

# *Aging Myths and Caregiver Resources*

## **Myths of Aging**

In 2005, I suffered the first serious knee injury of my life, a slight tear of the meniscus. Actually "injury" is a misnomer because nothing really happened; I just woke up one day with a stiff knee and soon couldn't walk. After pounding my body as a professional triathlete for years without any significant injuries, I was greatly surprised to discover that I was not bulletproof. I Googled to discover that "males over 40 frequently suffer a spontaneous tear of the meniscus not attributed to any specific incident, but likely to the aging and hardening of the joint's connective tissue." What? Not me! I've always been against aging and don't really believe in the concept. The thing that really pissed me off was that I was only 39 at the time...

I'll concede that certain physical decline is inevitable, but it's valuable to challenge our self-limiting cultural beliefs about aging. In Dr. Deepak Chopra's best-seller "Ageless Body, Timeless Mind," he explains that we have not one but three relevant ages:

- 1) Chronological age: your age based on the year you were born.
- 2) Physical age: the condition that your body is in. For example, if Jack LaLanne can do 100 pull ups and 300 push ups at the age of 81 (in the 99.9th percentile for 21-year-old males), he has the body of a 21-year-old in a quantifiable physical sense.
- 3) Psychological age: how old you feel.

This wild premise is a scientific fact. An unhealthy, sedentary 20-something with early heart disease markers is truly more "aged" than a fit, healthy 40-something. Chopra mentions that the most common and compelling longevity characteristic shared by centenarians worldwide is not a healthy diet or exercise regimen, but "youthful spirit"--a feeling of being unburdened by one's chronological age. Conversely, there is scientific and overwhelming anecdotal evidence that negative attitudes towards aging can manifest into reality. Obviously, your physical age is closely connected to psychological age, and in this "new paradigm" (as Chopra calls it), chronological age is the least important of the three.

With my injured knee, instead of opting for surgery I decided to strengthen the muscles and joint with physical therapy exercises. With patience and time, the knee healed on its own. The following summer I had the pleasure of competing in my first track meet in 23 years. I did the high jump, pole vault and 100 meter dash just for kicks. It was a wonderful competitive outlet since I was 10 years removed from the pro triathlon circuit. I was quite surprised to discover that the marks I achieved were equal to my best marks in high school (granted, the bar was literally pretty low owing to my endurance runner physiology). However, I lead a healthy, active lifestyle chasing my kids around and have no reason to accept a decline in performance in something like the high jump due to "aging."

So, set the bar higher and embrace the new paradigm about aging. Determine your age not by

subtracting 2008 from whatever, but by asking yourself how old you feel. The physical decline commonly referred to as aging can truly be reversed or slowed to imperceptible levels if you lead a healthy lifestyle and adopt a youthful spirit.

## *Myths and Realities of Alcohol, Medications, and Mental Health Issues in Older Adults*

**Many people have misconceptions about the problems of substance abuse and mental health, especially in older adults. A lack of correct information can prevent older adults from seeking and receiving help for these problems. Learning what is reality and what is a myth can help improve the quality of life for you or someone you care about.**

### **MYTH**

**Only older adults who consistently drink a lot of alcohol have an alcohol problem.**

### **REALITY**

**The key point in determining a problem is how the alcohol affects the person's health, functioning, and relationships with others. For example, in persons with medical conditions such as diabetes and high blood pressure, even one drink per day can be a problem.**

### **MYTH**

**Over-the-counter medicines and alcohol can be used together safely.**

### **REALITY**

**It is never safe to drink alcohol while taking medicine. Both prescription and over-the-counter medicines can intensify the effects of alcohol. This can be dangerous or even fatal. In addition, using medicines and alcohol together, even several hours apart, can change a drug's effects. For example, the drug might not work.**

### **MYTH**

**If alcohol and medication misuse were a problem, the doctor would tell the older adult.**

### **REALITY**

**Unfortunately, many doctors and other health professionals do not ask questions about the use of alcohol with medications. Therefore, older adults are at risk for harmful interactions of alcohol with medications. It is important for them to let their doctor know what drugs they are taking and how they use alcohol.**

## **MYTH**

**It's easy to tell when an older adult has an alcohol problem.**

## **REALITY**

**The symptoms of alcohol abuse are sometimes mistaken for signs of aging or physical illness. Alcohol abuse can mimic or intensify the signs and symptoms of many illnesses. In addition, medical problems can mask alcohol dependence.**

## **MYTH**

**Very few women become alcoholics.**

## **REALITY**

**Many women have problems with alcohol. Women may not drink publicly; they may remain private about their alcohol use. Thus, people often don't know they have problems.**

## **MYTH**

**Treating substance abuse problems in older adults is a waste of time and effort. It's too late for them to change.**

## **REALITY**

**Substance abuse interventions and mental health treatments are effective with older adults. They can greatly improve quality of life.**

## **MYTH**

**Feeling sad or depressed is part of growing old. There's nothing you can do to help the older adult.**

## **REALITY**

**Depression is common among older adults, but it isn't a normal part of aging. Believing that depression is inevitable prevents older people from seeking and getting the help they need.**

## **MYTH**

**Older adults suffering from depression or anxiety disorders lack inner strength to fight the debilitating feelings.**

## **REALITY**

**Depression and anxiety disorders have many possible causes. Lack of inner strength is not one of them. Causes of depression and anxiety include heredity, stressful events such as the**

**death of a loved one, retirement, health problems, and reactions to medicine. Drug interactions and alcohol and drug combinations can also lead to depression and anxiety.**

#### **MYTH**

**The most common sign of depression is crying.**

#### **REALITY**

**Denial of mental health problems is often more common and more predictable than any other symptom. The last person to recognize a problem is often the person with the problem. Because of the strong negative stigma of mental health problems, many older adults are afraid to seek help. Other signs of depression include being easily upset and feeling fearful, forgetful, confused, hopeless, lonely, and tired. Loss of appetite is also common.**

#### **MYTH**

**If an older adult says that drinking is his or her last remaining pleasure, it is generally best to allow the person to continue to drink. Even if it causes him or her problems, it doesn't matter as long as others are not being put at risk.**

#### **REALITY**

**Problem drinking seriously affects physical health and quality of life. It can lead to loneliness, isolation and depression. It can also lead to forgetfulness, and it may reduce problem-solving skills. Sometimes others unknowingly encourage drinking if they think older people have only a limited time left and therefore should be allowed to enjoy themselves.**

