

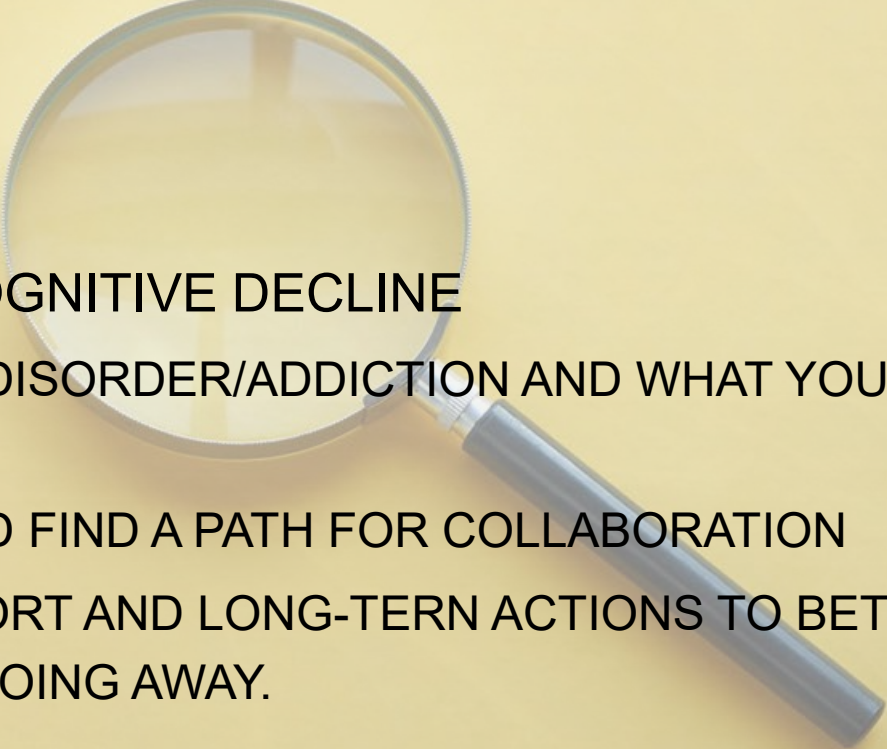


# **THE IMPACT OF RISING BEHAVIORAL HEALTH CHALLENGES ON LONG- TERM CARE SETTINGS**

**LOOKING AT SUBSTANCE USE AND COGNITIVE DECLINE**



# DISCUSSION

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- FOCUS ON SUBSTANCE USE AND COGNITIVE DECLINE
    - UNDERSTANDING SUBSTANCE USE DISORDER/ADDICTION AND WHAT YOU ARE SEEING
    - OPPORTUNITY TO ASK EXPERTS AND FIND A PATH FOR COLLABORATION
    - RECOMMENDATIONS FOR BOTH SHORT AND LONG-TERM ACTIONS TO BETTER ADDRESS A PROBLEM THAT'S NOT GOING AWAY.

# BEHAVIORAL HEALTH CHALLENGES

BECAUSE INDIVIDUALS ARE MORE LIKELY TO DEVELOP MULTIPLE PHYSICAL AND MENTAL HEALTH CO-MORBIDITIES WITH ADVANCING AGE, LONG-TERM CARE PROVIDERS ARE INCREASINGLY RESPONSIBLE FOR MEETING VERY COMPLEX NEEDS IN THE INDIVIDUALS THEY SERVE. WHAT ABOUT **YOUNGER POPULATIONS** THAT ARE DIFFERENT THAN THE TYPICAL NURSING HOME CLIENT?

The **National Center for Health Statistics reports that 16.5% of long-term care residents** are younger than 65 (*Vital Health Stat 3 2016;38:x-xii,1–105*).

