

G. Jay Westbrook, M.S., R.N., CHPN - Clinical Director

Compassionate Journey:
An End-of-Life Clinical & Education Service
818/773-3700
CompassionateJourney@hotmail.com

When Your Elderly Patient is a Substance Abuser **(Historically or Currently)** **(University of Kentucky Summer Series on Aging - 6/6/2012)**

BIO

Jay Westbrook is a multiple award-winning clinician, Visiting Faculty Scholar at Harvard Medical School's Palliative Care Department, and a specialist in End-of-Life care & education.

He created and was Clinical Director of the first Palliative Care & Bereavement Service in a California community hospital. He has an M.S. in Gerontology from USC, is a certified Grief Recovery Specialist, a Registered Nurse, and a Certified Hospice and Palliative Nurse.

He is nationally recognized as an expert on the constellation of issues surrounding End-of-Life, and is highly skilled in working with spiritual, emotional, physical, and intellectual suffering.

He lectures & consults nationally, at both the keynote and breakout levels, on Pain Management, Emotional and Spiritual Suffering, Compassion Fatigue, Family Conferences, Clinical Gerontology, Palliative Care, Nutrition & Hydration at the Life's End, Forgiveness, Working With Dying Patients & Grieving Families, Substance Abuse in the Aged, and the powerful Grief Recovery technique. **"Westbrook is an informative, entertaining, and inspiring speaker who presents powerfully on the transformative aspects of suffering and on using suffering to awaken compassion."**

Organizations for which he has served as a consultant or educator include, but are not limited to:

Alzheimer's Association	American College of Physicians
Angola State Penitentiary – Louisiana	California Department of Corrections
California Assisted Living Association (CALA)	California Hospice Foundation
City of Hope National Cancer Center	Connecticut Children's Medical Center
Kaiser Permanente Hospitals of Southern California	Kern County Medical Center – Bakersfield, CA
Los Angeles County/USC Medical Center	Multiple Los Angeles Schools of Nursing
Penn State University School of Medicine	St. Jude Medical Center
U.S. Department of Defense	U.S.A.F. Keesler AFB Medical Center
USC Keck School of Medicine	Veteran's Administration Medical Centers

"Your stories & grace have haunted my thoughts & helped me tremendously." - E. Richardson, M.D.

"Your heart is so beautiful – your courage endless. Thank you for sharing." - C. Downey, M.D.

"Extraordinary care & teaching & modeling, Jay ... You did an amazing job." - S. Block, M.D.

Statistics

- in 60+, approx. 17% vs. 10% in general pop.,
- 20% would benefit from an intervention in the primary care setting
- EtOH-related hospitalization rates are similar to those for heart attack
- baby boomers - sex, drugs, rock & roll

Definitions

1. bio-psycho-social-spiritual disease state
2. resulting from & associated with alcohol and/or drug use
3. disease without blame, but not without responsibility

Five Universal Consequences of Alcoholism/Addiction:

- 1) psychological dependence
- 2) tolerance
- 3) withdrawal - acute and post-acute
- 4) loss of control
- 5) progressive physical, psychological, social, & spiritual damage

5 Characteristics Required for a Substance or Activity to be Considered Addictive:

- 1) euphoric
- 2) readily available
- 3) fast acting
- 4) unclear cultural guidelines
- 5) tolerance changes associated with its use

Characteristics

immature grandiose

defiant arrogant

entitled impulsive

rigid in denial

-self: - sabotage, loathing, pity, justifying, seeking, righteous

-Myths

Current SARs

1. 0 trench coat, jail, skid row - can't be an EtOHic
2. not hurting anyone but herself
3. it's her only pleasure
4. she's earned the right ...
5. it keeps her quiet and helps her sleep better
6. there's nothing I/we can do
7. you can't teach an old dog new tricks
8. don't you watch the news - it's good for her heart