**For more information, contact the National Clearinghouse for Alcohol and Drug Information at 800-729-6686 or [www.health.org](http://www.health.org), or visit the Substance Abuse and Mental Health Services Administration Web site at [www.samhsa.gov](http://www.samhsa.gov). Also check Prevention Pathways, available through the SAMHSA site.**

## **THE SAFE USE OF ALCOHOL AND MEDICATIONS:**

### **TIPS FOR OLDER ADULTS**

**You may have heard that alcohol can be healthful. This isn't always true. Age-related changes make older adults more sensitive to the effects of alcohol. In addition, older adults are more likely to be taking at least one medication for a chronic illness. Alcohol can interact with the medical condition or the medication and cause problems.**

#### **SENSIBLE DRINKING LIMITS**

**As people age, their sensitivity to alcohol increases. Older adults may become intoxicated more easily. Therefore, the National Institute on Alcohol Abuse and Alcoholism recommends that adults 65 and older drink no more than one alcoholic drink a day or a maximum of seven drinks per week. Women should drink less, because their body chemistry makes alcohol more toxic.**

**One alcoholic drink is**

- **12 ounces of beer OR**
- **.5 ounces of wine OR**
- **1.5 ounces of liquor (80 proof)**

**Do not drink alcohol if you**

- **Plan to drive**
- **Perform activities requiring attention, such as minding grandchildren or using power tools**
- **Take certain prescription or over-the-counter drugs (ask your doctor or health care provider)**
- **Have certain medical conditions, such as high blood pressure or diabetes**
- **Are in wellness from alcohol problems**

#### **BENEFITS AND RISKS OF ALCOHOL USE**

**Research suggests there may be both benefits and risks to moderate drinking (drinking 1-2 drinks per day). The benefits include reducing stress and tension, improving mood, reducing the risk of heart attacks, reducing inhibitions and shyness, and improving one's ability to interact with others. However, these benefits can't be achieved instead through diet and exercise.**

**It is important to understand the risks as well as potential benefits so that you can make a good decision about alcohol use. If you don't drink, don't start. Alcohol can increase the risk of stroke, cause confusion, and slow the time it takes to react to a dangerous situation while driving.**

**Alcohol can also interact harmfully with hundreds of medications. Alcohol causes some drugs to be more potent than intended and other drugs to be less effective. Certain medical problems can get worse or go unrecognized. Finally, alcohol can be addictive. Family problems and violence can result.**

### **THE DECISION TO USE ALCOHOL**

**There tradeoffs involved in any decision about drinking. The risks may offset the health benefits. Little research has been done on the effects of alcohol on older adults. Any beneficial effects of alcohol probably can be achieved with alternatives, such**

- **Changing one's diet**
- **Beginning a simple exercise program**
- **Quitting smoking**

### **QUESTIONS TO ASK YOUR DOCTOR OR PHARMACIST ABOUT YOUR MEDICATION**

- **What is the name of the drug I have been prescribed? Is a generic equivalent available?**
- **Why am I taking it? Do I really need it?**
- **What are the side effects? Which of these should I report right away?**
- **How often should I take the medication?**
- **How much do I take?**
- **When should I take the drug? What should I do if I miss a dose?**
- **Should I take it with food or on an empty stomach?**
- **Are there any special precautions I should be aware of? Are there foods to avoid? Can I drink alcohol with this medication? Can I drive while taking this drug?**
- **When can I stop taking this drug?**
- **Will this drug interact with any other prescription or over-the-counter drugs I am taking?**

### **MEDICATION DO'S**

- **DO understand all instructions before you take a medication.**
- **DO follow instructions exactly. If you miss a dose, do not take two doses next time without calling your doctor.**
- **DO keep all medications in one place.**
- **DO keep medications taken by mouth separate from those you put on skin.**
- **DO check the expiration dates on all prescription and over-the-counter drugs.**
- **DO organize a system for taking medications, such as a chart or a plastic pill container.**

## **MEDICATION DON'TS**

- **DON'T drink alcohol in combination with other drugs without first asking a doctor or pharmacist.**
- **DON'T give, take, or trade medications with another person.**
- **DON'T transfer a drug from its original container to another, except for pill containers.**
- **DON'T save medications for future use.**
- **DON'T take medications in the dark.**
- **DON'T stop taking medications without first checking with a doctor.**
- **DON'T break pills without first checking with a doctor or pharmacist.**

## **GENERAL HEALTH TIPS**

- **Eat well and exercise regularly.**
- **Stay in touch with friends and relatives.**
- **Participate in interesting activities.**
- **Get plenty of rest, but don't use alcohol to help you sleep. Try warm milk, or talk to your doctor or to your health professional about other options.**

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## **PREVENTING MEDICATION AND ALCOHOL MISUSE AMONG OLDER ADULTS**

**TV shows and movies often show a drunken grandpa for laughs. He seems harmless, fumbling around. But there's nothing funny about older people with alcohol problems. They often end up in nursing homes. Some may die from harmful drug and alcohol interactions.**

**Preventing substance abuse among older adults can be difficult. Sometimes it's hard to tell a problem exists. People may mistake alcohol and drug problems for a bad mood, dementia, or Alzheimer's disease. But knowing what to look for can help.**

**Symptoms of alcohol or medication problems in older adults include the following:**

- **Blackouts**
- **Forgetfulness and trouble concentrating**
- **Frequent falls and unexplained bruising**
- **Shakes or tremors**
- **Constant irritability and altered mood**
- **Depression or anxiety**
- **Poor hygiene and self-neglect**
- **Sleep problems or daytime drowsiness**
- **Slurred speech**

**Alcohol and drugs can interact with each other to cause these symptoms. Also drugs can interact with each other. Thus, it is crucial to make sure older adults take their medications properly.**

### **PREVENTION FRAMEWORK**

**The Institute of Medicine suggests a prevention framework based on levels or risk:**

- **Universal programs, such as seminars and posters in senior centers. These target general groups, regardless of risk. For older persons, the goal is to prevent inappropriate use of alcohol and medications. An example would be posting the recommended drinking limit. This is no more than one drink per day or a maximum of seven drinks per week. Persons with certain conditions, such as diabetes, are advised not to drink alcohol.**
- **Selective programs, such as screening and brief interventions. These target people with above average risk for substance abuse. Individuals are targeted based on risk factors. In older persons, these include grief over the death of a spouse, retirement, and health problems.**
- **Indicated programs, such as elder-specific treatment programs. These target people engaged in high-risk behaviors. The goal is to prevent chronic use and severe problems.**

Based on this framework, several prevention strategies are available.