# NEW POPULATION

YOUNGER ADULTS WHO RESIDE IN LTC SETTINGS OFTEN FALL INTO ONE OF THE FOLLOWING GROUPS:

- INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES OR AUTISM WHO COULD NO LONGER HAVE THEIR MEDICAL NEEDS MET IN ANOTHER ENVIRONMENT.
- PEOPLE WHO'VE HAD A SIGNIFICANT MEDICAL EVENT SUCH AS AN MOTOR VEHICLE ACCIDENT (MVA), STROKE, TRAUMATIC BRAIN INJURY, OR SPINAL CORD INJURY THAT RESULTED IN PHYSICAL IMPAIRMENT SUCH AS HEMIPLEGIA OR QUADRIPLEGIA.
- INDIVIDUALS WITH PROGRESSIVE AND DEBILITATING MEDICAL ILLNESS OR **NEUROLOGICAL DISORDERS**, SUCH AS MULTIPLE SCLEROSIS, AMYOTROPHIC LATERAL SCLEROSIS, OR HUNTINGTON'S DISEASE.
- PEOPLE WHOSE **SUBSTANCE USE, SEVERE OBESITY, OR PRIOR CRIMINAL ACTIVITY HAS RESULTED IN NEGATIVE CONSEQUENCES** THAT REQUIRE CARE IN A SKILLED NURSING FACILITY.
- INDIVIDUALS WITH **CHRONIC MENTAL ILLNESS** WHO ARE UNABLE TO CARE FOR THEMSELVES IN THE COMMUNITY DUE TO **IMPAIRED JUDGMENT OR COGNITION**.

# DIFFERENT POPULATION WITH DIFFERENT CHALLENGES

FOR THESE YOUNGER RESIDENTS, THERE ARE OFTEN COMMON EMOTIONAL AND BEHAVIORAL CHALLENGES THAT EMERGE AS A RESULT OF THEIR MEDICAL CONDITION. COMMONLY OBSERVED ISSUES INCLUDE:

- VERBAL AND PHYSICAL ALTERCATIONS WITH STAFF AND OTHER RESIDENTS
- VERBAL ABUSE OF STAFF OR OTHERS
- NONCOMPLIANCE WITH FACILITY RULES, MEDICATION REGIMENS, OR SELF-CARE
- SUBSTANCE MISUSE
- CALLING POLICE FOR NONEMERGENT ISSUES
- EXIT SEEKING AND/OR LEAVING THE FACILITY
- SEXUAL ACTIVITY
- INAPPROPRIATE SOCIAL INTERACTIONS WITH RESIDENTS OR STAFF
- MANIPULATIVE BEHAVIOR
- CALLING AUTHORITIES TO COMPLAIN ABOUT PERSONAL CARE AND/OR RIGHTS VIOLATIONS
- SLEEP PATTERNS NOT CONSISTENT WITH OTHER RESIDENTS (E.G., SLEEPING ALL DAY AND STAYING UP THROUGHOUT THE NIGHT)

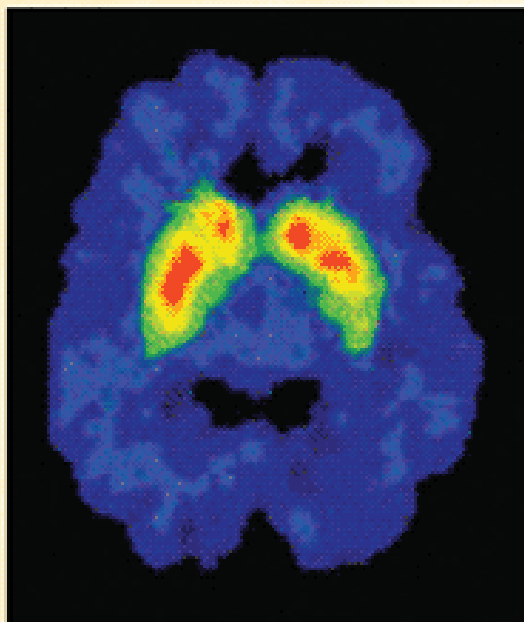
# ADDICTION

ADDICTION IS NOW UNDERSTOOD TO BE A **BRAIN DISEASE**, AND OVERCOMING AN ADDICTION ISN'T AS SIMPLE AS JUST STOPPING OR EXERCISING GREATER CONTROL OVER IMPULSES.

