Frailty in people living with substance dependence

- When we think about frailty, we often picture older adults in their 80s or 90s. However, frailty is increasingly being recognised in younger populations.
- In this presentation, we'll explore why frailty can develop earlier and more severely in people with alcohol and drug dependence, and how stigma remains a major barrier to care.
- Finally, we'll propose that by addressing stigma, we can help reduce frailty and improve clients' quality of life.

Increased Life Expectancy

“Opioid use disorder (OUD), is a chronic relapsing disease with significant morbidity, including chronic viral infections, overdose, traumatic injuries and premature mortality. However, the widespread of preventive public health interventions, especially opioid agonist therapy, has improved the health-related quality of life and survival of people with substance use disorders. Among benefits of opioid agonist therapy are included its efficacy in retaining subjects in treatment, decreasing opioid use, risk behaviours related to the hepatitis and HIV infectious diseases, criminal behaviour linked to drug consumption and fatal overdose.”

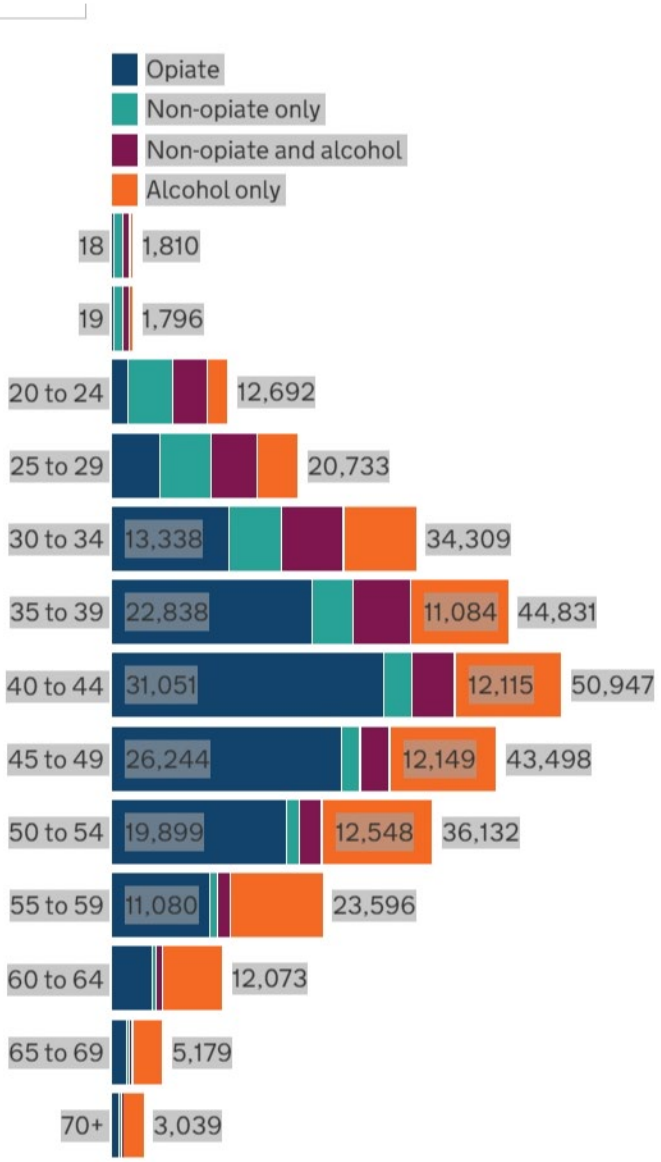
(Vallecillo et al., 2024, p. 2)

Age distribution of individuals accessing treatment services in 2024 :

There is a continued year-on-year trend of increasing numbers of people in treatment from older age groups. Three-fifths of people in treatment in 2023 – 2024 (60%) were over 40 years old (compared to 58% in 2021 to 2022 and 51% in 2016 to 2017), with:

- 17.5% of people in the 40 to 44 age group
- 15% of people in the 45 to 49 age group
- 12.4% of people in the 50 to 54 age group
- 8.1% of people in the 55 to 59 age group
- 7% of people aged 60 and over

(OHID 2024)



Early vs Late Onset

Early Onset Users

- Long history of substance use persisting into later life (e.g. heroin, crack cocaine, alcohol, tobacco).
- Often experience significant physical and mental health complications.
- May have reduced life expectancy and greater treatment needs (e.g. hepatitis C care).
- History of negative interactions with services → mistrust of healthcare and support systems.

Late Onset Users

- Begin problematic substance use later in life, often triggered by stressors (retirement, bereavement, illness, isolation).
- More likely to misuse prescription or over-the-counter medications (e.g. benzodiazepines, opioid painkillers) or alcohol.
- Typically, a larger but less visible group.

(NICE 2017)

Risk Factors for frailty and crossover with substance dependence.