## **PREVENTION STRATEGIES**

**Information dissemination.** This is designed to increase knowledge and change attitudes about substance use. Programs include health promotion seminars and media campaigns. For example, a discussion at a senior center could focus on aging and alcohol.

**Prevention education.** This teaches participants important skills. These include coping with life changes, using medicines properly, and using alcohol appropriately. Programs include bereavement support groups, retirement programs, and wellness programs. Efforts can also include providing tools such as medication tracking charts.

**Alternative activities.** These replace, reduce, or stop substance use. Many older adults drink socially for companionship and something to do. Alternatives include Foster Grandparents, arts programs, and book clubs.

**Problem identification.** This helps refer individuals with substance problems for assessment and treatment. Service providers can help by encouraging the use of screening tools. A popular tool for older persons is the Michigan Alcoholism Screening Test-Geriatric Version. It is easy for older adults to use and score.

**COMMUNITY-BASED PROCESSES.** These expand community resources for preventing substance abuse in older adults. An example is a prevention partnership may include:

- **Caregivers**
- **Educators**
- **Community leaders**
- **Health care providers**
- **Family members**
- **Neighbors**
- **Roommates**
- **Friends**
- **Pharmacists**
- **Senior center staff**
- **Spiritual leaders**

**ENVIRONMENTAL APPROACHES.** These promote policy changes to decrease risk and prevent substance abuse. An example would be alcohol-free parties at senior centers.

## ASPECTS OF PROMISING PREVENTION PROGRAMS FOR OLDER ADULTS

It is important to tailor prevention programs to older adults. Prevention efforts for older persons include:

- Outreach at senior centers, residential facilities, and other community settings
- Interdisciplinary approaches among medical, legal, financial, and social service professionals
- Age-appropriate materials
- Family and caregiver involvement
- A philosophy that encourages older persons to seek and accept help
- Growth opportunities
- Commitment to healthy aging
- Culturally sensitive approaches

The number of prevention programs aimed at older adults is growing. Examples of prevention programs follow:

- Life skills training to teach new ways to adapt to the changes involved with aging.
- Project MEDS (Medication Education Designed for Seniors). This project trains senior volunteers to give presentations on alcohol and other drugs to senior groups. For more information, contact County of Bucks Area Agency on Aging, 30 East Oakland Avenue, Doylestown, PA 18901; phone number: 215-348-0510.
- The Elder-Health Program. This is a consumer drug education program for older adults and their caregivers. For more information, contact Elder Health Program School of Pharmacy, University of Maryland at Baltimore, 20 North Pine Street, Baltimore, MD 21201; phone number: 410-706-3011.
- Across Ages. This mentoring program pairs older adults with middle school children. The goal is to provide the children with positive, nurturing role models. Across Ages has been recognized as a Model Program by the Center for Substance Abuse Prevention. For more information, call 877-773-8546 toll-free, or visit [www.samhsa.gov/centers/cap/modelprograms](http://www.samhsa.gov/centers/cap/modelprograms).

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**AN INVISIBLE PROBLEM:  
ALCOHOL AND OLDER ADULTS**

**When people think about getting older, many things come to mind: retirement, grandchildren, and hobbies. But one thing we don't often think of is alcohol problems. Right now, it is estimated that more than 2 million older persons in the United States have some sort of alcohol problem.**

**An alcohol problem is defined as drinking above the limits recommended by the National Institute on Alcohol Abuse and Alcoholism, using alcohol while taking prescription drugs, or using alcohol in any other way that is harmful. It is crucial to address alcohol problems among older persons, because these problems can be harmful and even fatal.**

**AN INVISIBLE PROBLEM**

**Even as the number of older adults with alcohol problems climbs, the problem remains unrecognized and untreated. Until recently,, alcohol misuse was not discussed in either the substance abuse or the gerontological literature.**

**For various reasons, such as lack of training and hurried doctor visits, health care providers often overlook alcohol problems among older adults. Such problems can be hard to diagnose because symptoms may mimic other disorders often linked with older people. These include diabetes, dementia, and depression.**

**Many older adults disapprove of and feel shame about alcohol abuse. Many do not want to seek professional help for what they consider a private matter. Many relatives of older persons with alcohol problems, particularly their adult children, are also ashamed of the problem and choose not to address it.**

**Ageism further contributes to this problem and to the silence. Younger adults often unconsciously assign different quality-of-life standards to older adults. Many will dismiss problems with remarks such as, "Grand mother's sherry is the only thing that makes her happy." In addition, some people think that helping older adults with alcohol problems is a waste of resources.**

**The serious effects of alcohol make it essential to identify, prevent, and treat problems among older adults. Preventing the harmful effects of alcohol misuse and abuse can give an older person a longer, more productive, and healthier life.**

## **RISK FACTORS FOR ALCOHOL PROBLEMS**

**Risk factors make people more vulnerable to alcohol problems. As individuals age, many experience losses, including:**

- **Death of spouse, friends, and other family members**
- **Loss of job –and related income, social status, and, sometimes, self-esteem—as a result of retirement**
- **Loss of mobility (trouble using public transportation, inability to drive, problems walking)**
- **Impaired vision and hearing, insomnia, and memory problems**
- **Declining health because of chronic illnesses**
- **Separation from children and loss of home as a result of relocation**
- **Loss of social support and interesting activities**

**Older adults who are trying to cope with these losses may use or abuse alcohol.**

## **PROTECTIVE FACTORS**

**Protective factors increase resistance to alcohol misuse by promoting healthy behavior. They also offset risk factors. Protective factors for older adults include:**

- **Access to resources, such as housing and health care**
- **Availability of support networks and social bonds**
- **Involvement in community activities**
- **Supportive family relationships**
- **Education (e.g., wise use of medications) and skills**
- **Sense of purpose and identity**
- **Ability to live independently**

## **SIGNS AND SYMPTOMS**

**Changes in behavior, drinking patterns, or physical condition may indicate a drinking problem. One symptom might not be meaningful, but if several occur, a problem might exist. It is important to check for various signs and symptoms of alcohol problems, such as**

- **Making excuses, hiding or denying drinking, getting annoyed when asked about drinking**
- **Blackouts or seizures**
- **Bladder and bowel incontinence, urinary retention, difficulty urinating**

- Dry mouth, dehydration, malnutrition, muscle wasting, anorexia, changes in eating habits
- Memory problems, confusion or disorientation, blurred vision, slurred speech
- Drinking in spite of medical warnings against it
- Arrests for drinking and driving, frequent car accidents
- Frequent falls, unexplained bruising, tremor, lack of coordination, problems walking
- Increased tolerance to alcohol or withdrawal symptoms when alcohol is removed
- Morning drinking
- Neglect of home, bills, pets, personal hygiene, or self
- Persistent irritability and altered mood, depression, or anxiety
- Problems with family and friends, withdrawal from social activities, sexual problems
- Sleep problems, unusual fatigue, malaise, or daytime drowsiness
- Suicidal thoughts or suicide attempt
- Unusual restlessness and agitation, aggressive or abusive behavior
- Nausea, vomiting, heartburn, bloating and indigestion

If these signs of symptoms are present, it is advisable to consult a physician.