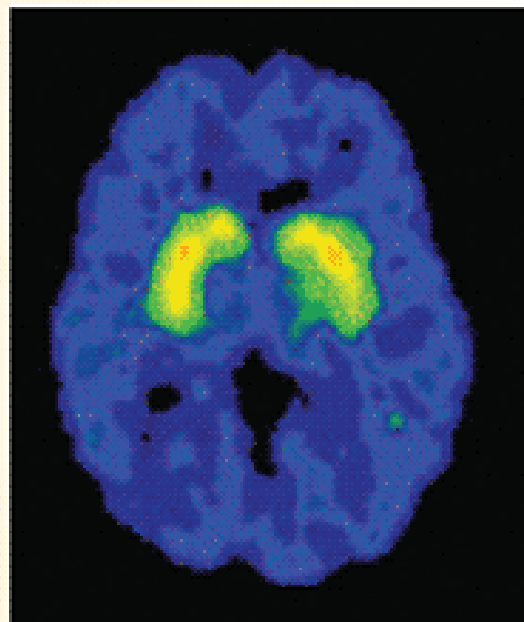
- THAT'S BECAUSE ADDICTION DEVELOPS WHEN THE PLEASURE CIRCUITS IN THE BRAIN GET OVERWHELMED, IN A WAY THAT **CAN BECOME CHRONIC AND SOMETIMES EVEN PERMANENT**. THIS IS WHAT'S AT PLAY WHEN YOU HEAR ABOUT REWARD "SYSTEMS" OR "PATHWAYS" AND THE ROLE OF DOPAMINE WHEN IT COMES TO ADDICTION.
- ONE OF THE MOST PRIMITIVE PARTS OF THE BRAIN, THE **REWARD SYSTEM**, DEVELOPED AS A WAY TO REINFORCE BEHAVIORS WE NEED TO SURVIVE—SUCH AS EATING. WHEN WE EAT FOODS, THE REWARD PATHWAYS ACTIVATE A CHEMICAL CALLED DOPAMINE, WHICH, IN TURN, RELEASES A JOLT OF SATISFACTION. THIS ENCOURAGES YOU TO EAT AGAIN IN THE FUTURE.
- WHEN A PERSON **DEVELOPS AN ADDICTION TO A SUBSTANCE, IT'S BECAUSE THE BRAIN HAS STARTED TO CHANGE**. THIS HAPPENS BECAUSE ADDICTIVE SUBSTANCES TRIGGER AN OUTSIZED RESPONSE WHEN THEY REACH THE BRAIN. INSTEAD OF A SIMPLE, PLEASURABLE SURGE OF DOPAMINE, MANY DRUGS OF ABUSE—SUCH AS OPIOIDS, COCAINE, OR NICOTINE—CAUSE DOPAMINE TO FLOOD THE REWARD PATHWAY, 10 TIMES MORE THAN A NATURAL REWARD.
- ADDICTION CAN ALSO **CAUSE PROBLEMS WITH FOCUS, MEMORY, AND LEARNING, NOT TO MENTION DECISION-MAKING AND JUDGEMENT**.

