

alcohol and other substance use withdrawal

What Is Withdrawal?

When an alcohol or drug dependent older adult stops drinking or stops using a psychoactive substance such as benzodiazepines, his or her body may react severely as it rebounds from the decreasing levels of the chemical in the body. This is referred to as 'withdrawal'.

Why Does Withdrawal Occur?

Withdrawal occurs because the autonomic nervous system (which control muscles for the heart, stomach, intestines, and glands) becomes over-reactive and the body becomes stressed. A person's vital signs, such as blood pressure, pulse, temperature, and rate of breathing may increase.

This process of withdrawal can cause significant physiological changes for some older adults. Older adults may experience nausea, vomiting, diarrhea, dizziness, increased blood pressure, increased heart rate, or seizures. If the older adult is not able to safely withdraw, she or he can end up in a withdrawal crisis, which may include hallucinations, stroke, seizure, or coma. Left uncontrolled, these physiological effects can be hazardous and life threatening.

A. Alcohol Withdrawal

1. When Does Alcohol Withdrawal Occur?

Alcohol withdrawal typically occurs between 6 and 8 hours, and up to 48 hours after heavy alcohol consumption decreases. For some older adults, "heavy" drinking may mean consuming 28 or more standard drinks a week.⁽¹⁾ For others, heavy drinking may mean only drinking one or two days a week, but the person is consuming a harmful amount of alcohol on those days (e.g., 16 oz. of hard liquor, or a dozen beer).

However, an older adult may show the symptoms of withdrawal at considerably lower amounts of alcohol use. This will depend on whether the person has other concurrent health problems (e.g., high blood pressure, stomach or liver problems, uncontrolled diabetes), as well as medications that the person is on.

Note: Some older adults try to quit drinking abruptly ("cold turkey"). People with multiple cold turkey withdrawal attempts can experience "a kindling effect" (where each successive withdrawal intensifies, increasing the person's risk of seizures).⁽²⁾

2. Does Everyone Who Wants or Needs to Stop Drinking Go Through Withdrawal?

No. Addiction research estimates that of people seeking treatment, 40% will require detoxification.⁽³⁾

For some older adults, alcohol withdrawal is planned, and may be part of a longer term treatment goal. For others, the withdrawal is unplanned. They may stop drinking abruptly because they have no money, or they have been hospitalized. Hospitalization can occur because of an accident, alcohol or medication-related medical problems such as a fall, dehydration or gastrointestinal problems or withdrawal seizures.⁽⁴⁾

Planned withdrawal from alcohol or other drugs for older adults can occur in several types of settings. An older adult may be able to get help with withdrawal from his or her physician, in hospital, at a detoxification centre, at an outpatient counselling agency which the person attends during the day, or at home (through a home detoxification service). The resources will vary from community to community. Monitored home detoxification can be a safe alternative for some older adults.^(5,6)

3. Is Alcohol Withdrawal Different for Some Older Adults?

Like many younger adults, some older adults can undergo relatively uncomplicated withdrawal from alcohol. This may depend on the length of their alcohol use and the amounts which they regularly consume. However for many, the process of detoxifying can be more challenging. There are several reasons for this:

- **Aging Body:** As people age, their liver and kidneys may metabolize and eliminate the alcohol or other substances more slowly. The alcohol or drug remains in the body longer and less alcohol or drug is needed to cause harm.
- **Medications:** Older adults are more likely to be taking one or more medications that can potentially affect detoxification.
- **Length of Use:** Two out of three older adults who have substance abuse problems have been relying on the alcohol or drug for a long time. Some may have thirty, forty or fifty years of misuse or dependency; or in the case of benzodiazepines misuse, often twenty years. This long-term use negatively affects their health prior to detoxification and the length of time needed for detoxification.
- **Concurrent health problems:** Older adults are much more likely than younger adults to have concurrent health related problems (e.g. cardiac conditions, respiratory problems, anaemia and hypertension), that can affect the length and intensity of withdrawal. For example, over 1 in 3 people in Canada who is over the age of 65 has high blood pressure. High blood pressure is much more common among older women and people over the age of 75. ⁽⁷⁾

During alcohol withdrawal, a person's blood pressure frequently rises. This can create serious difficulties for an older adult who has hypertension if it is not adequately monitored. Older adults are also more likely to show signs of kidney and liver compromise.

4. What is a Safe Way for Older Adults to Withdraw from Alcohol?

Older adults need support, first in coming to a decision to undergo withdrawal, then during the withdrawal process, and afterwards. Often, alcohol is the person's primary means of coping with problems. Without appropriate supports in place before and after withdrawal, as well as receiving help to develop other coping skills, the older adult can easily resume drinking within a short period of time following his or her attempt to withdraw. Some older adults may go through several withdrawals, before "it sticks".