### **EFFECTS OF ALCOHOL MISUSE**

Alcohol can trigger health problems in older adults or make them worse, including:

- Increased risk of high blood pressure and heart disease
- Increased risk of stroke
- Impaired immune system and ability to fight infection
- Cirrhosis and other liver diseases
- Decreased bone density and chronic pain
- Internal bleeding and ulcers
- Depression, anxiety, amnesia, and other mental health problems
- Cancer of the stomach, larynx, pancreas, liver, or esophagus

In addition, alcohol abuse may further elevate older adults' risk for injury, illness, and financial decline. It can also lead to family dysfunction, legal problems, and social problems. The toll on society is also great, with more injuries and illnesses and higher health costs.

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**PREVENTION, INTERVENTION, AND TREATMENT  
OF ALCOHOL PROBLEMS AMONG OLDER ADULTS**

A range of services is available for older persons who have alcohol problems or are at risk. The chart below matches levels of use to prevention and treatment approaches.

	<b>Abstinence</b>	<b>Low-Risk Use</b>	<b>At-Risk Use</b>	<b>Problem Use</b>	<b>Abuse/Dependence</b>
<b>Prevention And Education</b>					
<b>Brief Advice</b>					
<b>Brief Intervention</b>					
<b>Pretreatment Intervention</b>					
<b>Formal Specialized Treatment</b>					

**PREVENTION AND EDUCATION ABOUT OLDER ADULTS’ PROBLEMS WITH ALCOHOL**

Prevention and education encourage healthy lifestyles and successful strategies to cope with life challenges as one ages. Programs aim to reduce the likelihood of using alcohol to cope with life stresses. Examples include bereavement programs, retirement programs, and wellness programs.

Various organizations offer health and wellness programs for older adults. It is important to be familiar with prevention programs, activities, and organizations that can help prevent alcohol abuse in older adults. These include senior centers, community centers, and adult day care centers.

Keep an updated referral list containing contacts and phone numbers in your area. Get information on services offered, cost, schedule, and accessibility. Also, when possible, make prevention information such as brochures available in your office or center.

Leisure clubs, health fairs, doctors’ offices, congregate meal sites, Meals-On-Wheels, and senior day service programs also provide venues for prevention activities. Older adults can be encouraged to identify problems through the use of self-screeners distributed at seminars or lectures, doctors’ offices, drug stores, and senior centers.

## **BRIEF ADVICE**

**Brief advice can be used with people who do not yet have alcohol problems but may be at risk. It may include inviting a person who has recently increased drinking to cut down. Brief advice can also include education about the effects of excess alcohol. Brief advice is usually given by a clinician as part of a health checkup.**

## **BRIEF INTERVENTION**

**Brief interventions may be used to prevent or treat a problem. They can be used with any older adult who uses alcohol, regardless of the individual's risk level. A brief intervention involves one or more sessions. The sessions may include:**

- **Strategies to motivate change**
- **Education on medication and alcohol use or symptoms of depression**
- **Assessment and direct feedback**
- **Contracting and goal-setting to change behavior**
- **Behavioral modification techniques**
- **Use of written materials such as self-help manuals and journals**

**The goal is to motivate the problem drinker to change behavior. Many older at-risk and problem drinkers are ashamed about their drinking. Therefore, it is important to be nonconfrontational and supportive.**

## **PRETREATMENT INTERVENTION**

**If a person is in denial, a pretreatment intervention can help the person recognize the impact of alcohol use on his or her family and friends. A pretreatment intervention (or "intervention") is a carefully planned meeting with the older person at which a few people talk about their concerns. These are usually close family members, health or social service providers, caregivers, and an addictions expert or other skilled counselor. It is advisable to include no more than three people because some older persons may be overwhelmed by too much information from too many people.**

**Before the intervention, the addictions expert, counselor, or health or service provider and the family or friends meet to plan the intervention. Participants are coached about offering information in an emotionally neutral, factual manner while maintaining a supportive, nonaccusatory tone. The key is to present clear evidence that a problem exists.**

## **FORMAL SPECIALIZED TREATMENT**

**In some cases, when a person has problems with alcohol dependence, formal treatment may be needed. The sooner treatment starts, the more quickly life can begin to get better for a person. Once older people commit to stop drinking, they are more likely than younger adults to stay sober.**

**Settings for treatment include outpatient services, residential rehabilitation, inpatient rehabilitation, and inpatient detoxification treatment. In recent years, cost constraints have limited inpatient treatment.**

**Most group treatment programs integrate older people with other adults. A few specialized older adult treatment programs focus solely on the elderly. When possible, elder-specific treatment options should be explored.**

## **TYPES OF TREATMENT**

**Many forms of treatment exist. Depending on the desired outcome, different approaches may be used. Types of treatment include:**

- **Cognitive-behavioral approaches that teach people to recognize their motives for Drinking and change their behavior**
- **Group-based approaches, which can help patients learn skills for coping with Many of the life changes that can put one at risk for alcohol abuse, such as bereavement**
- **Individual counseling, which can help people deal with interpersonal conflicts and the underlying feelings of shame, denial, guilt, or anger**
- **Medical/psychiatric approaches that combine medication, such as Antabuse, with counseling**
- **Marital and family therapy, which can enhance treatment by focusing on rebuilding the social support network**

**Aftercare may entail arranging transportation to follow-up appointments and providing reminders of these appointments with dates and times on the calendar and phone calls. It also may involve more traditional functions, such as a clinician monitoring the older person's progress to prevent or minimize relapse.**

**Some treatment programs have begun networking for ongoing support of clients by publicizing their services to other local agencies, such as Area Agencies on Aging, and health care facilities. Prior consultation with the local Office on Aging and other groups that target older adults helps to ensure that the resulting network responds to their special needs.**

Self-help groups have also been found to be effective. Some, such as Alcoholics anonymous, meet in a support group for family and friends of people with alcohol problems. It helps them cope and find resources to address their family member's alcohol problem.