# ADDICTION

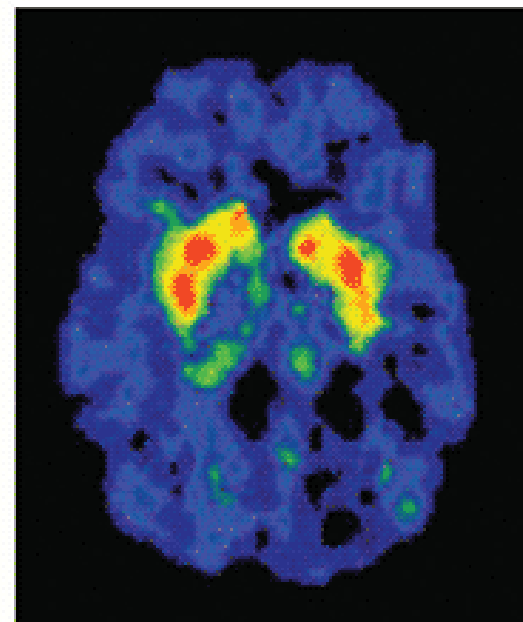
Healthy Person



Meth User: 1 month abstinence



Meth User: 14 months abstinence



# ADDICTION

- THE ACUTE USE OF ALCOHOL AND SEVERAL OTHER LICIT AND ILLICIT DRUGS CAN AFFECT MENTAL STATE AND COGNITIVE FUNCTION. THE CHRONIC USE OF CERTAIN DRUGS MAY ALSO INCREASE THE RISK OF COGNITIVE IMPAIRMENT AND PERHAPS DEMENTIA IN LATER LIFE.
- AND, WHILE THERE ARE VARIOUS STUDIES THAT SUPPORT THE IDEA OF CHANGES TO THE BRAIN THAT OCCUR AS A RESULT OF LONG-TERM SUBSTANCE USE AND MENTAL HEALTH ISSUES, THEY ALSO SUPPORT THE ABILITY OF THE BRAIN TO ADJUST AND REPAIR IN RESPONSE TO TREATMENT.
- THEREFORE, ARE THESE YOUNGER, COMPLICATED PATIENT'S BEHAVIORAL PROBLEMS SIMPLY THE RESULT OF THEIR SUBSTANCE USE OR MENTAL HEALTH ISSUES OR IS THIS A MORE COMPLEX MATTER THAT IS INDICATIVE OF MULTIPLE FACTORS?



# LONG-TERM ISSUES

- FREQUENT USE OF A PSYCHOACTIVE SUBSTANCE (OR SUBSTANCES) OVER AN EXTENDED PERIOD, OR CHRONIC SUBSTANCE USE, CAN NEGATIVELY AFFECT MANY ASPECTS OF A PERSON'S LIFE AND WELL-BEING
- PSYCHOACTIVE SUBSTANCES PRODUCE THEIR EFFECTS BY MODIFYING CHEMICAL SIGNALING IN THE BRAIN, AFFECTING FEELINGS, PERCEPTIONS, THOUGHT PROCESSES, AND BEHAVIOR.
- THIS CAN PRODUCE LONG-LASTING ALTERATIONS IN THE NEURAL CIRCUITS RESPONSIBLE FOR NORMAL LEARNING AND MEMORY PROCESSES.
- THE COGNITIVE EFFECTS OF CHRONIC SUBSTANCE USE MAY ABATE RELATIVELY QUICKLY WITH ABSTINENCE, RESOLVE AFTER WEEKS OR MONTHS OF ABSTINENCE, ABATE ONLY WITH EXTENDED ABSTINENCE, OR NOT ABATE AT ALL.

# LONG-TERM ISSUES

- THE PROCESS OF ADDICTION INCLUDES THE DEVELOPMENT, OVER TIME, OF TOLERANCE, MEANING THAT GREATER AMOUNTS OF A SUBSTANCE ARE NEEDED TO GET THE DESIRED EFFECTS.
- MECHANISMS SIMILAR TO THOSE INVOLVED IN THE DEVELOPMENT OF TOLERANCE **CAN EVENTUALLY LEAD TO PROFOUND CHANGES IN NEURONS AND BRAIN CIRCUITS.**
- THE REGIONS AND PROCESSES OF THE BRAIN INVOLVED IN ADDICTION, PARTICULARLY AS THE DISORDER BECOMES INCREASINGLY SEVERE, **SIGNIFICANTLY OVERLAP WITH THOSE INVOLVED IN LEARNING, MEMORY, ATTENTION, REASONING, AND IMPULSE CONTROL.** THESE PROCESSES ARE PARTICULARLY AFFECTED BY CHRONIC SUBSTANCE USE.