- Older age
- Low BMI and malnutrition
- Polypharmacy
- Smoking and alcohol use
- Sedentary lifestyle
- Vitamin D deficiency
- Social isolation
- Low educational attainment (inconsistent)

(Wang, Hu and Wu, 2022)

For Our Early Onsets, Living Longer doesn't equal living healthier .....

- The increasing number of individuals in drug treatment programs who are maintained on opioid substitution therapy (OST) into their 50s and beyond presents new challenges for healthcare providers.

- This ageing cohort frequently experiences complex comorbidities, including higher rates of mental illness than those observed in the general population, alongside a high prevalence of chronic medical conditions such as peripheral vascular disease (PVD) and chronic obstructive pulmonary disease (COPD). Chronic diseases and frailty have a bidirectional relationship, as the presence of chronic illness can accelerate the development of frailty, while frailty itself increases vulnerability to the onset and progression of chronic disease.

- **Remember not every symptom is drug related, so don't let the history of drug use cloud your differential!**

Mental Health, Frailty, Addiction

People with severe mental illness (SMI) are at greater risk of poor physical health and die earlier than the general population — often from preventable causes (PHE 2028) .

Among people under 75 in contact with mental health services in England, death rates were found to be:

- 5× higher for liver disease
- 4.7× higher for respiratory disease
- 3.3× higher for cardiovascular disease
- 2× higher for cancer

This suggests people with SMI may become frail at a younger age, though research on this is still limited.

This further exacerbates the risk for clients with a diagnosis of substance dependence, due to the higher rates of dual diagnosis.

In 2023 – 2024, 69% of people accessing treatment for opiate dependency and 72% of people accessing treatment for alcohol dependency reported they had a mental health need. (OHID 2024)

Reflection: How Does This Then Influence The Management Of Frailty in Clients with Substance Use DIsorder

- **What:**
- Increasing number of older clients with substance dependence (early & late onset).
- Same frailty risk factors as the general population, **amplified by**:
  - Substance use
  - Higher rates of mental illness and chronic physical health conditions
- **So, What:**
- **Frailty is a key concern** in this population.
- NICE guidance (2018) highlights:
  - Identifying those most at risk
  - Managing long-term conditions to prevent or reduce frailty
- **Now, What:**
- Focus on **modifiable factors**: such as, mental illness and chronic physical health conditions.
- Proactive care can reduce frailty and improve quality of life.
- **Barriers:**
- Substance-dependent clients often **mistrust health services**, leading to poor engagement.
- **Meaningful change requires first recognising and addressing this mistrust**, which is essential for effective frailty prevention and management.

Stigma from Healthcare Professionals Towards Clients with Substance Dependence.

- Negative attitudes are common → Systematic reviews show healthcare professionals hold **negative attitudes and implicit biases** toward people with a substance dependence (Magnan et al., 2024; FitzGerald & Hurst, 2017; Cazalis et al., 2023).
- Care is poorer → Paquette et al. (2018) & Henderson et al. (2008): Clients with substance dependance receive less attentive, lower-quality care.
- Limited interventions → e.g., poorly managed Pain, Opiate Substitute Therapy not initiated.
- Stigmatising perceptions persist → Addiction still seen as a moral failing, negatively influencing clinical decisions
- A wider stigma in society means this is seen as okay.

Stigma as a Barrier to Clients Accessing Healthcare

- **Fear of Judgement & Discrimination:** Clients may avoid healthcare services or hide information about their substance use.
- **Internalised Stigma:** Constant negative attitudes can erode self-worth and self-esteem, making clients feel undeserving of care.
- **Delay in Accessing Treatment:** Fear of stigma can prevent clients from seeking help promptly, sometimes until a crisis occurs.
- **Impact on Wellbeing & Mental Health:** Stigma contributes to worsening mental health and reduced overall wellbeing.
- **Dishonesty About Health Issues:** Clients may underreport symptoms or substance use, preventing appropriate care.

Consequences of Stigma on Treatment Outcomes and Frailty

- **Missed Appointments & Non-Engagement:** Internalised stigma and low self-worth lead to avoiding care.
- **Early Discharge / Leaving Treatment Prematurely:** Untreated or poorly managed withdrawal symptoms or pain can result in clients leaving care prematurely.
- **Severe Health Risks & Frailty:** Delayed, incomplete, or avoided care increases risk of overdose, serious complications including death, and contributes to the development of frailty, leaving clients more vulnerable to future health problems.

Conclusion – Advocacy, Frailty, and Stigma

Section 3.4 of the NMC code sates: “Act as an advocate for vulnerable people, challenging poor practice and discriminatory attitudes and behaviour relating to their care” (NMC, 2023).

- Stigma and discriminatory attitudes can delay treatment and worsen frailty.
- Healthcare professionals have a responsibility to challenge stigma and provide inclusive, respectful care.
- Clients with substance dependence must be fully included and treated with dignity and respect in frailty assessment and treatment. Doing so helps reduce delays in care, decrease health inequalities, and improve outcomes.

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