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## **PRESCRIPTION AND OVER-THE-COUNTER**

### **MEDICATIONS AND OLDER ADULTS**

Many of us hear our older relatives talk about all the pills they have to take. We rarely think about it. But nearly 20 percent of older persons are addicted to various substances, such as alcohol and prescription drugs. Many others misuse medications, leading to harmful drug interactions and alcohol-drug interactions.

Medications of concern in older adults include those used to treat anxiety, depression, insomnia, and other mood disorders. Older adults also use over-the-counter drugs and herbal supplements. These include pain relievers and ginkgo biloba to improve memory.

Taking multiple medications and herbal supplements can lead to serious side effects and drug interactions. Therefore, it is important to ensure that older persons use their medicines properly. Identifying, preventing, and treating this problem early can prevent injuries, loss of independence, hospitalization, and death.

### **SIDE EFFECTS OF SOME MEDICATIONS**

Side effects of psychoactive drugs include the following:

- Excessive daytime drowsiness
- Loss of coordination, leading to falls and other problems
- Depression
- Delirium
- Insomnia
- Urinary problems
- Weakness
- Loss of appetite
- Constipation
- Withdrawal seizures

Few older persons have problems with prescription pain relievers. However, pain relievers can present problems if mixed with alcohol or other medications.

## **DRUG AND ALCOHOL INTERACTIONS**

Drug and alcohol interactions are of increased importance in older adults. Even social drinking can be a problem for someone taking medicine regularly. In addition, drugs stay in the body longer in older adults. Therefore, interactions are likely to be worse.

Examples of dangerous drug-alcohol interactions:

- Acetaminophen (such as Tylenol) may cause liver damage in people having more than three drinks a day.
- Alcohol can worsen central nervous system depression in persons taking antidepressants such as Prozac, Elavil, and Wellbutrin.
- High doses of sedatives (such as Valium) mixed with alcohol can be lethal.

## **DRUG INTERACTIONS**

Most older adults take at least one prescription drug. Some take as many as eight drugs daily. Thus, they have a higher risk of drug interactions.

Harmful drug combinations can produce side effects such as fatigue, excessive sedation, coma, and death. Usually, however, the effects are mild. They include a change in sleep, appetite, or anxiety level. It is important to report side effects to a physician so that the dose can be adjusted. In some cases, a different medication might be needed.

## **RISK FACTORS FOR MEDICATION MISUSE**

Few older adults use mood-altering drugs recreationally. Most problems stem from unintentional misuse. Misuse can take many forms, including the following:

- Taking extra doses
- Missing doses
- Not following instructions
- Using drugs that have expired
- Not knowing about side effects
- Sharing or borrowing drugs
- Intentionally misusing drugs to hurt oneself
- Taking the wrong drugs
- Mixing medications or drinking alcohol while taking medications
- Going to multiple physicians to get more of the same drug, such as Valium, which can lead to abuse and addiction

Risk of drug misuse among older persons increases for many reasons:

- Multiple physicians prescribing multiple drugs
- Inappropriate prescribing, especially for women (e.g., prescribing the wrong medication or an inappropriate dose)
- Instructions and package inserts written in small print or confusing language

- Failure to tell the doctor about over-the-counter medications, megadose vitamins, and herbals
- Memory problems making it difficult to keep track of medication schedules
- Problems taking medicine correctly because of alcohol use, depression, or self-neglect
- Missing instructions as a result of hearing or vision problems, memory problems, language barriers, and so forth

## **WARNING SIGNS OF A DRUG PROBLEM**

Warning signs of a drug problem include the following:

- Excessively worrying about whether mood-altering drugs are “really working”
- Worrying about having enough pills or whether it is time to take them
- Complaining about doctors who refuse to write prescriptions for preferred drugs
- Self-medicating by increasing doses of prescribed drugs that “aren’t helping anymore” or supplementing prescribed drugs with over-the-counter drugs
- Withdrawing from family, friends, neighbors, and lifelong social practices
- Sleeping during the day and other sleep disturbances
- Unexplained injuries and changes in personal grooming and hygiene
- Expulsion from housing

## **WAYS TO AVOID MEDICATION MISUSE**

It is possible to avoid medication misuse in many ways, including

- Improving medication adherence by consumers, including helping them read package inserts and understand instructions
- Encouraging health care professionals to explain carefully how and when medications must be taken and what must be avoided with prescriptions
- Improving doctor-patient communication; encouraging patients to share concerns and ask questions about their medication
- Encouraging consumers to inform health care providers and pharmacists of all medications they take regularly
- Addressing communication barriers such as hearing impairments, vision problems, low literacy, and language barriers
- Providing consumer aids, such as medication tracking charts and personal drug records
- Implementing policy changes, such as providing geriatrics-relevant labeling information

## **KEEPING A HEALTHY OUTLOOK ON LIFE: MENTAL HEALTH ISSUES AND OLDER ADULTS**

**“Dad doesn’t seem like himself lately. He doesn’t eat much and he sleeps all the time. He’s even stopped going to his weekly card game. Mom says she’s never seen him like this.**

**“Well, he’s 75, What can you expect? Older people get depressed.”**

**Sound familiar? One of these myths of aging is that it’s depressing. Although many older adults do experience depression, it isn’t a necessary part of aging. Alzheimer’s disease, anxiety, dementia, and other mental health problems aren’t normal either. These are serious disorders that need to be addressed. Effective treatment, including medication and counseling, is available. Many times, a primary care provider can help.**

### **COMMON MENTAL DISORDERS IN OLDER ADULTS**

**Almost 20 percent of people 55 and older experience mental disorders that are not part of aging. The most common are these:**

- Anxiety disorders, such as phobias. Worry or “nervous tension,” rather than specific anxiety syndromes, may be more common in older adults. Anxiety symptoms that do not meet the criteria for specific disorders occur in as many as 20 percent of older adults.**
- Cognitive impairment, such as dementia, senility, and Alzheimer’s disease. Although a small percentage of adults between 65 and 74 years old have Alzheimer’s disease, nearly half of those 85 and older may have the disease. However, Alzheimer’s disease is not an inevitable part of aging.**
- Mood disorders, such as depression and bipolar disorder. It is estimated that 15 percent of adults over 65 may have depression.**

### **RECOGNIZING MENTAL HEALTH PROBLEMS IN OLDER ADULTS**

**Problems such as anxiety and depression can be hard to recognize in older adults. Symptoms such as forgetfulness are often confused with dementia and other age-related ailments. Older patients may not admit to having mental health problems because of the stigma associated with mental illnesses. And sadly, hurried office visits often cause some physicians to miss signs of anxiety or depression.**

