Shared Decision Making: Reducing Illicit Drug Use in Older Adults

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Introduction
Although illicit drug use steadily declines as an adult moves through the lifespan, current research shows that with the baby boomer generation, the drug use rates are higher compared to previous generations (NSDUH, 2011). Drug use is a concern for individuals of all ages but can be particularly problematic for older adults due to the biological, psychological, and social changes they experience in late adulthood. Due to the increasing prevalence of drug use in this population, it is of importance to explore and develop age-appropriate interventions to address this issue. Purpose: The purpose of this project is to examine shared decision making (SDM) as a strategy to reduce illicit drug use in the older adult population.

Methods
• Using keywords related to the multiple components of the topic, a comprehensive search was attempted in each database. The Boolean operators ‘OR’ and ‘AND’ were combined with each search component in order to retrieve the final articles used in this project. The limitations applied to the search strategies were peer-reviewed articles.
• A total number of 22 were identified for possible inclusion. After reviewing the articles, 10 articles were identified as being directly relevant to the topic under review.

Review of Literature

What is “Shared Decision Making” (SDM)?
• An approach through which providers and consumers of health care come together as collaborators in determining the course of care (SAMHSA, 2011).
• Studies have shown that when SDM is used in health care, it increases the patients’ knowledge about and comfort with the health care decisions they make (SAMHSA).
• Key Characteristics of SDM (SAMHSA):
  • At least two people, acting as partners, are involved. This is usually the provider and the patient;
  • Both partners take steps in sharing a treatment decision;
  • The two partners share information about treatment options;
  • The partners arrive at a consensus regarding the preferred treatment options.

Illicit Drug Use and Older Adults: The Facts
• An estimated 4.8 million adults aged 50 or older had used an illicit drug in the past year (NSDUH).
• Marijuana use was more common than nonmedical use of prescription-type drugs among adults aged 50 to 59, while nonmedical use of prescription-type drugs was as common as use of marijuana among adults aged 60 or older (NSDUH).
• Factors to assess when designing treatment programs:
  • Age-appropriate screening tools
  • Duration of drug use
  • Account for the life-stage of the patient
  • Convenient treatment settings (e.g., primary care, senior centers)

Results and Conclusions
• Overall, studies show that health professionals are encouraged to discuss the level of patient involvement in treatment with older patients.
• Incorporating SDM with an evidenced-based substance-use intervention is seen as beneficial when achieving a treatment agreement as well as goal setting.
• Determining patient preferences for SDM early in treatment can facilitate the awareness of barriers such as addressing patient expectations in order develop expectations that are congruent with treatment expectations.

Selected References