

# *End of Life Care for Patients with Substance Abuse Histories*

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# Objectives

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- Understand the prevalence of substance abuse among older adults.
- Describe challenges faced in end-of-life care for the treatment of patients who have substance abuse histories.
- Explore symptom management issues in end of life care related to a substance abuse history.

# Scenario

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George: lung cancer patient –history of alcohol abuse

Wilma: Georges wife also drinks

Amy: Daughter- distanced herself from her parents due to alcohol abuse

John: son- has his own history of substance abuse

# What is Substance Abuse?

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*" a primary, chronic, neurobiologic disease with genetic, psychosocial, and environmental factors influencing it's development and manifestations characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving"*

*American Pain Society  
American Association of Pain Management  
American Society of Addiction Medicine*

# What is Substance Abuse?

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Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)

*A maladaptive pattern of substance use leading to clinically significant impairment or distress by one or more of the following, occurring within a 12-month period:*

# What is Substance Abuse?

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Recurrent substance use:

- ⦿ Resulting in failure to fulfill major role obligations at work, school, or home
- ⦿ In situations in which it is physically hazardous, such as driving or operating a machine while impaired
- ⦿ Related legal problems, such as arrests for disorderly conduct

# What is Substance Abuse?

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- Continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
  - > such as arguments with spouse about consequences of intoxication or physical fights

# Facts about Substance Abuse

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- Alcohol and prescription drug use are among the fastest growing health problems in the country
- 1.7 million American adults over the age of 50 are substance dependent
- Expected to increase 150% by 2020
- Addiction among people over 60 years of age in the US: 17%
- Prescription drug misuse and abuse growing problem among older adults

# Facts about Substance Abuse

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- Only 3% of those seeking treatment are over age 60
- Late onset substance abuse is thought to be linked primarily to medical problems
- Alcohol is more commonly abused among elderly followed by painkillers and anti-anxiety medications
- 1/3 of heavy drinkers begin patterns of alcohol abuse after age 60

# Facts about Substance Abuse

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- ⦿ Increase in patients in hospice with substance abuse histories

# Physical Dependence

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*Normal physiologic adaptation defined as the development of withdrawal with abrupt dose reduction or discontinuation*

# Tolerance

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*Normal neurobiological process characterized by the need to increase the dose over time to obtain the original effect*

## Cross Tolerance

Tolerance to effects of a medication within the same class

# Pseudo addiction

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*Behavior(s) similar to addiction but related to poorly managed pain*

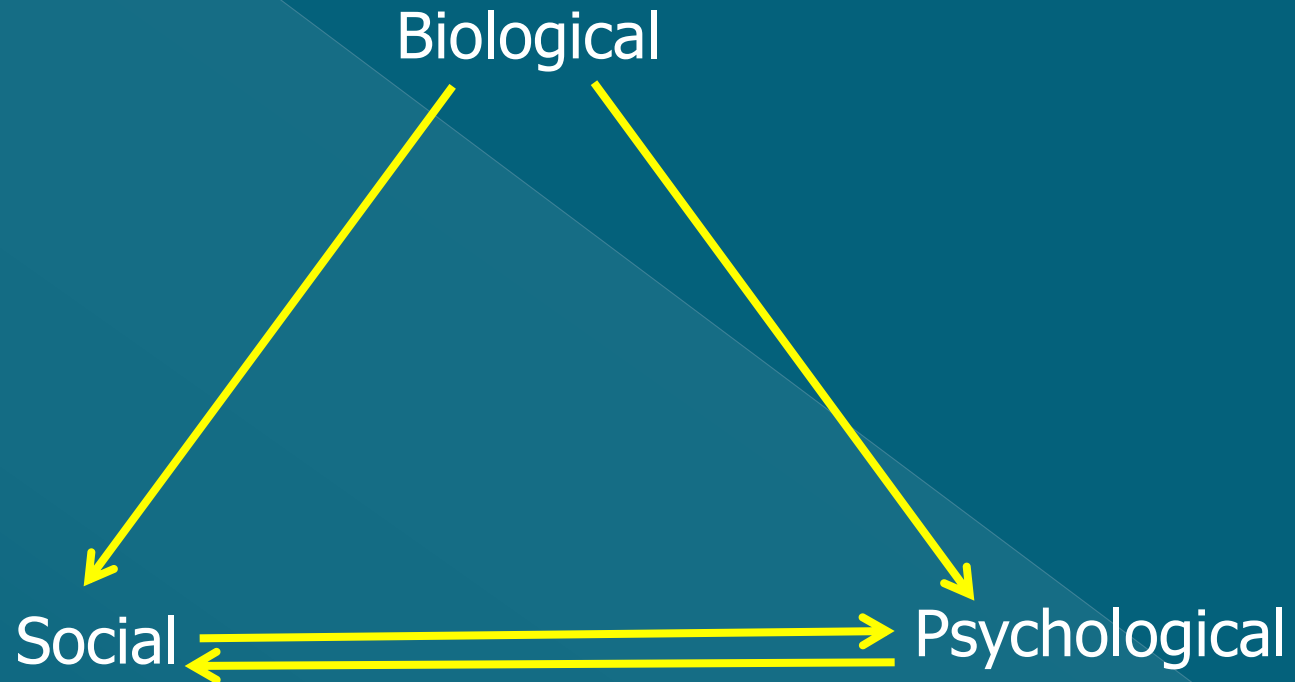
# Models of Addiction

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- ① Moral model
- ① Psychological models
- ① Sociocultural models
- ① Medical model
- ① Biopsychosocial model

