

## AGEING WITH ADDICTION: DESCRIBING HEALTH CONDITIONS OF YOUNGER AND OLDER DRUG USERS IN SWITZERLAND

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### Background

The number of people who inject drugs (PWID) in opioid substitution treatment (OST) aged more than 50 has increased at least 5-fold in Switzerland in the last 15 years. Despite the growing size of this population, its characteristics are little known. This is an unfortunate condition, that represents a major challenge for social and health institutions: this population seem to cumulate physical, psychological and social problems that generate specific needs which are difficult to treat in traditional care settings. To address this problem, we planned an interdisciplinary and participatory research project in Southern Switzerland to generate new knowledge on the ageing process of PWID in OST and to implement this knowledge in the health care system. The project GOLD (Growing Old with Drugs) analyzes the ageing process of substance users on substitution therapy, by combining qualitative and quantitative research approaches with the aim to gain insight into age-specific problems and needs of this population. As part of this multidisciplinary project, in collaboration with SAMMSU (Swiss Association for the Medical Management in Substance Users), a comparative analysis of cohort data was performed assessing medical characteristics of younger ( $\leq 50$  years) and older ( $> 50$  years) drug users.

### Methods

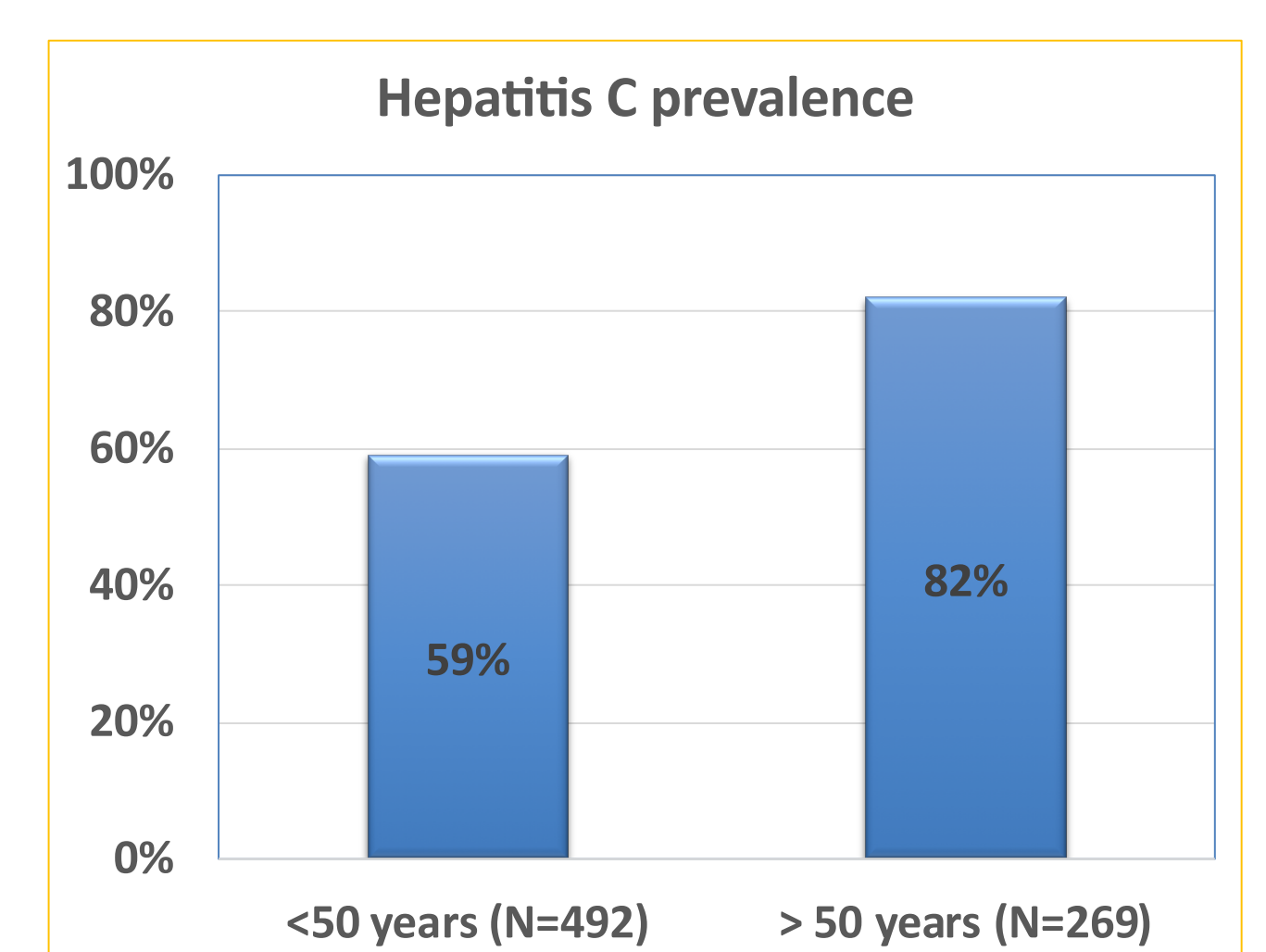
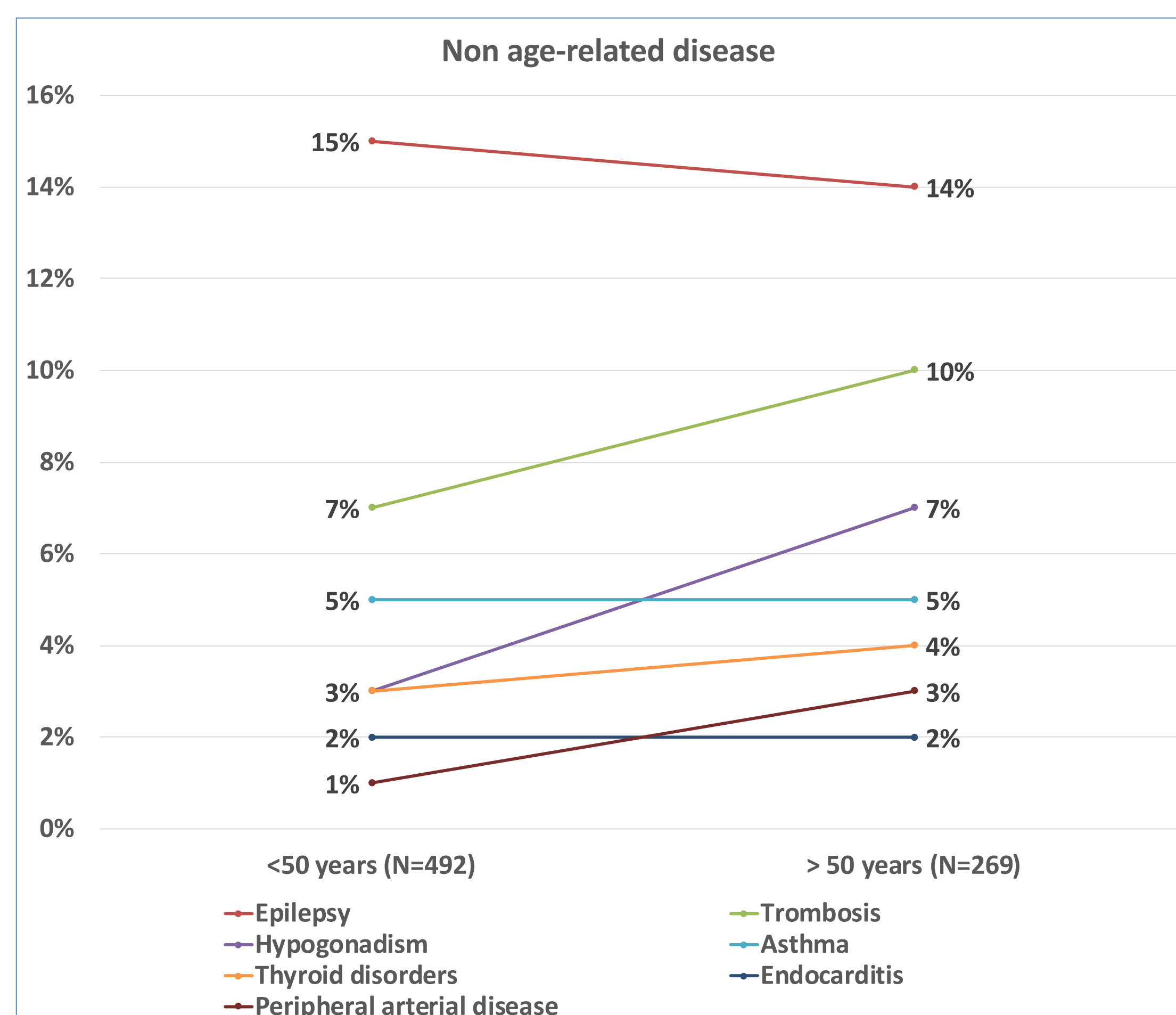
The SAMMSU cohort is an ongoing, prospective, open cohort on drug users on OST patients in Switzerland. Data are collected annually with a wide list of key parameters including demographical and socio-economical variables, drug and alcohol use, psychiatric and somatic comorbidities and therapies. A comparative analysis of demographic characteristics and medical conditions is ongoing on cohort data, stratifying subjects in two groups according to age:  $\leq 50$  and  $> 50$  years old. Preliminary data are presented in the poster.