**Symptoms of anxiety include chest pain, heart palpitations, shortness of breath, dizziness, and abdominal distress. People with phobias experience extreme, disabling, and irrational fear of something that poses little or no actual danger, such as water.**

**Symptoms of depression include:**

- **An “empty” feeling, ongoing sadness, and anxiety**
- **Loss of interest or pleasure in activities**
- **Problems with eating and weight (loss or gain)**
- **Sleep problems**
- **Irritability**
- **Tiredness and lack of energy**
- **Feelings of worthlessness, guilt, hopelessness, or helplessness**
- **Trouble focusing, remembering, or making decisions**
- **Recurrent thoughts of death or suicide**

**Sometimes medical problems are misdiagnosed as depression and the patient receives unnecessary medication. Therefore, proper screening is important. One useful tool is the Geriatric Depression Scale. One important way to recognize depression is to look for changes. If a normally upbeat person seems sad for a period of time, depression may be worth exploring.**

**Symptoms of cognitive impairment, such as senility, dementia, and Alzheimer’s disease, can include:**

- **Forgetting recent events or activities**
- **Not recognizing familiar people and objects**
- **Forgetting how to do simple tasks, such as getting to the bathroom**
- **Problems speaking, understanding, reading, or writing**
- **Aggressive behavior**
- **Wandering away**

**These symptoms may be similar to symptoms of other problems, such as side effects from medication, alcohol abuse, or medication interactions. Therefore, it is important to have a competent health professional complete an assessment and made a diagnosis.**

**It is important to note that some symptoms may be the result of alcohol misuse or abuse. They may be caused by prescription drugs or by drug interactions. Intervention by a trained clinician is needed to confirm a diagnosis.**

## **RISK FACTORS IN OLDER ADULTS**

**Anxiety disorders trigger the body’s alarm system when there is no danger. This may be due to a chemical imbalance in the body. It may also be related to an unconscious memory, a side effect of medicine, or an illness. In older adults, changes such as moving to a new home, retiring, and losing a spouse can trigger anxiety, including phobias. For example, unfamiliarity with a new neighborhood may lead an older person to develop an intense fear of leaving the house.**

**The major risk factors for Alzheimer’s disease are age and family history. Other possible risk factors include a serious head injury and lower levels of education. Scientists also are**

studying the role of genetics, viruses, and environmental factors such as aluminum, zinc, and other metals.

**Risk factors for depression in older adults include:**

- **Loss of important people and social support systems**
- **Physical illness, such as heart disease, stroke, cancer, lung disease, arthritis, Alzheimer's disease, and Parkinson's disease**
- **Impaired ability to perform routine functions**
- **Heavy alcohol consumption**
- **Persistent insomnia**
- **Chemical imbalances in the brain**
- **Side effects from medications for arthritis, heart disease, high blood pressure, cancer, and other conditions**

Often, a cycle of depression can develop. The person becomes depressed and stops participating in favorite activities, leading to more depression.

There is no known single cause of schizophrenia. It could be caused by an interplay of genetic, behavioral, and other factors. Scientists do not understand all the factors that produce schizophrenia, but they are conducting research on how and why schizophrenia develops in late life.

#### **IMPACT OF MENTAL HEALTH PROBLEMS ON OLDER ADULTS**

Disorders such as anxiety and depression can severely diminish quality of life. Older persons may become more isolated because they are anxious about going out alone or eating in a restaurant. Persons with depressive symptoms, such as sleep and appetite disturbances, are at increased risk for functional and cognitive impairment, psychological distress, and death.

Older patients with depression visit the doctor and the emergency room more often, use more medication, incur higher outpatient charges, and stay longer at the hospital. In addition, older persons have the highest suicide rates of any age group.

Disorders such as Alzheimer's disease and schizophrenia can impair functioning to the point where the person needs nursing home care. This can place stress on the individual and the family for reasons ranging from the change in environment to the high cost.

For more information, contact the National Mental Health Services Knowledge Exchange Network at 800-789-2647 or [www.mentalhealth.org](http://www.mentalhealth.org), or visit the Substance Abuse and Mental Health Services Administration Web site at [www.samhsa.gov](http://www.samhsa.gov).

## **PREVENTION AND TREATMENT OF MENTAL HEALTH PROBLEMS AMONG OLDER ADULTS**

**Mental health is essential to a healthy life. Mental health problems, including depression, anxiety, and other mental disorders, have a tremendous impact on older people's lives. But these problems can be treated. In fact, a range of effective treatments exists for most mental disorders.**

**Many people, including older adults, are afraid to seek help. Isolation and financial concerns can increase these fears. Older adults may not admit to having mental health problems because of the stigma associated with mental illnesses. Many are embarrassed or reluctant to seek help.**

**Promoting acceptance of mental health issues is important in removing the stigma associated with these problems. It is important for older adults to understand these messages:**

- **You are not alone. Depression, anxiety, and other mental problems are more common than you think.**
- **These feelings are not your fault. Mental problems are real health concerns.**
- **You may feel better if you seek treatment. Treatment does work.**
- **The earlier you see a doctor or other health professional and get help, the better you will feel.**

### **MENTAL HEALTH PROMOTION**

**Mental health promotion efforts have traditionally been devoted to children and adolescents, but the value of mental health promotion with older adults is becoming recognized. Interventions can reduce the risk of mental disorders and lessen the consequences.**

**Efforts to prevent late-onset mental disorders vary. For example, promising work suggests that some medication and nutritional interventions may delay the onset of Alzheimer's disease. Grief counseling can help prevent depression. Depression training for general practitioners has been shown to reduce suicide.**

**Promoting good overall health can help prevent mental health problems in older adults. Nutrition and exercise are important in keeping the mind alert.**

**In addition, it is important for older adults to participate in social activities. Maintaining social contacts with family, friends, and the community can help ease anxiety and prevent loneliness that can lead to depression. In addition, research has shown that meditation, prayer, and other spiritual activities may help reduce stress.**

**Improved public information is needed to educate older persons about health promotion and mental health problems. If older persons understand that mental health problems are not part of the normal aging process, they will be more likely to seek help. In addition, wellness**

programs, retirement programs, and bereavement groups are examples of ways to promote healthy aging.