Historical SARs

1. If I ..., then I'll lose my sobriety
2. It works best if I wait until the pain is really bad before I take ...
3. She's a SAR, so we better use the lowest doses possible
4. I could be wrong, but I think he's drug seeking

Dual Diagnosis:

- the diseases of substance use disorder & mental illness coexisting
 - in the same person at the same time
- sick people vs. bad people
- complicate one another - (complicate, not complement)
 - Dx and Tx
- feelings: embarrassed, ashamed, angry, sad, guilty, confused, desperate, hopeless, overwhelmed, lonely, & responsible

Post-Acute Withdrawal Syndrome (PAWS)

-G. Jay Westbrook, M.S., R.N. 818/774-1331

-from Terry Gorski

Definitions:

-post = after

-acute withdrawal = a 3-21 day period during which the body dramatically reacts to the absence of a substance upon which it was physiologically dependent

-may be characterized by muscle cramps, abdominal cramps, diarrhea, nausea, vomiting, sweating, runny eyes, runny nose, sleeplessness, tremors, and possibly seizures

-syndrome = a collection of symptoms that occurs so regularly in a given population so as to be predictable

-PAWS = a predictable collection of symptoms (see below) in patients with Substance Use Disorder (alcoholics/addicts), that follows acute withdrawal and occurs in a waxing & waning fashion for a period of 18-30 months. It is related to the neurological damage created by the abused substance(s), and while intermittent, its duration and intensity are proportional to the neurological damage created by the abused substance(s).

a clear understanding of PAWS may help the recovering person understand what they are observing in their own behavior and that of others in early recovery, and help prevent relapse by providing hope that what they are experiencing is normal and will improve over time.

Symptoms - Global:

- Disruptions in the Processing of Thoughts
- Disruptions in the Processing of Emotions
- Short-Term Memory Loss
- Stress Sensitivity

Symptoms - Specific:

-Disruptions in the Processing of Thoughts:

[Note: Normal linear thinking looks like $A \rightarrow B \rightarrow C \rightarrow D \rightarrow E$ etc.]

-Thought Cycling [$A \rightarrow B \rightarrow A \rightarrow B \rightarrow A$ etc.]

“Why not kill myself - cause nothing’s working - so why even stay alive - cause my life is nothing but shit - so what’s the point”

-an inability to break out of the loop – our thinking just goes in circles

-Thought Scattering [$A \rightarrow B \rightarrow S$]

“The meetings suck – I don’t understand what people are saying and I’m not getting anything out of them - and you know how long it’s been since I went to Disney Land”

-thinking/talking about one thing, and suddenly finding ourselves on a completely unrelated topic, with either no awareness that we’ve done so and/or with no idea how we got there

-Tunnel Vision

-“How was the meeting?” “OMG what’s with that guy who always sits up front and wears those stupid hats; I hate those hats. I mean what’s he trying to do, just get all the attention? I swear if he has that hat on tomorrow I’m either going to knock it off of him or just go get loaded – I mean who wears cowboy hats anymore – really?”

-inability to stop focusing/obsessing on 1 small part of larger situation

-Inability to Deal with Abstract Concepts

-“I love the meetings where the speaker talks about what it was like; I can really relate. But when they start all that talk about hope, serenity, gratitude, sanity, humility, commitment, unity, honesty, service, love, and tolerance I just zone out – I don’t get it.”

-an inability to truly grasp non-concrete things - those things that I can’t touch or pick up and put in a basket – and “make them mine.”

-Inability to See the “Big Picture,” the Unifying Themes in My Life

-“I just don’t see what stealing at work has to do with my sobriety.”

-cause & effect and relationships between events remain elusive

-Disruptions in the Processing of Emotions

-Over-reaction

- a situation calls for 7 units of irritation and we bring 41 units of rage
- AA joke: “A normie gets a flat tire & calls AAA. A newcomer gets a flat tire and calls Suicide Prevention Hotline.”