### Somatic comorbidities

Somatic comorbidities overall

	$\leq 50$ years (N=492)		$> 50$ years (N=269)	
	N	%	N	%
Hepatitis C+	289	60%	221	82%
Major surgeries+	83	17%	80	30%
Hypertension+	44	9%	73	28%
Musculoskeletal problems+	54	11%	45	17%
Osteoporosis+	16	3%	43	16%
COPD+	28	6%	41	15%
Surgery for abscesses+	44	9%	39	14%
Epilepsy	76	15%	38	14%
Trombosis	34	7%	25	10%
Cardiovascular problems+	15	3%	24	9%
Diabetes +	13	3%	19	7%
Hypogonadism	15	3%	19	7%
Sexually transmitted diseases+	10	2%	18	7%
Malignancies+	4	1%	17	6%
Asthma	26	5%	13	5%
Pancreatitis+	8	2%	13	5%
Thyroid disorders	16	3%	10	4%
Endocarditis	11	2%	7	2%
Peripheral arterial disease	3	1%	7	3%

+: difference is statistically significant



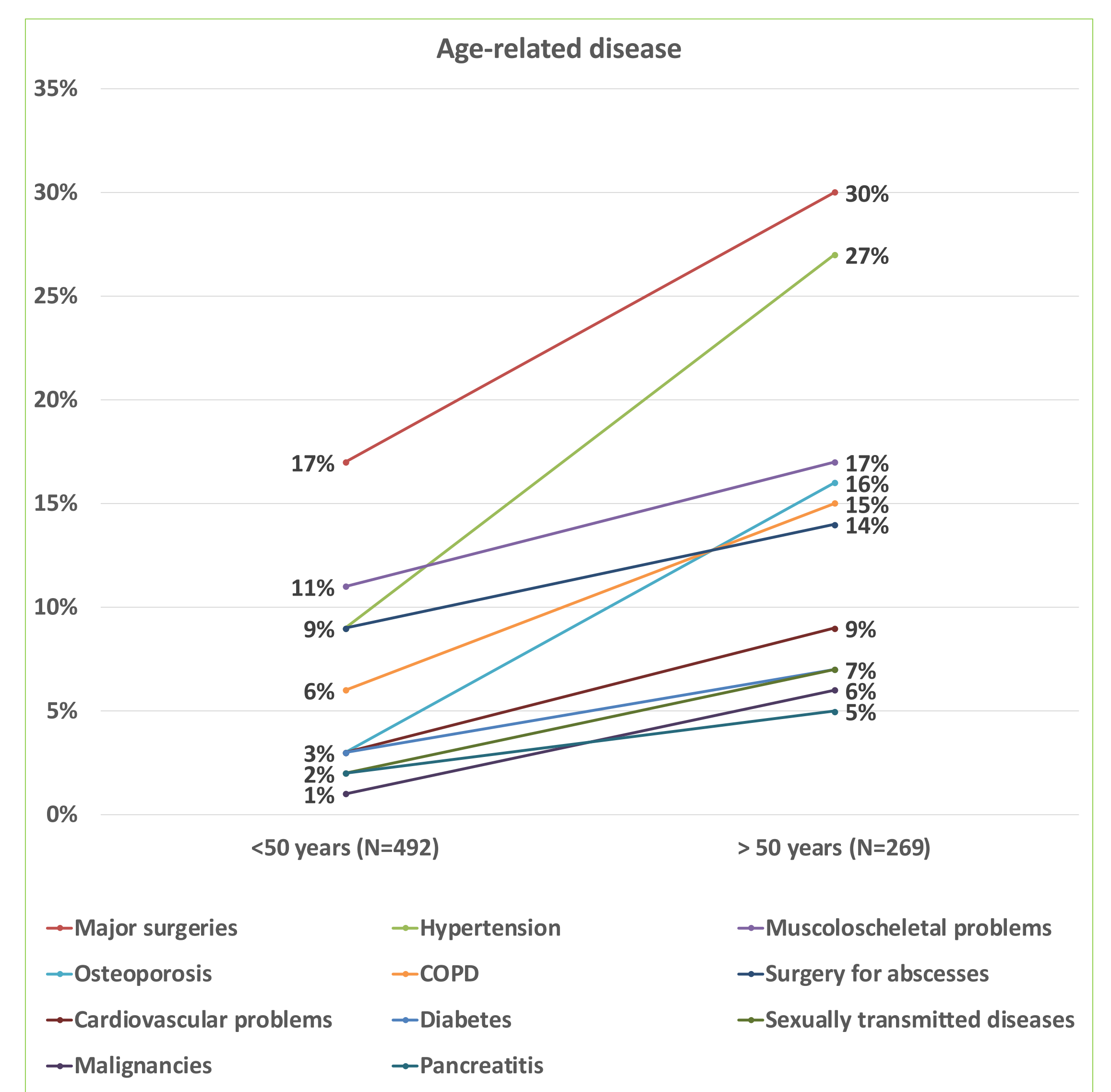
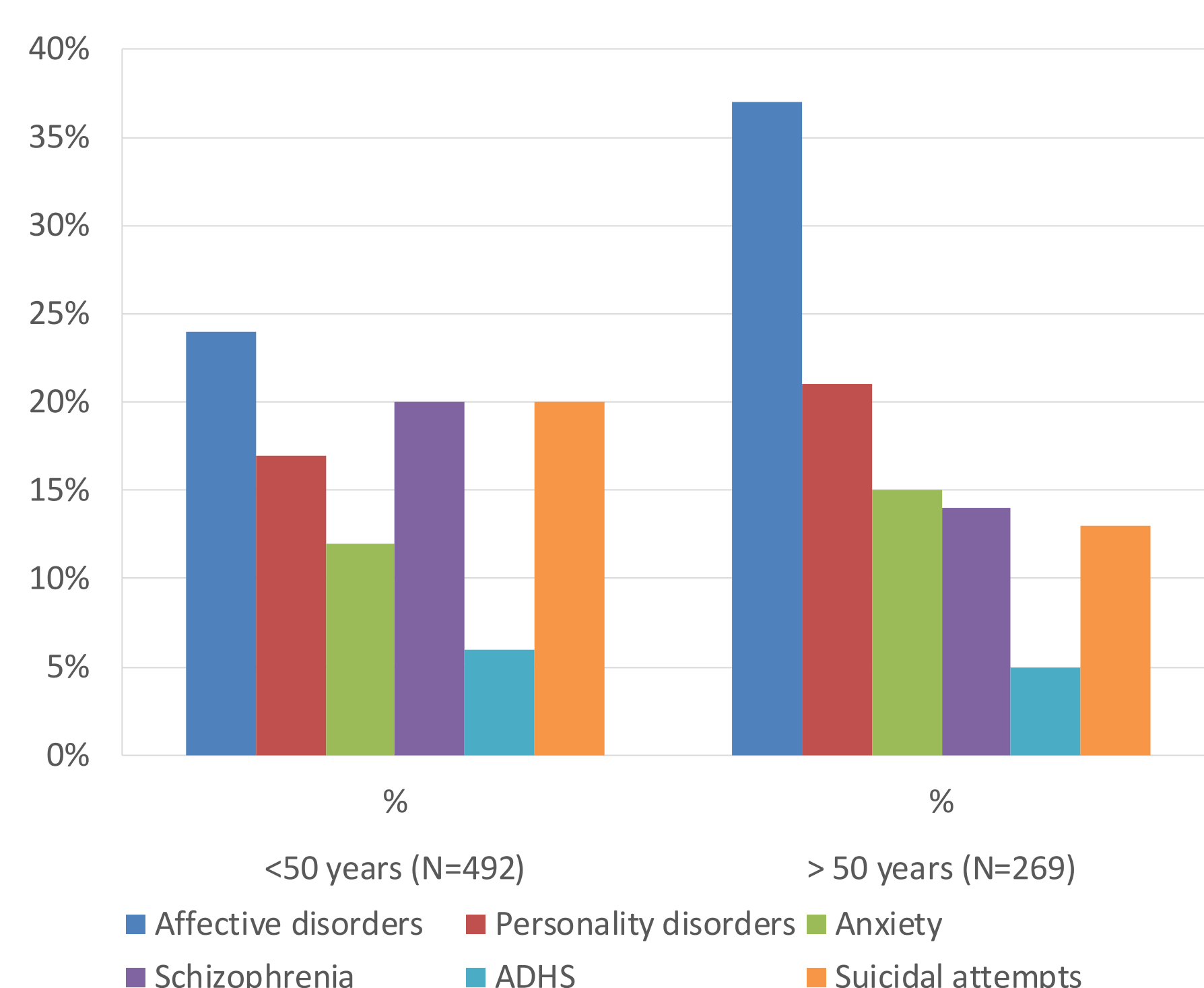
### Results