Successful alcohol withdrawal has three related phases:

- a) the pre-withdrawal work;
- b) the acute withdrawal phase; and
- c) post acute support.

Younger adults may need a period of 5 to 7 days for withdrawal from the acute effects of alcohol. Older adults may need up to two weeks, depending on the amount they have been drinking, their health, and whether other medications complicate the withdrawal.

a. Pre-withdrawal: From the beginning, have a good understanding with the older adult about why he or she is planning alcohol withdrawal. Is it a step to a personal goal of abstinence? Or is it to achieve something else (e.g. going into surgery, avoiding eviction)?

The older adult's health, level of drinking, and social environment need to be carefully assessed to help determine the kinds of potential risks that may occur during and after withdrawal.

Consider developing a withdrawal information sheet for older adults to answer basic questions they may have. This can be used in addition to the information you give verbally.

Address the unknown: Some newer detoxification facilities will give older adults a "tour" in advance to help familiarize the person and reduce their fears about "going to detox".

It is often beneficial to encourage the person to taper the alcohol use before the "official detoxification". Help the person slowly cut back the amount that she or he is drinking. This can help reduce the adverse effects that can occur during alcohol withdrawal.

b. Acute Phase: The aim of a formal planned withdrawal is to reduce the dangers that can result from abruptly discontinuing use of the alcohol. It involves helping the older person withdraw from alcohol in a supervised way, so that the symptoms and the physical and psychological risks related to withdrawal are monitored and minimized.

During withdrawal, older adults may experience cognitive impairment, daytime sleepiness, insomnia, weakness and high blood pressure in addition to the typical withdrawal symptoms.

Older adults need to be regularly monitored while going through the acute phases of alcohol withdrawal. A short term use of benzodiazepines during the acute phase of the alcohol withdrawal is often required. The drug sedates the central nervous system and acts as an anti-convulsant.⁽⁸⁾ The benzodiazepine matches and replaces the effect of alcohol on the central nervous system. The dose of benzodiazepine is tapered over the withdrawal, with the effect of making the alcohol withdrawal slower and safer.

Lorazepam is the safest benzodiazepine for treating alcohol withdrawal syndrome in older adults, in patients with liver disease, or patients who require an intramuscular injection.⁽⁹⁾

Clinicians working with older adults who are experiencing alcohol withdrawal have often found that a loading procedure is beneficial (i.e., providing a somewhat larger amount of the benzodiazepine as an initial dose, then regular dosing and titrating to reduce the levels of the drug over 5- 10 days).

The Clinical Institute Assessment for Alcohol Withdrawal (CIWA-AR) is frequently used as an assessment tool for withdrawal, but must be adjusted to the needs of older adults. It assesses 10 common withdrawal signs. A score of 15 + points means the person may be at increased risk of severe alcohol withdrawal effects such as confusion or seizures. Clinicians working with older adults note that a lower cutoff may be advisable for older adults, as a score of more than 15 may indicate a potential health crisis.

Older adults do not always show withdrawal signs in the same way that that younger adults do. For example, older adults may not demonstrate

signs of anxiety, shakes, or sweating. Alternatively, the signs may be confused with other medical conditions that an older adult has, such as Parkinson's disease. In other cases, the person may have some degree of cognitive impairment and may not be able to accurately tell you how she or he is feeling. For that reason, monitoring vital signs before withdrawal (and having a baseline of what is normal for this person) and during withdrawal can provide very important information.

Multi-vitamins and special herbal teas ("detox teas") can be helpful in easing the withdrawal. However, it is important to check the ingredients for any potential interaction between the herbal remedy and the medications that the older adult is taking.

Validation and emotional support, as needed (e.g., "You are doing well; you are getting past the hard part"), are also very important.

c. Post Acute Phase: It is also important to recognize that the older adult can experience significant post acute withdrawal effects such as confusion for weeks or even months after the acute withdrawal. The need for support during this phase is very important, or relapse is very likely. These post-acute symptoms can affect the person's ability to think clearly and process information. Many older adults may be unable to stick with regimens that require them to attend daily support meetings in the early weeks after withdrawal. Instead, it may be preferable to offer one to one counselling until the older person's health stabilizes to help provide the needed support during this crucial time.

B. Withdrawal from Benzodiazepines

Benzodiazepines are often used to remedy anxiety. They act as muscle relaxants, help sleep, and are used as anticonvulsants. The therapeutic use of these benzodiazepines is intended to be short term (only prescribed for a few months). However some older adults, particularly older women, have been using the benzodiazepines for extended periods and in some cases for decades, creating both physical and psychological dependence.

Benzodiazepine withdrawal signs will depend on several factors:

- Type of benzodiazepine the person is dependent on (its “half-life”). The shorter the half-life of the drug, the faster the onset of withdrawal.
- Time of the last dose.
- Past history of withdrawal.
- Duration of use and usual daily dosage.
- Presence of illness, injury or recent surgery which may intensify the withdrawal.
- Existence of multiple drug use.