# LONG-TERM ISSUES

- ALTHOUGH INTOXICATION EFFECTS ARE SHORT-LIVED, INTOXICATION MAY INDIRECTLY LEAD TO LONGER LASTING NEGATIVE EFFECTS ON THE BRAIN—FOR EXAMPLE, VIA PHYSICAL TRAUMA CAUSED BY INTOXICATION-RELATED AUTO CRASHES, FALLS, OR VIOLENCE.
- ALCOHOL USE, PARTICULARLY AMONG YOUNG ADULTS, IS ESPECIALLY CORRELATED WITH TRAUMA. UP TO THREE QUARTERS OF PATIENTS DIAGNOSED WITH TRAUMATIC BRAIN INJURY TESTED POSITIVE FOR ALCOHOL AT THE TIME OF ADMISSION, AND APPROXIMATELY HALF WERE INTOXICATED.
- NEGATIVE EFFECTS ON THE BRAIN MAY ALSO BE CAUSED BY PHYSICAL DAMAGE RELATED TO SUBSTANCE USE (E.G., DAMAGE DUE TO STROKE OR VITAMIN DEFICIENCY).

# LONG-TERM ISSUES

- SUBSTANCE USE, INCLUDING WITHDRAWAL FROM SUBSTANCE USE, MAY ALSO INDUCE MENTAL DISORDERS.
- THE EFFECTS OF CHRONIC SUBSTANCE USE CAN VARY CONSIDERABLY ACROSS INDIVIDUALS. A SUBSTANCE'S EFFECTS ON THE BRAIN ALSO DEPEND TO A GREAT DEGREE ON THE OVERALL SUBSTANCE DOSAGE, INCLUDING THE LENGTH OF TIME A PERSON HAS BEEN USING THE SUBSTANCE, THE FREQUENCY OF USE, THE TYPICAL AMOUNT USED, AND THE ROUTE OF ADMINISTRATION.
- NOT SURPRISINGLY, THE LONGER AND HEAVIER THE USE, THE MORE LIKELY IT IS THAT A SUBSTANCE WILL HAVE NEGATIVE EFFECTS ON THE BRAIN.
- TWO ADDITIONAL FACTORS APPEAR TO PLAY SIGNIFICANT ROLES IN HOW AND TO WHAT EXTENT AN INDIVIDUAL'S BRAIN WILL BE AFFECTED: **AGE OF SUBSTANCE USE ONSET AND GENETICS.**



# THIS IS NOT A TREND THAT WILL STOP

- WE HAVE AMONG THE HIGHEST RATES OF MENTAL HEALTH AND ADDICTION IN THE NATION, AND THIS HAS BEEN CONSISTENT ACROSS TIME.
- WE HAVE EXPERIENCED A 42% INCREASE IN BOTH SUICIDE AND OVERDOSE DEATHS OVER THE PAST DECADE, AND A 72% INCREASE IN CIRRHOSIS DEATHS (DISEASES OF DESPAIR).
- HIGH RATES OF TRAUMA, LOW EDUCATION, INCREASING VIOLENT CRIME RATE, HOUSING INSTABILITY, EARLY USE OF SUBSTANCES, HIGH RATES OF OTHER CHRONIC DISEASE...
- TREATMENT SYSTEMS HAVE BEEN UNABLE TO KEEP UP WITH DEMANDS AND CHANGING POPULATION CHALLENGES.

# HOW CAN WE BETTER PREPARE?

- FOR EVERY COMPLEX PROBLEM THERE IS A QUICK, EASY AND WRONG ANSWER. COLLABORATION IS NEEDED TO FIND SOLUTIONS.
- ASK THE EXPERTS
  - **JON GREENWOOD**  
GATEWAY TO RECOVERY AND PREVENTION
  - **CALETTA MCPHERSON**  
C.A.R.E. FOR CHANGE
  - **JENNIFER LEGGETT**  
GRAND

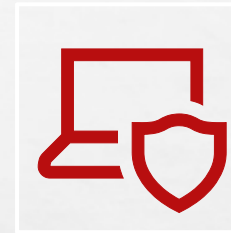
# KEY RECOMMENDATIONS



Training related to understanding behavioral health issues, de-escalation and other “cross training” opportunities with behavioral health.



Workforce recruitment of people familiar with behavioral health issues, particularly certified peers.



Advocacy and policy change to open the door for collaborative treatment opportunities and reimbursement models.

Medicaid rates

Strengthening home and community-based services

Inter-agency coordination

Evidence-based interventions



# CONTACT

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