Until September 2018, 761 subjects were included, 492 (65%)  $\leq 50$  years old and 269  $> 50$  years old. Mortality rate was comparable across the two groups (3% among  $> 50$  vs 2%,  $P = 0.4135$ ). Gender distribution was similar in both age groups (75% males). Significant differences were observed for psychiatric conditions: in younger drug users the frequency of affective disorders was lower (24% vs 37%,  $P = 0.0004$ ), while the rate of suicide attempts was higher (20% vs 13%,  $P = 0.0256$ ), marginal difference was observed for diagnosis of schizophrenia (14% in those  $> 50$  years vs 20%  $\leq 50$  years,  $P = 0.0540$ ). Interestingly, 172 subjects  $> 50$  years (64%) experienced at least one psychiatric comorbidity vs 60% of those  $\leq 50$  years, while in the general population the prevalence of psychiatric disorders is estimated 11-18% (Steel et al, Int J Epidemiol 2014). As shown in the tables and graphs, many somatic comorbidities appear to be related to age and are therefore significantly higher in subjects older than 50 years, increasing the frailty of an already fragile population. Hypertension, musculoskeletal problems, osteoporosis, COPD, cardiovascular problems, diabetes, malignancies, pancreatitis, sexually transmitted disease and hepatitis C are significantly more prevalent among subjects older than 50 years.

### Psychiatric comorbidities

	$\leq 50$ years (N=492)		$> 50$ years (N=269)	
	N	%	n	%
Affective disorders+	119	24%	99	37%
Personality disorders	82	17%	57	21%
Anxiety	58	12%	40	15%
Schizophrenia+	101	20%	39	14%
ADHS	31	6%	14	5%
Suicidal attempts+	94	20%	33	13%

+: difference is statistically significant



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### Conclusions:

Although with many limitations (e.g. related to the possibility of recall bias among older subjects), age-specific changes of medical conditions can be found in drug users, including somatic and psychiatric disorders. More data are needed to better describe this evolving population. The identification of age-related differences will help to develop tailored treatment and prevention strategies addressing age-specific needs in drug users.

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