (e.g., Blow, 2000; Simoni-Wastila et al., 2004; Simoni-Wastila & Yang, 2006) have identified that older women, compared to older men, are prescribed and take more psychoactive medications (e.g., benzodiazepines, nonbenzodiazepine sedative-hypnotics, antidepressants, and narcotics) for depression, anxiety, or sleep problems and are more likely to be long-term users of the medications. Continuous use of psychoactive medication as a coping mechanism is more likely to result in abuse or dependency in this population (Simoni-Wastila & Yang). For example, depression in older adults often results from losses related to aging. Loss, grief, or depression can trigger substance abuse by the elderly (Benshoff, Harrawood, & Koch, 2003; Widlitz & Marin, 2002), even for those who have no history of substance problems (Benshoff et al.).

Many psychoactive medications (e.g., benzodiazepines and opioid analgesics) have the potential for addiction (Simoni-Wastila & Yang, 2006) and these medications tend to be more misused or abused than other medications. Older adults take approximately 3 times more psychoactive medications than younger people (Sheahan et al., 1995). A significant number of women who abuse these medications also abuse alcohol (Simoni-Wastila & Yang). However, few studies have examined the epidemiology of abuse of psychoactive medications, alone or with alcohol (Blow & Barry, 2002; Simoni-Wastila & Yang). This article reviews consequences of psychoactive medication abuse, risk factors associated with psychoactive medication use and abuse among older women, and prevention approaches to ameliorate psychoactive medication abuse among older women.

Female gender appears to be a significant risk factor for abuse of psychoactive medications by the elderly population (Carlson, 1994; Finlayson, 1995; Simoni-Wastila et al., 2004; Szwabo, 1993). In particular, older women are prescribed and take more psychoactive medications and are more likely to be long-term users of these medications (Blow, 2001). Compared with older men, older women are more likely to live longer and alone; it has been estimated that almost half (48%) of older women age 75 years or older live alone (Administration on Aging, 2008).

Older women are likely to experience mental health problems as result of psychological, social, and financial problems (Szwabo, 1993). In this population, use of psychoactive medications is more likely to be associated with health disparity and associated psychosocial effects: recent divorce and widowhood, lower education and income level, depression and anxiety disorders, and poorer health status (Simoni-Wastila & Yang, 2006). In particular, due to the death of a spouse, older women may develop depression and social isolation that are associated with increased use of psychoactive medications or alcohol (Eliason, 2001).

Unfortunately, psychoactive medications such as anxiolytics and sedative/hypnotics are the significant cause of hospitalization due to adverse drug interactions; benzodiazepines most often lead to adverse consequences (U.S. General Accounting Office, 1995). Benzodiazepines are often prescribed to older adults for conditions such as insomnia, anxiety, and chronic pain (Shibusawa, 2006). Older women are more likely than men to consume psychoactive medications for the above stated reasons, and medication abuse and dependence are more

prevalent among older women than among older men (Adams, Garry, Rhyne, Hunt, & Goodwin, 1990).

Older women are more vulnerable to the cognitive impairment and residual sedation effects, motor vehicle accidents, and risk of frequent falls associated with most abusable prescription drugs, including benzodiazepines (Ensrud et al., 2002; Sheahan et al., 1995). Ensrud et al. found that community-dwelling older women who were currently taking psychoactive medications (e.g., benzodiazepines, antidepressants, anticonvulsants) had an increased risk of falls. This increased risk of falls was more prevalent in older women with a history of taking benzodiazepines or anticonvulsants. Older women with psychoactive medication abuse are more likely to suffer from multiple problems (e.g., alcohol problems, depression, anxiety, comorbid chronic physical conditions, chronic pain, and isolation) (Blow, 2000; Shibusawa, 2006).

