



THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE TUCSON

Center on Aging

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aging.arizona.edu

# It's a DRY HEAT

## A spotlight on the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP)

### UA Center on Aging works to improve care for aging AI/AN

The number of American Indians and Alaska Natives (AI/ANs) age 65 years and older is expected to triple by 2050, and access to high quality geriatric care is needed.

Representatives from five Geriatrics Workforce Enhancement Programs who currently serve tribal nations met in Tucson in October to share and learn new ways to improve the care of older AI/ANs. At the table were representatives from the Alaska, Arizona, Los Angeles, North Carolina and Wyoming GWEPs, as well as experts from the Indian Health Service, Banner Alzheimer's Institute, and the National Indian Council on Aging.

The collaborative meeting, funded by the GWEP-Coordinating Center Small Networking Meeting

Grants Program, provided a forum for each GWEP to present their current successes and challenges, and identify opportunities for future collaborations.

The members identified promising practices for AI/AN health systems transformation as well as a promising Toolkit for caregiver education. Sharing our evolving knowledge about these system-level frameworks and disseminat-

ing our shared knowledge will help shape future AI/AN community collaborations to improve geriatric care.

Improving geriatric care in AI/AN communities across the U.S. is critically needed. Our consortium will continue to focus on this need by streamlining research/education efforts, and extending capacities to those outside of the GWEP network.



### Home-based primary care expands geriatric reach

House calls are making a comeback, delivering primary care at home to vulnerable older adults and their families. A key activity of the AZ-GWEP includes training interdisciplinary home care teams in geriatric principles of care to ensure that seriously ill and disabled adults receive the best of care. In recognition of our house call expertise, the Arizona Center on Aging was recently

named one of 8 national centers of excellence (COE) by the Home Centered Care Institute (HCCI), a Chicago-based non profit dedicated to building the interprofessional house call workforce. The designation positions the AZ-GWEP as a national leader in educat-

ing providers to implement interdisciplinary home-based primary care. It also leverages and synergizes the Center's work educating interdisciplinary primary care teams about geriatrics, and transforming the health care system through the HRSA-funded Geriatrics GWEP grant.

The goal of the HCCI initiative is to

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# AZ-GWEP educates frontline Hopi staff

As part of the ongoing mission to reach interdisciplinary primary care teams across the state, the AZ-GWEP developed new partnerships with two groups of Hopi Tribal service providers in northern Arizona — the Hopi Community Health Representatives and Hopi Senior Services staff.

In November, the AZ-GWEP provided the groups a 2-hour training on common changes with aging, and strategies to support older adults and foster resilience in the face of these changes.

Hosted at the Hopi Wellness Center, the training incorporated hands-on simulation activities with mini lectures, group discussions and reference to Care Partner sheets—a series of educational resource sheets developed by

the AZ-GWEP for paid and unpaid care partners of older adults.

“I love how you had visuals and hands on activities to give us a sense of how our aging population is faced with various environmental and personal struggles,” said Joyce Hamilton, Hopi Community Health Representative Program Manager. “The training motivated me in many ways. I’m excited to have more learning opportunities for our staff.”

AZ-GWEP faculty have been invited back to the Hopi Nation to provide their curriculum “Dementia Conversations,” which provides CHWs and other Care Partners with language and tools to raise awareness and educate community members about dementia.

## HCCI—cont. from p. 1

train 5,000 clinicians in home-based care— 5 times the number estimated today — though a curriculum that includes clinical and operational content delivered in workshops across the country.

Dr. Fain, co-director of the Center on Aging and past-president of the American Academy of Home Care Medicine, has spearheaded national efforts to expand home-based medicine. She helped design the HCCI curriculum and is the lead faculty for Arizona’s HCCI COE. Other core faculty are Lisa O’Neill, DBH, Monica Vandivort, MD, and Corrine Self, MD. Arizona will host 4 workshops in 2017-2018.

The 7 other HCCI COEs are Cleveland Clinic, Icahn School of Medicine, MedStar Health, Northwestern University, Perelman School of Medicine at the University of Pennsylvania, University of Arkansas, and University of California, San Francisco.

# Resources for providers, caregivers expanded under AZ-GWEP

Get “just in time” information on geriatric syndromes, conditions and issues from single-page, high impact and FREE *Elder Care* and *Care Partner* sheets.

**Elder Care** provider sheets are written for health professionals and students, such as physicians, pharmacists, nurses and social workers.

**Care Partner** pages are written for community health workers, certified nursing assistants, home health aides, and patients. They are available in English and Spanish.

Elder Care and Care Partner are available on our website: [www.aging.arizona.edu](http://www.aging.arizona.edu). They are also available through regular email dissemination.

To sign up go to: <https://is.gd/arizonaGWEP>.

