

Dual Diagnosis in Older Adults:

Prevalence in an inner Melbourne community mental health service

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Outline

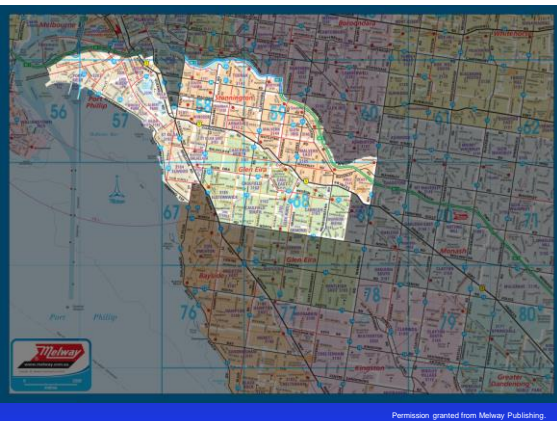
- Description of the project
- Aims of the project
- Results
- Clinical relevance
- Future directions

Description of Project

- Lack of formal routine screening processes made determining prevalence of dual diagnosis in the service difficult.
- The project involved a file audit of assessments conducted by MAPS clinicians over the past two years (June 2012-14: N=593).
- To ascertain whether a substantial number of individuals present to the service with co-occurring AOD issues.

Caulfield Hospital MAPS

- Provides community case management, assessment and liaison to aged care facilities and general practitioners.
- Specifically for adults aged 65 years and over.
- Covers bayside Inner Melbourne.
- Total population 265,142. Over 65s 34,113 (2011 Census data).
- Multidisciplinary team with a predominantly outreach focus.



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Aims

- To determine the prevalence of dual diagnosis in the Caulfield Hospital Mobile Aged Psychiatry Service.
- To compare these results to previous international studies, which suggest that older adults with dual diagnosis are "younger," more likely to be male, consume alcohol and have a diagnosis of depression (Prigerson, Desai and Rosenheck, 2001; Colliver, Compton, Gfroerer and Condon, 2006).
- To use these results as a feasibility study for further research in older adult mental health services both in Victoria and Australia.

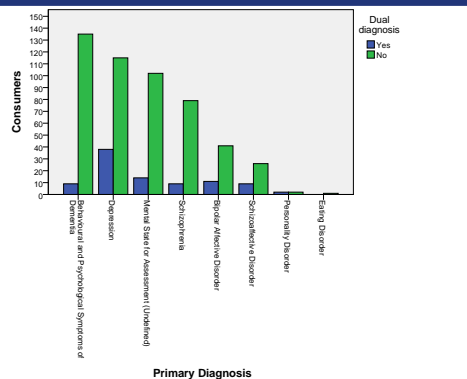
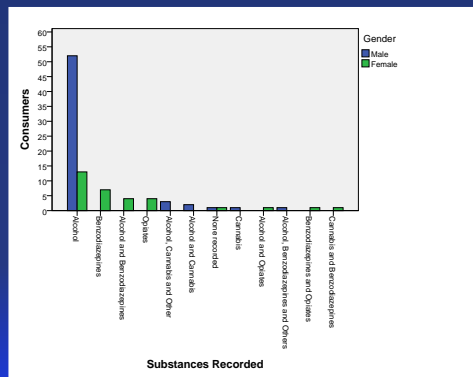
Dual diagnosis in older adults

- Older adults with dual diagnosis are a hidden population.
- A 1995 study found only 1% of elderly women with substance use disorders were correctly identified by assessing physicians (Dufour and Miller).
- Badrakalimuthu, Rumball and Wagle's 2005 audit found 60% of older adults admitted to an acute psychiatric unit had no documentation regarding their drug and alcohol history.
- Blixen, McDougall and Suen's 1997 study of 101 adults 65 and over discharged from psychiatric hospitals in the US found 38 (37.6%) had a comorbid substance use disorder.

"You'll be disappointed here. We don't get much substance use at all."

Results

- Completed file auditing shows a prevalence of 15.5% dual diagnosis in MAPS – in real terms, this is 92 individuals over a two year period.
- Significant association between gender and AOD use ($\chi^2(1) = 19.21, p < 0.001$). OR of male AOD use 5.45 times higher than females.
- Dual diagnosis group also younger (mean 72.82) than those who did not use AOD (mean 79.24), (-6.629, 95% CI [-8.340, -4.508], $p < 0.001$).
- Significant association between gender and substance preference – males recorded predominantly alcohol use, females spread between polysubstance, benzodiazepine and opiate use as well as alcohol (41, $p < 0.001$).



Limitations

- Finite sample – geographically based.
- No screening tool employed by the service.
- Reliance on the accuracy of clinical documentation.

Relevance to Clinical Practice

- Demonstrates the need to screen all older adults presenting to mental health services, particularly in Victoria where services are split.
- With very few older adult specific AOD treatment options, mental health services and general hospitals may become the default treatment option for older adults.
- Primary care sees a large number of older adults with a broad spectrum of alcohol issues (Moos, Schutte, Brennan and Moos, 2009); comorbid mental health problems are prevalent in this population (Coulson et al. 2014).

Future Directions

- Targeted screening for alcohol use and mood disorders.
- Implementation of screening tools in mental health services.
- Dual diagnosis capability:
 - Mental health services
 - Alcohol and other drug treatment providers



Source: www.wsj.com.au

Thank you

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