## **ASSESSMENT AND DIAGNOSIS**

Identifying late-life mental disorders can be challenging. Many older adults have symptoms that do not meet the full criteria for depression or anxiety disorders. These “subclinical” disorders can cause significant problems. In addition, mental disorders in older adults often occur with other medical disorders, and the symptoms may mimic or mask mental disorders.

Older individuals are more likely to report physical symptoms than psychological ones. Therefore, it helps to look for clues such as nervousness or loss of appetite. It is important to understand that individual symptoms may not be a problem, but a cluster of symptoms could indicate a mental disorder. Symptoms that fall outside the normal range or that interfere with daily functioning could also indicate a problem.

Primary care providers carry much of the burden for identifying mental health problems in older adults. Unfortunately, a number of them may lack the training or experience to properly identify these conditions. Thus, many people who have depression or anxiety are not diagnosed or treated. It may be prudent to involve a geriatric specialist in the assessment process. In addition, primary care providers need to make an effort to convey messages to their patients that they are not alone and help is available.

Stereotypes about aging are also a problem. For example, many people believe that senility is normal. Others believe that depression is a natural part of the aging process. Therefore, they may delay encouraging relatives to seek care or may delay seeking care for themselves.

Screeners such as the Geriatric Depression Scale can be used to help identify problems. Sometimes older adults themselves can complete these screening tools. Some must be completed by trained professionals. These tools will not give a definite diagnosis, but they can indicate that a problem might exist. A full assessment needs to be conducted by a health professional for a proper diagnosis to be made.

## **INTERVENTION AND TREATMENT**

A wide range of options is available to treat mental disorders. Medications are often prescribed to help stabilize the person. Individual counseling and support groups can help older adults cope with difficult situations.

Primary care settings are where most mental disorders in older people are identified and treated. Many older people prefer to receive mental health treatment in a primary care setting. They find primary care convenient and affordable. In addition, Medicare and managed care plans promote the use of primary care physicians over specialists.

Although older adults prefer primary care, many of these physicians cannot effectively treat mental disorders. Therefore, it is advisable to include geriatric specialists in the treatment process. As the population ages, especially Baby Boomers, managed care organizations will

likely focus more attention on the mental health needs of older adults. This should help increase access to care.

### 10 IMPORTANT QUESTIONS FOR THOSE OVER 65

One of the more serious problems among older adults is alcohol abuse. Another problem is use of alcohol with medication, which can cause harmful interactions. Excessive alcohol use can increase the risk of health problems such as high blood pressure and can be fatal. Research shows that many older people use alcohol at harmful levels. The National Institute on Alcohol abuse and Alcoholism recommends no more than one drink per day, or a maximum of seven drinks per week, for older men. Older women should drink somewhat less than these levels. Older adults who drink alcohol can benefit from answering the following questions. These questions are designed specifically for older adults. Your answers may indicate that you need to discuss your drinking with your doctor.

IN THE PAST YEAR:	YES	NO
1. When talking with others, do you ever underestimate how much you actually drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to relax or calm your nerves?		
6. Do you drink to take your mind off your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		

<b>10. When lonely, does having a drink help?</b>		
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Scoring: If you have two or more “yes” responses, this indicates a possible alcohol problem. See your doctor.

Source: Michigan Alcoholism Screening Test—Geriatric Version, The Regents of the University of Michigan, 1991.

### **CHECK YOUR MOOD**

**We all feel sad from time to time. It’s part of life. But when we stop enjoying things we used to and have trouble getting up in the morning, the problem may be more serious. Being depressed for a while, without letup, can change the way you think or feel.**

**It’s a myth that depression is a natural part of aging. But it is a common problem. According to the Surgeon General, as many as one in five older adults experience symptoms of depression.**

**Depression can be treated successfully. Options include “talk” therapy, medication, and other methods. There is not reason to suffer.**

**Although common among older adults, depression is often missed or untreated. Sometimes people think a depressed person is just cranky. Or they think that confusion caused by depression is a sign of Alzheimer’s.**

**Depression isn’t your fault. It could be caused by your medicine. Or maybe you’ve had a hard time dealing with retirement. The important thing is to get help as soon as possible. If left untreated, depression can lead to physical, mental, and social problem.**

**Many different scales are used to tell if someone is depressed. One popular tool is the Geriatric Depression Scale. It is easy to use and requires no special medical knowledge. This scale has been tested and validated in many settings.**

**The Geriatric Depression Scale is not a substitute for a diagnosis by a professional. But it can help you see if you need to talk to your doctor about depression. If you’ve been feeling sad for several weeks or think you may be depressed, you can benefit from answering these questions.**

**No matter what you score on this questionnaire, it’s a good idea to see a health professional if you feel as if problems with depression are affecting your life.**

**CHECK YOUR MOOD**

**(GERIATRIC DEPRESSION SCALE)**

<b>Check the best answer for how you have felt over the past week:</b>	<b>YES</b>	<b>NO</b>
<b>1. Are you basically satisfied with your life?</b>		
<b>2. Have you dropped many of your activities and interests?</b>		
<b>3. Do you feel that your life is empty?</b>		
<b>4. Do you often get bored?</b>		
<b>5. Are you in good spirits most of the time?</b>		
<b>6. Are you afraid that something bad is going to happen to you?</b>		
<b>7. Do you feel happy most of the time?</b>		
<b>8. Do you often feel helpless?</b>		
<b>9. Do you prefer to stay at home, rather than going out and doing new things?</b>		
<b>10. Do you feel you have more problems with memory than most people?</b>		
<b>11. Do you think it is wonderful to be alive now?</b>		
<b>12. Do you feel pretty worthless the way you are now?</b>		
<b>13. Do you feel full of energy?</b>		
<b>14. Do you feel that your situation is hopeless?</b>		
<b>15. Do you think that most people are better off than you are?</b>		

**SCORING:** For questions 2, 3, 4, 6, 8, 9, 10, 12, 14, and 15, score 1 point for each “Yes” response. For questions 1, 5, 7, 11, and 13, score 1 point for each “No” response. If you score more than 5 points, please follow up with your doctor.

**Source:** Sheikh, J. I., and Yesavage, J.A., (1986). Geriatric Depression Scale (GDS).

## **NATIONAL INSTITUTES OF HEALTH, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM**

### **RECOMMENDED SENSIBLE DRISIBLE DRINKING LIMITS**

Safe drinking limits are hard to set because the same amount of alcohol can affect different people differently. For example, alcohol affects men and women differently. Safe drinking limits follow:

- For men, moderate drinking means no more than two alcoholic drinks a day.
- For women, moderate drinking means no more than one alcoholic drink a day.
- For men over 65 years of age, moderate drinking means no more than one alcoholic drink a day. Older women should drink somewhat less than this level.