-Shutting Down

- sometimes occurs following over-reaction and sometimes occurs independently
- an inability to be in touch with and/or articulate our feelings
- when asked how we are or how we are feeling, the usual response is either a flat or angry “fine” (**F**eelings **I**nside **N**ot **E**xpressed)

-Artifact Emotion

- with no apparent trigger – internal or external – we get hit with a 30’ wave of some feeling: rage, terror, overwhelm, hopelessness, loneliness, sadness, depression, worthlessness, etc. It’s as though it slams us to the floor of the ocean and tumbles us along, and we are powerless to do anything to stop it, and it feels as though we will inhale two lungs full of water and drown before the wave tosses us up on to the shore.

-Short-Term Memory Loss

- an inability to remember what happened in the recent past
- leaving a meeting, “Wow, what a great speaker, I mean when she said ?????? – God, I can’t remember anything she said, and that was just 30 minutes ago.”

-Stress Sensitivity

- when stressed – physically (dehydration, sleeplessness, malnutrition, illness), emotionally, financially, or spiritually – all of the above symptoms worsen. Then, we can start to feel our lives really worked better when we were getting loaded, and once that thought occurs, we are at risk for relapse.

Therefore, it is crucial to take care of ourselves physically, to work the Steps with a sponsor, and to create a Relapse Prevention plan.

Problems

1. often **invisible** R/T isolation
2. often **masked/mistaken/misidentified**
 - a. signs of aging (falling/slurring - TIAs)
 - b. signs of dementia (black outs)
3. **pain**
 - a. pseudo-addiction
 - b. one is good, two must be better
 - c. I'll wait 'til the pain is really bad
 - c. fear of addiction - who?
 - d. failure to differentiate physiological dependence/addiction
 - e. failure to differentiate abuse/addiction
 - e. lack of PA/PM training
4. **forgetfulness** - missed/double doses
5. removal of solution (substance) without replacement
 - a. grief counseling
 - b. depression tx
 - c. PTSD
6. **access** - online, Mexico, Canada, CA marijuana
7. lack of screening
9. truth-telling - shame/guilt/denial
10. physiological changes in women
 - a. less body water
 - b. less mean muscle mass
 - c. lower lvls enzyme that breaks down EtOH
11. **gender diffs:**
 - a. females more likely to drink in isolation
 - b. females have higher Rx rates for mood, depression, etc.
12. **cultural considerations**
 - a. re: alcohol, weakness, pride, help, revealing, trust, etc.

Consequences:

-Health

- cancers (tongue, throat, esophagus, stomach, liver, pancreas, lung, kidney, etc.)
- cardiovascular disease (heart attack, stroke, etc.)
- self-care deficit
- instability/loss of balance -→ falls (orthopedic injuries, closed head injuries, neuro)
- dehydration
- malnutrition
- sleep disturbances
- infectious disease (HIV, Hep B, Hep C, STDs)
- accidents & violence
- death

-Behavioral/Emotional

- depression
- dishonesty/manipulation
- incarceration
- black outs
- memory problems
- selfishness, self-centeredness, self-pity

-Social

- loss of informal social support system
- shaming and shunning
- isolation/loneliness

-Spiritual

- separation from God/Higher Power
- hopelessness
- unforgiving – of self and others
- suffering

Perspective

- remember, in childhood ...
- the role of compassion - dignity and gentleness
- the role of bravery
- mistake analysis

Approaches

1. AA – 12-Step
 - a. how it works
 - b. what they offer
2. Interventions
3. Tx Centers & Sober Living & Home
 - a. what's the difference
 - b. focus (12-Step/CBT/etc.)
 - c. inclusion - dual dx (grief, depression, PTSD)
 - d. locations (+s/-s)
 - e. demographics
 - i. identify/compare
 1. **“that being said ...”**

Questions & Answers

Resources

Alcoholics Anonymous www.AA.org www.LAcoAA.org 323/936-4343 800/923-8722
Substance Abuse & Mental Health Services Administration www.SAMHSA.gov