

*Substance Use Disorders

- Patients should be encouraged to discontinue or minimize their alcohol and substance use and be referred to a counseling program if found to have abuse or dependence disorders.

Older Age and Alcohol and Substance Use Disorders

Psychiatric disorders typically excluded in the literature on older HIV infected patients are alcohol and substance use disorders. However, illicit drug use has been reported by 45.1% of younger HIV infected patients and by 29.7% of older HIV infected patients — a non-significant difference (Zanjani et al. 2007). Most of the difference was due to increased cannabis use in younger patients. Non-cannabis drug use frequency was almost exactly the same in older and younger HIV infected patients. In a study of a cohort of veterans, those with current substance use disorder present who were over 50 years of age numbered 31% (Goulet et al., 2007). More research is clearly needed in the area of the impact of alcohol and substance use disorders in older HIV infected patients. Older Age and General Psychiatric Comorbidity Treatment of HIV infected patients with mental health and substance use disorders comorbidities results in the benefit of more consistent treatment of their HIV infection (Palepu et al. 2004; Sambamoorthi et al. 2000). Yet, it remains the case that little research targeting psychiatric comorbidities in older adults has been reported to date. It is important to note a caveat that the impact of mental health or substance abuse treatment alone on sexual and substance use risk behaviors may be limited, thus highlighting the importance of comprehensive care models that integrate behavioral health

services with medical treatment of older HIV infected patients. Throughout this report substance use is cited as a key variable that must be considered in order to achieve optimal outcomes. It should be noted that an expanding number of pharmacotherapies that are either non-addictive or low in addictive potential have been reported to primarily affect substance use outcomes; these include bupropion, acamprosate, topiramate, buprenorphine, gabapentin, modafinil, armodafinil, flumazenil, naltrexone, and most recently naloxone administered by a new hand-held auto-injector to reverse opioid overdose. The co-occurrence of substance use with other mental health issues is clear, but it is also a significant factor in the comorbidities discussed in this report and their management. This challenge is reflected in the fact that almost any infectious disease occurs in the context of psychosocial factors such as unemployment, unstable housing, family problems and stigma.

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