### **THE STANDARD DRINK**

One alcoholic drink means

- 12 ounces of beer OR
- 5 ounces of wine OR
- 1 ½ ounces of distilled spirits

These drinking guidelines are not intended for

- People who plan to drive or perform activities requiring attention
- People taking prescription medicines or over-the-counter drugs
- People with certain medical conditions, such as diabetes
- People who are in wellness from alcohol problems

If an individual does not drink (abstains), starting to drink is not advised.

Recommended safe drinking limits do not take into account body weight, patterns of drinking, or spacing of drinks. This is particularly important for older adults (especially older women), in whom the toxic effects of alcohol are increased.

### **WHO SHOULD NEVER DRINK ALCOHOL**

- People taking prescription pain medicine, sleeping pills, or over-the-counter drugs for sleep troubles
- People taking prescription medicine to treat anxiety or depression

- **People with memory problems**
- **People with a history of falls or unsteady walking**

These sites and their “learning tools”, resources and links and features are very beneficial.

### **Sample of Wellness Links and Guides to Healthy Living:**

Men: Stay Healthy at Any Age <http://www.ahrq.gov/ppip/healthymen.htm>

Women: Stay Healthy at Any Age <http://www.ahrq.gov/ppip/healthywom.htm> Pocket Guide to Good

Health for Adults <http://www.ahrq.gov/ppip/adguide>

Pocket Guide to Good Health for Children <http://www.ahrq.gov/ppip/childguide>

Pocket Guide to Staying Healthy at 50+ <http://www.ahrq.gov/ppip/50plus>

Take Charge of Your Health: A Teenager’s Guide to Better Health  
<http://win.niddk.nih.gov/publications/takecharge.htm>

### **Sample of Disease Prevention**

ABCs of Preventing Heart Disease, Stroke and Heart Attack

<http://www.americanheart.org/presenter.jhtml?identifier=3035374>

Aim for a Healthy Weight

[http://www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/patmats.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/patmats.htm)

American Cancer Society Guidelines for the Early Detection of Cancer

[http://www.cancer.org/docroot/ped/content/ped\\_2\\_3x\\_acs\\_cancer\\_detection\\_guidelines\\_36asp](http://www.cancer.org/docroot/ped/content/ped_2_3x_acs_cancer_detection_guidelines_36asp)

Childhood Obesity: Prevention <http://www.obesity.org/subs/childhood/prevention.shtml>

Diabetes—Causes and Prevention <http://nihseniorhealth.gov/diabetes/prevention/01.html>

Lower Heart Disease Risk <http://www.nhlbi.nih.gov/health/hearttruth/lower/index.htm>

### **Sample of Recommended Screenings and Tests Screening**

Tests and Immunizations Guidelines for Men

<http://www.womenshealth.gov/screeningcharts/men>

Screening Tests and Immunizations Guidelines for Women

<http://www.womenshealth.gov/screeningcharts/women>

Breast Self-Exam <http://www.womenshealth.gov/faq/bsefaq.htm>

Cervical Cancer Screening [http://www.edc.gov/cancer/cervical/basic\\_info/screening](http://www.edc.gov/cancer/cervical/basic_info/screening)

Colorectal Cancer Screening: Questions and Answers

<http://www.cancer.gov/cancertopics/factsheet/Detection/colorectal-screening>

Depression Screening Test <http://www.depression-screening.org/screeningtest/screeningtest.htm>

Frequently Asked Questions About HIV and HIV Testing

<http://www.hivtest.org/subindex.cfm?fuseaction=faq>

Prostate Cancer Screening: A Decision Guide

<http://www.edc.gov/cancer/prostate/publications/decisionguide>

Screening and Testing to Detect Cancer <http://www.cancer.gov/cancertopics/screening>

Screening Mammograms: Questions and Answers

<http://www.cancer.gov/cancertopics/factsheet/Detection/screening-mammograms>

Tobacco Cessation Leadership Network

## **Kenosha Local Crisis Resources**

This Capsule contains a list of resources that may be of help to you or your caregivers. It may not be complete, and we do not endorse these services. If you are in need of help, reach out to one of these organizations, a family member or friend, or dial 911.

### ***IF YOU NEED IMMEDIATE ASSISTANCE DIAL 911***

#### Alcohol and Other Substance Abuse numbers

- Alano Club 262.654.8246
- AODA Council of Kenosha 262.658.8166
- Club Breakaway 262.653.9800

#### Hotlines

- Adult/Juvenile Crisis 262.657.7188
- Domestic abuse/Sexual Assault 262.653.9900
- Suicide Line 800-SUICIDE

#### Supportive Services

- Bridges Community Center 262.657.5252

- National Alliance on Mental Illness 262.652.3606
- Wisconsin Family Ties 262.652.3031

### Emergency Mental Health

- Adult and Juvenile Crisis 262.657.7188
- Police 262.605.5210

### **National & Government Sites**

[President's New Freedom Commission on Mental Health](#)  
[Department of Justice Home Page](#)  
[Centers for Medicare and Medicaid Services](#)  
[Center for Mental Health Services](#)  
[Center for Psychiatric Rehabilitation](#)  
[National Alliance for the Mentally Ill \(NAMI\)](#)  
[National Institute of Mental Health](#)  
[Social Security Online](#)  
[Substance Abuse & Mental Health Services Administration](#)

### **Sample of Wellness Links:**

#### **Guides to Healthy Living**

[Men: Stay Healthy at Any Age](#)  
[Pocket Guide to Good Health for Adults](#)  
[Guide to Good Health for Children](#)  
[Guide to Staying Healthy at 50+](#)  
[Take Charge of Your Health: A Teenager's Guide to Better Health](#)  
[Women: Stay Healthy at Any Age](#)

#### **Disease Prevention**

[ABCs of Preventing Heart Disease, Stroke and Heart Attack](#)  
[Aim for a Healthy Weight](#)  
[American Cancer Society Guidelines for the Early Detection of Cancer](#)  
[Heart Disease Risk](#)

#### **Recommended Screenings and Tests Screening**

[Tests and Immunizations Guidelines for Men](#)  
[Breast Self-Exam](#)  
[Screening: Questions and Answers](#)  
[Depression-Screening Test](#)  
[Frequently Asked Questions About HIV and HIV Testing](#)  
[Prostate Cancer Screening: A Decision Guide](#)  
[Screening and Testing to Detect Cancer](#)  
[Mammograms: Questions and Answers](#)