Dual Diagnosis in Older Adults: Prevalence in an inner Melbourne community mental health service

Adam Searby
Consultation-Liaison Psychiatry Nurse, Caulfield Hospital
PhD Candidate, RMIT University, Victoria, Australia

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.

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.
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.

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.

**Results**

- Completed file auditing shows a prevalence of 16.5% 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 72.66) than those who did not use AOD (mean 76.41), (4.629, 30% 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 ($\chi^2, p=0.001$).

**Limitations**

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

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

Thank you

- Contact:
  Adam Searby
  a.searby@alfred.org.au
  Caulfield Hospital
  240 Kooyong Road
  Caulfield
  Melbourne
  Victoria
  Australia