Benzodiazepine use will require a slow, gradual tapering (often reducing the dose over several months) to prevent the rebound symptoms that can occur. ⁽¹⁰⁾ For example, long time users can experience severe post-withdrawal anxiety. Some benzodiazepine users may never be able to completely stop all use of the prescription drug. The aim of withdrawal in these cases may be to reduce the use to a level where it helps and does not interfere with the older person’s daily functioning.

Key Points to Consider Around Older Adults and Withdrawal

There is a need for:

- rapport and building trust;
- information, support and encouragement for the older adult (“Yes, I can do this”);
- assessment (particularly health and social situation);
- education about withdrawal effects (some older adults do not know what to expect, or have had bad experiences previously); and
- close monitoring during the withdrawal.

Understanding Older Adults’ Fears and Other Barriers to Detoxification Services

Detoxification can be a frightening experience for older adults. Some have histories of unplanned withdrawals which have been very hard on them physically and emotionally. As a result, they may consider continuing to drink or the prescription

drug use as a safer alternative. It is very important to understand and address the person’s concerns, and recognize that this supportive process takes time.

A significant proportion of the clients at many detoxification centres are younger adults withdrawing from street drugs. Their lifestyles, strong language and illicit drug use can easily lead an older person to believe “I don’t belong here” or that inpatient detoxification services are only for the “down and out”. Older adults from middle and upper class backgrounds, in particular, may be embarrassed and ashamed at having to go “to one of those places”. Family reactions can be similar.

Detoxification centres may be located in areas of town that older adults are unfamiliar with or where they feel unsafe. It can also be very difficult for the older person to get to the centre, because of transportation difficulties, mobility problems, or cognitive problems caused by the alcohol dependence.

Many older adults with alcohol or other drug problems may be in poorer health or they have age-related conditions that affect their ability to access and benefit from the detoxification centres. For example, older adults with mobility problems or who use wheelchairs may not be accepted at detoxification centres that require people to be able to walk. Similarly, older adults who have difficulties with daily activities such as bathing may not be accepted if they cannot care for themselves. Policies, admission criteria, staff training, and other factors can affect whether or not older adults are able to successfully use the local detoxification service.

The group format of many detoxification centres (attending meetings, etc.) can be difficult for some older adults because of their health conditions, solitary lifestyle, emotional state of mind (e.g. depression), or impairments.

For an older adult who is mentally confused or experiencing vision loss, the environment of the detoxification centre can be strange and confusing. Familiar visual cues of home and neighbourhood are not available.

Each of these barriers can be minimized to make detoxification services more accessible for older adults.

Summary

1. Recognize withdrawal: It is important for health care providers to recognize withdrawal can occur in older adults who drink or who are on psychoactive medications. Health care providers should be very careful to avoid simply telling their older patients to “stop drinking” or “stop this medication” without a very accurate understanding of their health, the amount the person is drinking or using, and why they are relying on the substance.

2. Normalize: Help to normalize the withdrawal process for the older adult. Understand and respond appropriately to the person’s fears and anxiety as well as the stigmas that surround the withdrawal. Also understand the older person’s fears associated with being alcohol or drug-free.

3. Address barriers: When offering a detoxification service, thoroughly assess your policies to determine the effects on older adults. Look at the admission and discharge policies. Which older adults are being discharged early? Why? What are the reasons behind each policy your agency has? Could those policies be adjusted to better meet older adults’ needs and circumstances?

Consider the location and environmental factors to see if they are suitable for older adults. It can be helpful to start from the perspective of a person who may be confused, has a hearing or visual impairment, or may have problems with mobility.

4. Tailor the Approach to the Older Person: Modify and individualize the withdrawal approaches to meet the needs of older adults. Recognize the longer withdrawal process and that more time and support may be needed.

5. Use a modified version of the CIWA-AR to assess the alcohol withdrawal of older adults. Use a lower cut off. Recognize the signs of withdrawal distress may be hidden.

6. Develop good rapport and coordination with emergency department staff of your local hospital. This will help assure that older adults in withdrawal will be treated appropriately if they need to go to hospital.

7. Goal Matching: Recognize that just because you want the person to stop drinking or taking the drug, doesn’t mean that is what he or she wants.

8. Focus on Reducing Harms: Alcohol or other substance use withdrawal for some older adults can be a key step to more controlled, and lower level of use, or to abstinence. The fact that the older adult has resumed drinking should not be considered a sign that the withdrawal was not successful if alcohol-related or drug related problems have decreased.

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Other Useful Resources

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Clinical Institute Assessment for Alcohol Withdrawal (CIWA-AR)

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