



# Focus on Alcohol Dependency

April is Alcohol Awareness Month

Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest-growing health problems facing the country. Yet, even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, underidentified, underdiagnosed and undertreated. Until relatively recently, alcohol and prescription drug misuse, which affects up to 17% of older adults, was not discussed in either the substance abuse or the gerontological literature.<sup>1</sup>

## Alcohol Abuse

A recent study found that 15% of men and 12% of women ages 60 and over treated in primary care clinics regularly drank in excess of limits recommended by the National Institute on Alcohol Abuse and Alcoholism (i.e., no more than one drink per day). In a study of community-dwelling persons 60 to 94 years of age, 62% of the subjects were found to drink alcohol, and heavy drinking was reported in 13% of men and 2% of women; moreover, overall, about 6% of older adults are considered heavy users of alcohol.<sup>2</sup>

Based on the recommendations of the United States Preventive Services Task Force (USPSTF), the Centers for Medicare & Medicaid Services (CMS) will reimburse for alcohol misuse screening and up to four Intensive Behavioral Therapy (IBT) sessions for those who have screened positively for alcohol misuse.<sup>3</sup> Finally, the USPSTF prefers the following tools for alcohol misuse screening in the primary care setting: the Alcohol Use Disorders Identification Test (AUDIT), AUDIT-C or a single-question screening (i.e., "How many times in the past year have you had five (for men) or four (for women and all adults older than 65 years) or more drinks in a day?").<sup>4</sup>

## Substance Abuse/Prescription Drug Abuse

Older patients are prescribed benzodiazepines more than any other age group, and North American studies demonstrate that 17 to 23% of drugs prescribed to older adults are benzodiazepines.<sup>5</sup> The dangers associated with these prescription drugs include problematic effects due to age-related changes in drug metabolism, interactions among prescriptions and interactions with alcohol. Unfortunately, these agents, especially those with longer half-lives, often result in unwanted side effects that influence functional capacity and cognition, which place the older person at greater risk for falling and for institutionalization.<sup>6</sup> Drug-related delirium or dementia may wrongly be labeled Alzheimer's disease. Accordingly, primary care physicians should review all medications and consider discontinuing any medications that fall within Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.<sup>7</sup>

### ICD-9-CM Coding:<sup>8</sup>

- **303.0x Alcohol Dependence Syndrome**

- **303.9x Alcohol Dependence Syndrome**

- **304 Drug dependence**

The fourth digit identifies the specific drug. The fifth digit identifies the episode as: unspecified, continuous, episodic or in remission.

*The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)* establishes the diagnostic criteria to assist the physician in determining the presence of substance dependence. Specific to opioids, sedatives, hypnotics and anxiolytics, the DSM-5 clarifies that the criterion for dependence is *not* considered to be met for those taking the medication *solely under appropriate medical supervision*.<sup>9</sup>

- **305 Nondependent abuse of drugs**

The fourth digit identifies the substance as alcohol or the specific drug. The

fifth digit identifies the episode as: unspecified, continuous, episodic or in remission.

### ICD-10-CM Coding:<sup>10</sup>

- F10 Alcohol related disorders
- F11 Opioid related disorders
- F12 Cannabis related disorders
- F13 Sedative, hypnotic, or anxiolytic related disorders
- F14 Cocaine related disorders
- F15 Other stimulant related disorders
- F16 Hallucinogen related disorders
- F17 Nicotine dependence
- F18 Inhalant related disorders
- F19 Other psychoactive substance related disorders

The fourth character identifies the presence of use, abuse or dependence. The fifth character identifies the condition as uncomplicated, in remission or with intoxication. The sixth character identifies the manifestation of the use, abuse or dependence.

<sup>1</sup> Center for Substance Abuse Treatment. Substance Abuse Among Older Adults. Rockville (MD): Substance Abuse and Mental Health Services Administration (U.S.); 1998. (Treatment Improvement Protocol (TIP) Series, No. 26.) Chapter 1—Substance Abuse Among Older Adults: An Invisible Epidemic. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK64422/>.

<sup>2</sup> National Institute on Alcohol Abuse and Alcoholism. Alcohol and Aging. Alcohol Alert 2:1–5. 1988.

<sup>3</sup> "Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse." *Centers for Medicare & Medicaid Services*. Department of Health and Human Services, 23 Nov. 2011. Web. 13 Oct. 2014. <<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7633.pdf>>.

<sup>4</sup> Jonas DE., Garbutt JC., Brown JM., et al. Screening, Behavioral Counseling, and Referral in Primary Care to Reduce Alcohol Misuse [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (U.S.); 2012 July. (Comparative Effectiveness Reviews, No. 64.) Available from: <http://www.ncbi.nlm.nih.gov/books/NBK99199/>.

<sup>5</sup> D'Archangelo, E. Substance abuse in later life. *Canadian Family Physician* 39:1986-1993. 1993.

<sup>6</sup> Roy, W., and Griffin, M. Prescribed medications and the risk of falling. *Topics in Geriatric Rehabilitation*. 1990;5(20):12–20.

<sup>7</sup> "American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults." *The American Geriatrics Society 2012 Beers Criteria Update Expert Panel*, 23 Nov. 2011. Web. 13 Oct. 2014. <[http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria\\_JAGS.pdf](http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf)>.

<sup>8</sup> *Optum ICD-9-CM for Physicians Professional 2015. Vols. 1&2*. Salt Lake City: 2014.

<sup>9</sup> American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA, American Psychiatric Association, 2013.

<sup>10</sup> *Optum ICD-10-CM: The Complete Official Draft Set 2015*. Salt Lake City: 2014.