Dual diagnosis in older adults:
Prevalence in an inner Melbourne community mental health service

ADAM SEARBY CAULFIELD HOSPITAL MOBILE AGED PSYCHIATRY SERVICE • **PHIL MAUDE** RMIT UNIVERSITY • **IAN MCGRATH** RMIT UNIVERSITY

Background

• Older adults are poorly represented in contemporary dual diagnosis research, which explores co-occurring alcohol and other drug use and mental illness.

• Dual diagnosis results in higher costs of care, greater rates of relapse and poor treatment outcomes[1].

• A study in the USA found rates of 37.6% of dual diagnosis in older adults admitted to inpatient mental health units[2].

• Assessment and detection of dual diagnosis in older adults remains poor, despite being a key policy direction in the state of Victoria and a principle of the 2014 Mental Health Act[3,4].

• Advances in medical care prolonging lifespans and the ageing baby boomer generation mean future of older adult mental health services will see more dual diagnosis[5].

• Demographic changes resulting in a contracting taxation base require research and treatment solutions that a cost effective and relevant to a growing older adult cohort who need mental health or alcohol and other drug services[6].

Design

• A retrospective file audit was used to determine the prevalence of dual diagnosis in consumers assessed by the Caulfield Hospital Mobile Aged Psychiatry Service (MAPS).

• Assessments for the period June 2012-June 2014 (N=593) were examined for the presence of alcohol and drug use, substance type and demographic details.

• Statistical testing was conducted using SPSS (chi square, Fisher's exact test, t-test) to determine whether the population was male, more likely to be using alcohol and younger as has been indicated in previous studies[7,8].

Aims

1 To determine the prevalence of dual diagnosis presentations to Caulfield Hospital MAPS.

2 To examine the substances used by dual diagnosis consumers.

3 To treat the results of this project as a feasibility study for future dual diagnosis research in the older adult population.

Population

Assessments analysed during the file audit were conducted in the inner south mental health catchment area of Melbourne. 2011 Census data reports a population of 265,142 individuals residing in this area, with 34,113 aged 65 and over[9,10,11].
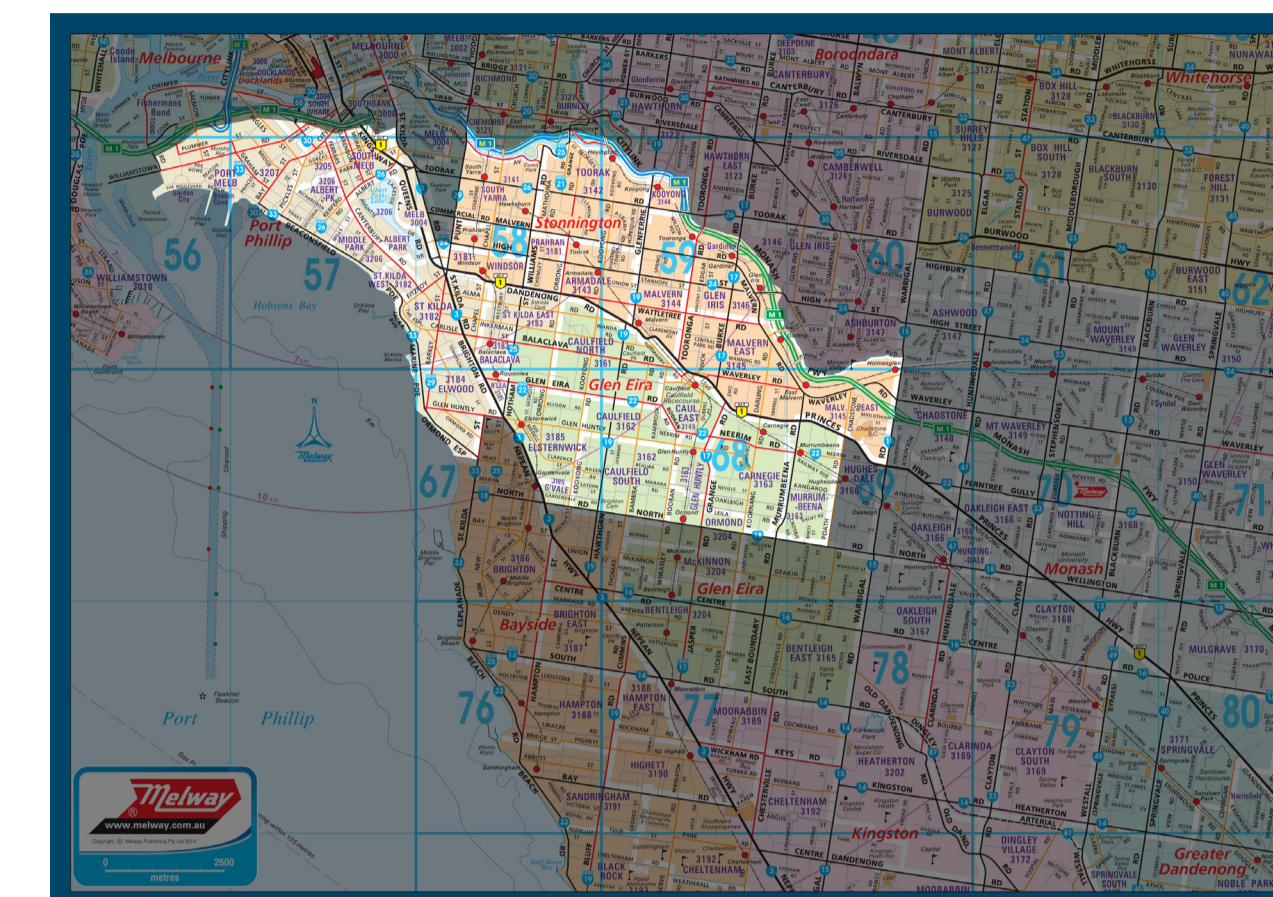
Results

