

COGNITIVE IMPAIRMENT AND UNMET NEEDS IN OLDER D&A CLIENTS

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Introduction and Aims: Acute and chronic substance abuse can affect cognition. Those involved in drug and alcohol treatment may endure ongoing brain damage, and the treatment they receive (e.g. Opioid Substitution Therapy) may also further impact on cognition. As the population of those attending drug and alcohol treatment is ageing, it is important to establish the level of cognitive impairment in older clients to determine their needs. The main objective of this study was to establish the prevalence of cognitive impairment in clients aged 50+ attending Drug and Alcohol Services and compare functioning in those with and without impairment.

Design and Methods: 99 clients aged ≥50 attending specialist D&A services in Sydney, Australia were administered the Addenbrooke's Cognitive Examination – Revised (ACE-R), along with substance use (ATOP), social (Lubben Social Network Scale, Bayer ADL) and health questionnaires (SF12, GDS).

Results: Analyses indicated that 63.9% of clients had a score on ACE-R suggestive of at least mild cognitive impairment (<88), and 40.2% scored below the traditional cut-score for dementia (<82). Multiple linear regression analyses indicated that overall mental health (SF-12) was a significant positive predictor of ACE-R score, as was attending for suboxone treatment rather than alcohol or methadone. Greater difficulty with activities of daily living and more frequent cannabis use were approaching significance as negative predictors of ACE-R scores.

Discussion and Conclusions: Over half of individuals attending D&A Services scored at a level suggestive of at least mild cognitive impairment. Poorer cognitive performance was associated with particular clinical characteristics, which point to specific service needs for this group.

Implications for Practice or Policy: The high prevalence of suspected cognitive impairment detected in treatment-seeking D&A service users implicates a need for routine cognitive screening practices in these services. Mental health, cannabis use and functional needs appear to relate to poorer cognitive performance and should be supported as part of treatment.

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