We are grateful for funding from the Donald W. Reynolds Foundation, HRSA Arizona Geriatric Education Center (GEC) grant, and AZ-GWEP to be able to develop and expand this product.



### Center on Aging

#### Care Partner Information

Tips for Providing Older Adult Care

#### Taking Medications Safely

Almost half of all older adults take more than five different medications every day. Each medication has rules to follow in order to stay safe and healthy. Following the different rules for each is very important. But sometimes, it can be hard to do.

**Types of Medications**

Medications can include:

- Prescription
- Over-the-counter (OTC)
- Herbal

Medications come in many forms: pills, capsules, tablets, liquids, injections, patches, suppositories, ointments, etc.

Keep all medications away from children and others who are not supposed to have them.

This Care Partner Info written to help family representatives care for



### Center on Aging

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## ELDER CARE

A Resource for Interprofessional Providers

### Substance Abuse in Older Adults

Dr. Barbara A. Rothstein, MD, PhD, Department of Psychiatry, University of Arizona

Substance abuse is a major public health problem that is frequently overlooked in clinical settings, particularly when dealing with older adults. Indeed, from a historical point of view, substance abuse was often not considered to be a problem in older adults — but this assumption has never been accurate.

While substance abuse is less common among older adults than in younger age groups, alcohol use disorders affect a substantial number of elders. Some 26% of older men and nearly 15% of older women, a percentage that has been stable over a period of several years. Even these small percentages are of concern because older individuals are more susceptible to the toxic effects of alcohol and to the potential interactions between alcohol and the many prescription and non-prescription medications that are so widely used by older adults.

There is also evidence that illicit drug use by older adults is increasing in part as a result of phenomena related to the baby boom generation reaching retirement age. Abuse of legal prescription medications, including benzodiazepines, opioids, and others, is also a growing problem. Some segments of the geriatric population, such as veterans, have particularly high rates of substance abuse.

**Diagnosis**

The key feature of substance use disorders is addiction, which means there is a loss of control over the intake of a substance. However, not all patients demonstrate addiction and there is a broad range of other signs and symptoms that may indicate a substance abuse problem (Table 1). Through most of these signs and symptoms are non-specific. It is important in older individuals they warrant further investigation.

In most cases, this investigation requires specific inquiry by the clinician. Questions should include the nature and quantity of substance used, but be aware that the quantity

of alcohol or other substances is sometimes less important than evidence of continued use despite adverse effects or a desire to stop using the substance. Most often, such loss of control can be inferred when social deterioration or substance-induced health problems have failed to lead to substance (Table 1).

Domain	Signs and Symptoms
Activities of Daily Living	Neuroticism, poor judgment, confusion
Executive Function	Decision-making problems, financial problems, legal problems
General Function	Changes in mood, behavior, sleep problems, tolerance to medication effects
Neuropsychiatric	Anxiety, depression, disorientation, delirium, hallucinations, memory loss, syncope
Physical	Weight loss, tremor, poor oral care, poor hygiene

Another approach when there is suspicion of a substance abuse disorder is to administer a screening questionnaire. However, field-based screening tools validated for use with older adults only exist for alcohol abuse (Table 2).

Alcohol Use Disorder Identification Test	Test
Alcohol Use Disorder Identification Test	<a href="http://www.aging.arizona.edu/center-on-aging/">http://www.aging.arizona.edu/center-on-aging/</a>
CAGE	<a href="http://www.aging.arizona.edu/center-on-aging/">http://www.aging.arizona.edu/center-on-aging/</a>
Alcohol Use Disorder Identification Test	<a href="http://www.aging.arizona.edu/center-on-aging/">http://www.aging.arizona.edu/center-on-aging/</a>
Short Michigan Addiction Screening Test (Geriatric Version)	<a href="http://www.aging.arizona.edu/center-on-aging/">http://www.aging.arizona.edu/center-on-aging/</a>

**Tips for Dealing with Substance Abuse in Older Adults**

- Don't forget to consider substance abuse in older adults — especially when there are warning signs like problems with activities of daily living, executive function, or social interaction, or when medical or neuropsychiatric symptoms arise.
- When patients are found to have substance abuse problems, consider treatment with brief office-based motivational interviewing or extended cognitive behavioral therapy.
- Avoid prescribing alcohol to older adults due to potentially lethal effects if alcohol is also consumed. Anti-craving drugs (e.g., naltrexone or acamprosate) should be prescribed as part of a full substance abuse rehabilitation program.
- Withdrawal of an abused substance should take place slowly unless there are toxic effects, in which case withdrawal should occur more rapidly. However, when an older adult has been taking a substance of abuse or abusing low doses over a period of years without toxic effects, withdrawal may not be necessary.