15.5% (n=92) of individuals were assessed as having co-occurring alcohol and other drug use. They were more likely to be male (χ^2 (1) = 19.21, p <0.001), younger in age than the non dual diagnosis group (-6.629, 95% CI [-8.340, -4.508], p <0.001) and presenting with depression as the primary diagnosis when compared to the non dual diagnosis group, who presented primarily with behavioural and psychological symptoms of dementia (χ^2 (1) = 30.353, p <0.001).

Demographics

	Dual Diagnosis			
	Yes		**No**	
	Male	**Female**	**Male**	**Female**
Number	60	32	203	298
Mean Age	73		79	
Age SD	8.318		9.682	
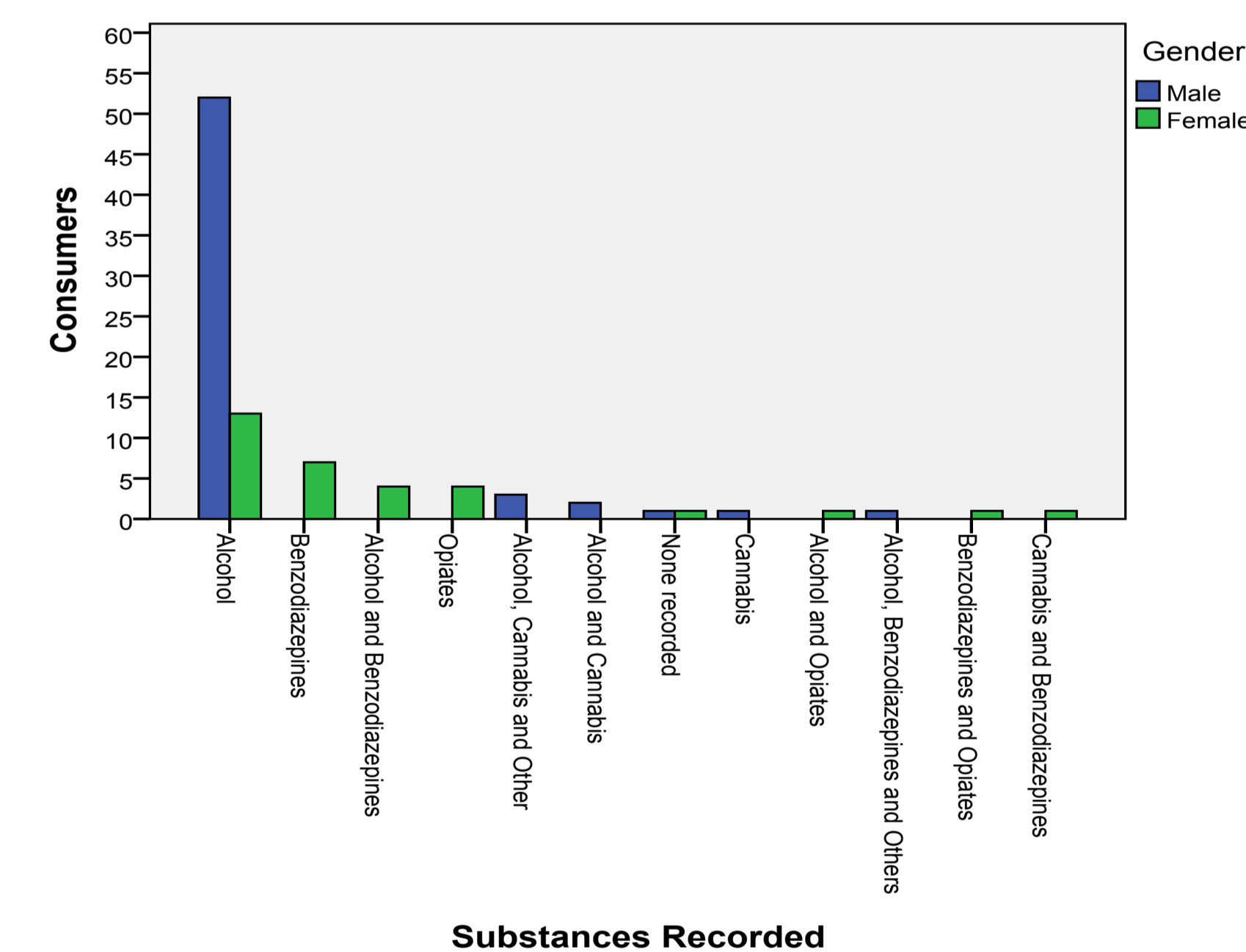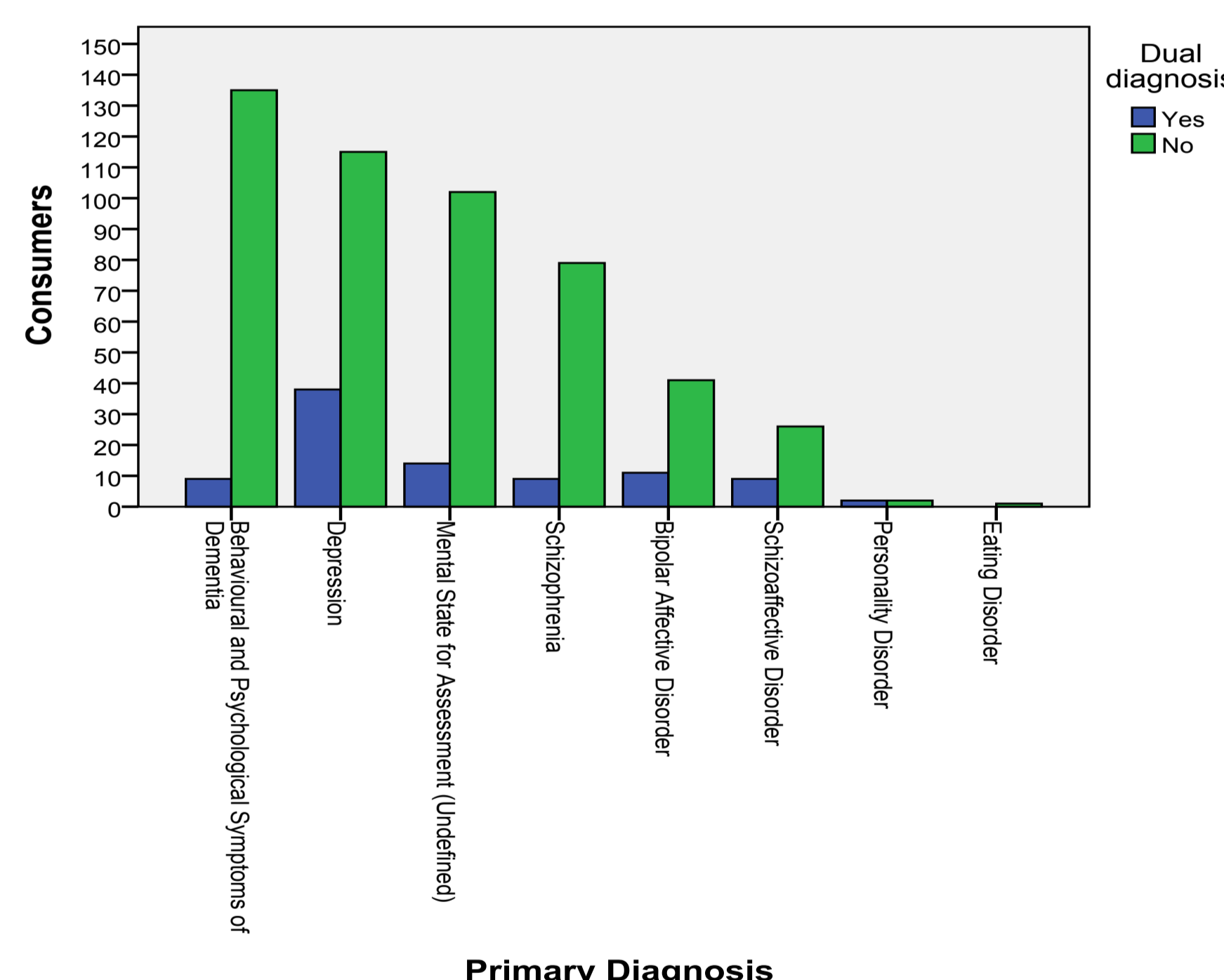
Discussion

This project addresses a gap in Australian research regarding dual diagnosis in older adults, in addition to demonstrating a dual diagnosis population in an inner Melbourne older adult community mental health service. The results indicate that dual diagnosis consumers were primarily younger, male and with depression as a mental health diagnosis. These findings demonstrate the need for the implementation of screening for alcohol and other drug use, which may account for the difference in prevalence between this study and the work of Blixen, Suen and McDougall (2007).

Conclusion

As a feasibility study, this project demonstrates a small but substantial population of consumers who use alcohol and other drugs in an inner Melbourne older adult community mental health service, even without screening tools being used. Future research should determine the prevalence of dual diagnosis in other health services in the State of Victoria, in addition to other parts of Australia.

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