Despite the rapidly expanding number of older women, little research on psychoactive medication abuse in this population has been conducted (Simoni-Wastila & Yang, 2006). More empirical studies should be conducted on psychoactive medication abuse and its adverse effects on older women, interactions of medications and alcohol, comorbid physical chronic illness, depression and anxiety as potential risk factors, and issues of relationships with family and social support among older women (Blow, 2000). In particular, an aging- and gender-sensitive screening tool should be designed for further assessment (Blow, 2000; Shibusawa).

Systematic prevention methods and treatments are necessary to identify potential psychoactive medications abuse in older women. Screening can be performed as a component of a regular check-up of physical and mental health (Blow & Barry, 2002). An emphasis on effective interventions/treatment by various health care professionals, including physicians, nurses, and social workers, working in interdisciplinary treatment teams, can improve training and service delivery options for older women who are at risk for psychoactive medication abuse (Blow, 2000). In particular, physicians and pharmacists can examine physical and mental conditions (e.g., insomnia, depression, or anxiety) associated with psychoactive medication use and select alternative medication(s) without potential addiction, along with psychosocial interventions. Older women with psychoactive medication abuse have more than medical needs; they also present psychosocial issues that can be addressed effectively by social workers and/or psychologists.

Implications for Social Work Practice and Research

Older women who are at risk of abusing opioid medications should be viewed by social workers as a vulnerable population. Social workers in the community, hospitals, or nursing homes often have the first to opportunity to detect that an older adult is at risk of medication abuse (Barnea & Teichman, 1994). However, social workers may fail to recognize psychoactive medication abuse in older women, possibly due to lack of awareness of medication misuse as a potentially important problem for older adults, failure to obtain accurate drug histories, reluctance to ask uncomfortable questions, and lack of initiation of action regarding medication abuse (Ondus, Hujer, Mann, & Mion, 1999). In addition, social workers have conducted very few empirically validated studies to guide their assessment and treatment of older adults who have been abusing psychoactive medications. Social workers are capable of providing a sound assessment, given proper and extensive training about psychoactive medications.

The lack of recognition by clinical social workers and family members (as well as older women's denial) of psychoactive medication abuse often prevents older women from receiving appropriate treatment. Therefore, with an increased number of older women at risk for

psychoactive medication abuse, it is important for social workers to identify symptoms and signs of the medication abuse and to provide age-appropriate treatment through effective referrals to health care professionals. Treatment could include teaching older women to recognize risks and develop coping skills to overcome life stressors and emotional distress (e.g., a spouse's death and depression or loneliness associated with the loss). Raffoul (1986) identified five specific areas in which social workers can contribute to ameliorating medication misuse among older people: (a) identification of older people who are at risk; (b) assessment of the problem; (c) education of clients and family/significant others about use, misuse, and abuse of medications; (d) education of other professionals by communicating with them about clients' medication-taking behavior; and (e) evaluation of intervention outcomes.

Evidence-based treatment, such as cognitive-behavioral treatment (CBT), has been shown to reduce medication abuse in older adults (Schieffer et al., 2005). Older adults may benefit from CBT to cope with symptoms associated with depression, anxiety, or chronic pain (Shibusawa, 2006). In particular, CBT could identify thoughts and feelings as well as environmental factors that would aid older adults in understanding their life stressors, isolation, and depression. Individual therapy and group work may be effective in helping older adults to share their emotions with group members and reduce their dependence on psychoactive medications as a coping mechanism.

Social workers can enhance the effectiveness of their services to these clients by infusing clinical experience with knowledge derived from valuable research regarding psychoactive medication abuse in order to respond appropriately to older adults who have been abusing psychoactive medications. With the rapidly growing older population and changing health care systems, social workers are encouraged to focus on optimal approaches to assessment, diagnosis, treatment, and organizations of care that can meet the challenges of safeguarding the health of older adults who are at risk of abusing psychoactive medications, particularly older women. Psychoactive medication abuse in older women often results from life stressors; social workers may help these women to cope more effectively with life stressors. Generally, social workers are encouraged to be aware of possible behavioral problems related to substance abuse in the geriatric population so they can address issues of prevention of substance abuse.

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