



Peninsula  
Health

## Prevalence and Patterns of Mental Health Co- Morbidity among People Accessing Australia's First Older Adult-specific Alcohol and Other Drug Service

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**OWL**  
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Lifestyles

Dr Stephen Bright  
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Prevalence and Patterns of Mental Health Co-morbidity among People  
Accessing Australia's First Older Adult-specific Alcohol and Other Drug Service

## Background

- General population – Good data
- Older population – Limited data

### *What do we know?*

- Adult population DDx - >complexities, >mortality, >rates of relapse, difficult to engage
- Older adults – >impact on services, >medical complexities, >polypharmacy, changing physiology ++

This research aimed to extend knowledge of the prevalence of dual diagnosis among older adults and the impact that this has on service utilisation, given the additional ageing complexities such as; physiology, medication interactions, medical co-morbidities and psycho-social factors.



## Design

- FMP – Older Wiser Lifestyles (OWL) 55+
- Retrospective file audit of discharged clients
- June 2015 - 2016
- Variables determined
- Cross checked



## Data Analysis

- Linear regression
- Audit – C
- Dudit – C
- Kessler – 10
- The Modified Mini Screen (MMS)

## Data Extraction

- Age, gender, accommodation
- Primary and secondary drug
- Smoking status
- Mental health diagnosis, determined by whom (e.g., GP, Psychiatrist, Psychologist or self-reported)
- Medications – number, type
- Co-morbid medical conditions
- The number and type of sessions
- DHHS – treatment completion



## Results

- A total of 79 clients discharged
- (n=45 males) (M = 65.1 years)
- (n=35 female) (M = 66.74 years)

*No significant difference between clients with DDx and those without regarding:*

- Drug of Concern
- Severity of SUD
- Medical conditions
- AOD medication
- Treatment completion
  - 78% (n=61) - completed
  - 6% (n=5) – mutual agreement
  - 12% (n=10) – ceased to engage
  - 3% (n=3) - deceased



## Substance Use

- Primary - Alcohol: 91% (n=72) Average AUDIT-C score of 11.26
- Secondary - Four - Cannabis  
Two - Benzodiazepines
- Primary – Cannabis: 5% (n=4)
- Secondary - Three - Benzodiazepines and Amphetamine
- Primary – Prescription Opioids: (n=1)
- Secondary - Benzodiazepines
- Primary – Benzodiazepine: (n=1)
- no secondary drug of choice
- Primary – Amphetamines: (n=1)
- Secondary - Cannabis



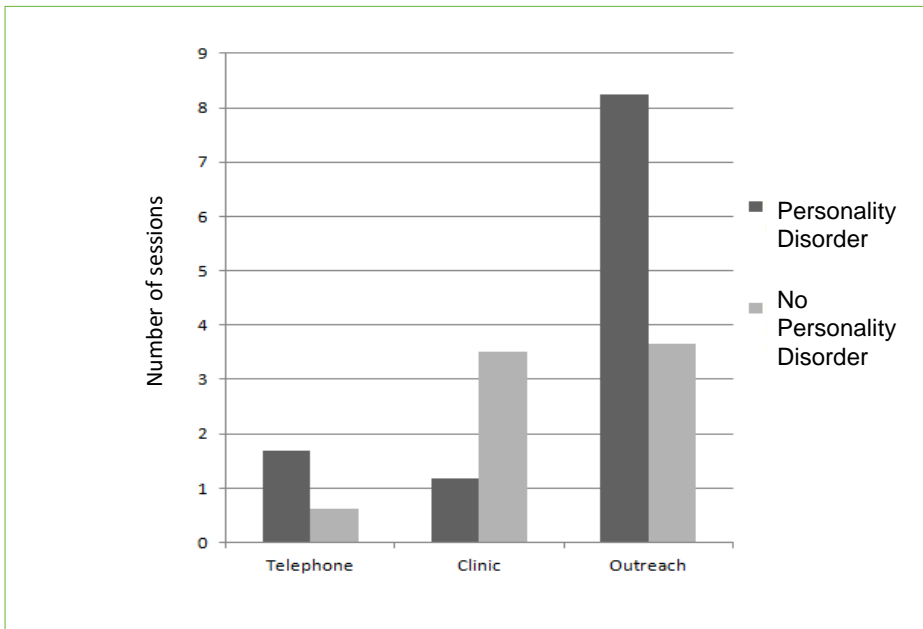
## Mental Health

	Total n(%)	AUDIT – C Mean (SD)	DUDIT-C Mean (SD)	K-10 Mean (SD)
<b>Anxiety</b>	42 (53%)	10.80 (2.99)	1.22 (2.81)	32.65 (8.18)
- GAD	39 (49%)	10.70 (3.06)	1.31 (2.89)	32.70 (8.33)
- PTSD	7 (9%)	10.57 (3.78)	1.00 (2.65)	35.00 (9.82)
- Social Phobia	3 (4%)	8.67 (5.77)	2.33 (4.04)	31.00 (10.44)
- Panic Disorder	1 (1%)	12 (N/A)	0 (N/A)	27 (N/A)
<b>Depression</b>	53 (67%)	10.78 (2.81)	1.34 (3.01)	29.44 (10.32)
Bipolar Disorder	7 (9%)	11.14 (2.27)	0.86 (2.27)	29.02 (11.90)
Schizophrenia	1 (1%)	10 (N/A)	0 (N/A)	21 (N/A)
Dementia	1 (1%)	8 (N/A)	0 (N/A)	10 (N/A)
Personality Disorder	8 (10%)	8.75 (4.92)	2.43 (4.24)	31.13 (8.69)

Logistic regression analysis of difference between patients with and without dual diagnosis.

	Without Dual Diagnosis Mean (SD) or n (%)	With Dual Diagnosis Mean (SD) or n(%)	OR, [95% CI], p
<b>Male</b>	7 (9%)	38 (61%)	1.90, [-0.79, 2.1], 0.379
<b>Age</b>	70.80 (7.76)	65.19 (5.01)	0.87, [-0.25, -0.03], 0.011
<b>AUDIT-C</b>	10.16 (3.72)	10.34 (2.91)	1.01, [-0.15, -0.25], 0.620
<b>DUDIT-C</b>	1.11 (3.14)	1.16 (2.76)	1.01, [-0.25, 0.26], 0.959
<b>K10</b>	18.98 (13.34)	29.29 (10.36)	1.12, [0.03, 0.19], 0.010

People who had a great number of diagnoses,  
required more treatment sessions (p=0.014)



## Discussion

- 89% = High prevalence of DDx
- DDx - no prediction > service utilisation
- Bi-polar - > sessions
- PTSD, Personality disorder – outreach + telephone + > sessions
- DDx = longer EoC
- Implications for funding
- > Anxiety = < completion
- > Anxiety = > rapport building, > anxiety reduction strategies
- Future studies - Onset of MH and SUDs, larger sample size (?more years reviewed)
- Limitations – Small sample size, only 1 service



## THANK YOU FOR HAVING ME

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"Point prevalence and patterns of mental health co-morbidity among people accessing Australia's first  
older adult-specific Alcohol and Other Drug treatment service"  
International Journal of Dual Diagnosis, 2017 (IN PRESS)