# Models of Addiction

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# Co-occurring Disorders (COD)

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- Refers to substance abuse /dependence and mental health disorders
- 5 million people in the United States have COD
- 1/3 – 2/3 of all drug-dependent people have at least one co-occurring psychiatric disorder
- Clients often report they used drugs to self- medicate their psychiatric problems
  - > Bipolar Disorders
  - > Personality Disorders
  - > Depression
  - > Anxiety Disorders

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**How does this all relate to  
the hospice setting?**

# Scenario

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# Causes of Withdrawal

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Discontinuation of:

- ⦿ Alcohol and sedatives (benzodiazepines)
- ⦿ Stimulants (cocaine and amphetamines)
- ⦿ Nicotine
- ⦿ Opioids

# Withdrawal Effects

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Initial symptoms of withdrawal:

dysphoria, insomnia, anxiety, irritability, nausea, agitation, tachycardia, and hypertension

# Withdrawal from Alcohol and Sedatives

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- ◉ Duration: ~ 7 days
- ◉ Withdrawal symptoms peak at 72 hours
- ◉ Complications:
  - > seizures and delirium
  - > insomnia
  - > delirium tremens

# Withdrawal from Alcohol and Sedatives

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## Treatment:

- ⊙ Benzodiazepines- longer acting
- ⊙ Carbamazepine
- ⊙ Phenothiazines and haloperidol
  - > reduce signs and symptoms
  - > less effective in preventing delirium and seizures
- ⊙ Clonidine
  - > reduce autonomic manifestations of withdrawal but have no anticonvulsant activity

# Withdrawal from Stimulants

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- Produces dysphoria with sleep, appetite, and motor disturbances similar to those seen in depressive disorders
- Severe depressive symptoms may last only 8-48 hours, but milder ones typically persist for approximately 2 weeks
- No medications have shown efficacy in reducing the severity of withdrawal symptoms
- Toxicity-induced delusions, paranoid thinking and compulsive behavior may require neuroleptic agents or benzodiazepines in the first 48 hours after discontinuation

# Nicotine Withdrawal

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- ⦿ Unique symptoms of bradycardia and wt gain
- ⦿ Duration: Weeks
- ⦿ Treatment:
  - > Replacement therapy: gradual reduction
  - > Bupropion

# Withdrawal from Opioids

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- Resembles a severe case of influenza
- Symptoms include:
  - > pupillary dilatation, lacrimation, rhinorrhea, piloerection (gooseflesh), yawning, sneezing, anorexia, nausea, vomiting and diarrhea
- Seizures and delirium tremens do not typically occur
- Patients who are debilitated and dehydrated can have life-threatening complications

# Withdrawal from Opioids

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- ⦿ Time to onset of peak opioid withdrawal symptoms and their duration depend on the half-life of the drug
- ⦿ Heroin symptoms peak with 36-72 hours and last for 7-10 days
- ⦿ Outpatient treatment:
  - > Clonidine
  - > Methadone

# Role of Methadone

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## *Treatment of substance abuse :*

- ⦿ Withdrawal of IV Heroin/Opioids
- ⦿ Eliminates euphoric/sedating effects
- ⦿ Long half-life = daily dosing

# Role of Methadone

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## *Treatment of Pain:*

- Effective, inexpensive analgesic
  - > Requires Q8H- Q12H dosing for pain relief
- Less risk for diversion
- Increased monitoring in hospice
- Toxicity/Risk of Arrhythmias

# Barriers to Successful Treatment

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- Physician Perception
- Patient/Caregiver Perception
  - > Past addiction history
- Pharmacy Perception

# Removing Barriers to Treatment

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- Perform a comprehensive pain assessment and substance abuse assessment
- Assess for co-occurring disorders
  - Treating depression and anxiety may improve pain management and reduce the risk of relapse

# Opioid use with history of addiction

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- ⦿ Around-the-clock opioid dosing
- ⦿ Choose long-acting agents when possible
- ⦿ Limit or eliminate the use of short-acting or “breakthrough” doses
- ⦿ Non opioid adjuvants/complementary therapies

# Opioid use with history of addiction

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- ① Limit the amount of medication given at any one time
- ① Utilize pill counts and urine screens as necessary
- ① If compliance is suspect or poor, refer to an addictions specialist

# Clinical Management of Pain

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- Multidisciplinary approach
- Assessment of substance abuse history
- Set realistic goals of therapy

# Clinical Management of Pain

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- Consider therapeutic impact of tolerance
- Apply pharmacological principles to treating pain

# Clinical Management of Addiction

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- Recognize specific drug abuse behaviors
- Use written agreements
- Use 12- step programs
- Urine toxicology screens
- Family sessions and meetings

# Other considerations

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- ⦿ Realize that the body's metabolism has been altered by addiction-impact on the liver
- ⦿ Increased tolerance to medications
- ⦿ Clearance of medications is slowed (by renal and hepatic system)
- ⦿ May be more likely to experience adverse drug interactions

# Non-pharmacological Approaches

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- Motivational Interviewing
- Cognitive-Behavioral Therapies
- Life Review

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# Conclusion

# Patient Scenario

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George: lung cancer patient –history of alcohol abuse

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# George's treatment plan

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- Set appropriate treatment goals
- Utilize combination therapy
- Anticipate future symptoms
- Monitor and reassess

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# Questions?

# Special Acknowledgement

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