

## **S9: Addictions in Later Life an Emerging Crisis**

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Substance use disorders (SUDs) among older adults represent a growing but often overlooked public health crisis. This presentation explores the prevalence, impact, and management of SUDs in later life, focusing on alcohol, cannabis, and opiate use, as well as misuse of over the counter (OTC) medications.

Aging populations are increasingly at risk of developing SUDs due to factors such as chronic pain, mental health disorders, and social isolation. The physiological changes associated with aging also alter drug metabolism and increase susceptibility to adverse effects. Despite being the most common SUD in older adults, alcohol misuse often goes undetected. Cannabis use is rising among seniors due to changing legal landscapes, presenting both potential therapeutic benefits and risks. Opiate dependency often stems from chronic pain management, necessitating best practices for opiate use and alternatives. Additionally, misuse of OTC medications, such as sleep aids and pain relievers, is a growing concern.

Effective management of SUDs in older adults requires a multidisciplinary approach, integrating medical, psychological, and social support. Key principles include comprehensive assessment, personalized treatment plans considering comorbidities and polypharmacy, behavioral interventions, and ongoing education for healthcare providers on age-specific SUD challenges and management. Addressing SUDs in older adults is crucial for improving quality of life and reducing healthcare costs. This presentation aims to highlight the significance of early detection, appropriate intervention, and the importance of a holistic approach to managing SUDs in the aging population.

### **The Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders (CDDR) and Non-Substance Uses Addictions in Old Age (NSUAOA)- Carlos Augusto de Mendonça Lima, M.D., MSci., DSci.**

The Eleventh Revision of the World Health Organization's International Classification of Diseases (ICD-11) represents major, comprehensive revision of the ICD in the last 30 years, and incorporates major advances in scientific evidence, best clinical practices and health information systems. The Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders (CDDR), led by the WHO Department of Mental Health and Substance Use, constitutes the most broadly international, multilingual, multidisciplinary and participative revision process ever implemented for a classification of mental disorders.

The CDDR are an integral part of ICD-11, and have been developed specifically for the ICD-11 mental, behavioural and neurodevelopmental disorders chapter, providing substantially more detailed information needed to understand and apply this part of the classification.

A major improvement in the ICD-11 CDDR is the consistency of structure and information across major categories. The information provided for the main disorder categories in the CDDR is organized under the following headings:

- Essential features
- Additional clinical features
- Boundary with normality
- Course features
- Developmental presentations
- Culture-related features
- Sex- and/or gender-related features
- Boundaries with other disorders and conditions (differential diagnosis).

Yet we regret that age was not considered in this list of headings. This is a missing opportunity to provide specific care for older persons and develop research to study the potential influence of the ageing process on the clinical features of mental health conditions. This is particularly true in the case of NSUAOA, an area that has been particularly neglected besides the increase of the number of older adults in the global population.

At this lecture, it will be presented the CDDR criteria to classify the NSUAOA.

### **Non-Substance Addictions in Later Life in Emerging Crisis**

**Dr. M.S. Renuka Prasad, BSc, MBBS, FRC Psych. (UK), DGM (UK), FRCPC, DFAPA, DFAPA**

The generation known as “baby boomers” is the fastest growing segment of our society globally. Substance Use Disorders among this group is a growing health problem universally. Non-Substance Use Addiction is not far behind, but is getting far less attention, in spite of its impact on these individuals and their families, which could be devastating, but cannot be underestimated. This presentation aims to assess the epidemiology, impact and treatment of Non-Substance Use Addictions, like Gambling, Internet addiction in Later Life. Evaluated studies, indicate this cohort of these individuals are at higher risk of substantial negative impact socially, along with other medical and psychiatric comorbidities.

The current treatment models to address this new wave of older individuals, with Non- Substance Use Addiction behavior, are inadequate. The field of Geriatric Psychiatry, Geriatric Addiction Medicine, Social Services all must come together to address this emerging health concern.

### **S10: Ageism in intersection: Ensuring the human rights of older persons in the face of oppressions**

**Authors:** Liat Ayalon, Kiran Rabheru, Silvia Perel-Levin, Lia S. Daichman, Alexandre Kalache

**Summary:** Ageism is defined as prejudice, discrimination, and stereotypes towards people because of their age. Ageism can be directed towards individuals of all ages and be either positive or negative. Ageism can operate at the institutional level directed via legal and social policies, at the meso level as evident in interpersonal relations and at the micro level directed by people towards their own age and aging. Ageism can be experienced either consciously with full awareness or unconsciously, without the agent of ageism and/or the target of ageism being fully aware of it. The following presentations will address ageism in relation to older persons because of its well-known detrimental effects. An important aspect of ageism concerns the fact that it does not occur in silo. Instead, it is often age in intersection with other forms of discrimination, which results in the marginalization of older persons. Perel-Levin will analyse how ageism and age-based discrimination intersect with other forms of biases, discrimination, and inequalities based, such as disability, gender, gender identity and sexual orientation, ethnic background, and socioeconomic status. The presentation by Daichman will focus on age in intersection with gender by stressing the vulnerable place of older women and relate this to elder abuse. Ayalon will highlight self-directed ageism and intergenerational conflict as they manifest in older persons’ political activism. Finally, Rabheru will discuss findings concerning ageism in Canada based on data obtained from a diverse array of stakeholders, including researchers, healthcare professionals, social service providers, older persons, and advocates. Kalache will moderate the session and conclude with applied tools to ensure the human rights of older persons in the face of institutional, interactional, and intrapersonal ageism.