

National Guidelines on Substance Use Disorder in Older Adults:
Guideline Development Methodology

In 2017, the Canadian Coalition for Senior’s Mental Health (CCSMH) was awarded funding by Health Canada’s Substance Use and Addictions Program (SUAP), to develop four sets of clinical guidelines and knowledge translation tools on the prevention, screening, assessment, and treatment of **Alcohol Use Disorder (AUD)**, **Benzodiazepine Receptor Agonist Use Disorder (BUD)**, **Cannabis Use Disorder (CUD)** and **Opioid Use Disorder (OUD)** in older adults. SUAP is a federal contributions program, delivered by Health Canada which provides financial support to provinces, territories, non-governmental organizations, and key stakeholders to strengthen responses to drug and substance use issues in Canada. This document will outline the methodology that was followed in the development of the four clinical guideline documents.

Selection of Working Group and Steering Committee membership

The development of each Clinical Guideline document was led by a Working Group (WG) comprised of 8 to 10 experts from across Canada. Each WG included a range of both clinical and academic experts from the fields of seniors’ mental health, geriatrics, and substance use and addictions. Each WG also included at least one person with lived experience (PWLE) of substance use disorder (SUD).

Lists of prospective WG members were developed through a review of relevant literature authorship, through references from colleagues, and through a solicitation of recommendations from partnering organizations. Invitations were then sent out to prospective WG members in a manner that assured a balanced representation of clinician and academic experts. The resulting WGs had interdisciplinary representation including family physicians, nurses, geriatric psychiatrists, geriatricians, addictions medicine specialists, pharmacists, researchers, policy experts, and people with lived experience. Specific efforts were made to try to ensure representation of WG members from across Canada.

Each WG was led by co-chairs. The overall project was led by a Steering Committee which comprised of the co-chairs from each of the WGs and also included CCSMH’s Co-Chairs and Executive Director. The project’s Steering Committee met monthly via a video e-meeting platform to discuss project progress and to make decisions on issues that affected the overall project.

Conflict of Interest

The assurance and maintenance of a conflict-free process was of utmost priority throughout this project. All WG members completed conflict of interest forms (Appendix A) both at the onset of this project's work as well as prior to the final vote on the guideline recommendations. Conflict of interest forms sought disclosure of all sources and amounts of direct and indirect remuneration from industry, for-profit enterprises, and other entities (i.e. direct financial conflicts) that could potentially introduce real or perceived risk of bias. In addition, members were asked to report indirect conflicts of interest, such as academic advancement, clinical revenue, and professional or public standing that could potentially influence interpretation of evidence and formulation of recommendations.

Completed conflict of interest forms were reviewed by a review committee comprising of CCSMH's Co-Chairs and Executive Director. Prospective conflicts were either managed or, if potential conflict was deemed significant, individuals were excluded from the project. In order to ensure a process that was completely free of potential conflict, one WG member's potential bias was managed by excluding them from voting on the treatment recommendations of their guidelines. Additionally, two individuals were asked to divest themselves of specific financial investments. Finally one working group member resigned at an early stage of the project following mutual agreement that there was a potential conflict of interest. All completed conflict of interest forms are available on request from CCSMH.

Development of Clinical Guidelines

It was agreed that the scope of these guidelines would be limited to providing guidance for clinicians on preventing the development of an alcohol, benzodiazepine receptor agonist (BZRA), cannabis, or opioid use disorder, screening for these disorders, and optimally assessing and treating older individuals who have developed such a disorder.

An in-person meeting of all WG members was held in Toronto at the beginning of the project. WGs each developed a framework for their guidelines, outlining major topic headings. Over the course of the development of the Clinical Guidelines, each of the four individual guideline WGs met virtually (usually every two weeks), with frequent informal contact via email between meetings. A second in-person

meeting funded by a Canadian Institute of Health Research (CIHR) grant was also held to bring a sub-committee together to plan a knowledge translation strategy for the Guidelines.

Sub-groups of at least two WG members were assigned to review the literature on assigned sections from the framework based on their area(s) of expertise and interest. WG members then developed summaries of the literature that they had reviewed, highlighting potential recommendations based on the literature.

Each WG divided tasks by the sections of prevention, screening, assessment, and pharmacological and psychosocial treatment prior to review by the full group. An experienced librarian and project coordinator conducted several systematic searches for studies related to substance use and substance use disorder in older adults as well as for each of the four substances. Individual search strategies for each substance use disorder are described below. The databases used included Cochrane Library, EMBASE, Psych Info, and PubMed. The timeframe used on the database searches extended back over the last 10 years (2007-2017) and the searches were performed during September 2017 through March 2018. Searches were restricted to human data written in the English language. Literature from all searches was sorted and saved in Dropbox folders that were shared with all WG members. A separate search on patient experience literature related to substance use was also carried out as was an additional search for literature on gender issues and substance use.

In addition, a list of websites was compiled based on known evidence-based practice websites and recommendations from the WGs. The following websites were initially consulted:

- 1) **Canadian Centre on Substance Use and Addiction:** <http://www.ccdus.ca/Eng/About-CCSA/Pages/default.aspx>
- 2) **Health Canada:** <https://www.canada.ca/en/health-canada.html>
- 3) **BRief Intervention and Treatment for Elders (BRITE):** <http://brite.fmhi.usf.edu/BRITE.htm>
- 4) **Substance Abuse and Mental Health Services Administration (SAMHSA):** <https://www.samhsa.gov/>
- 5) **World Health Organization:** http://www.who.int/topics/alcohol_drinking/en/ and http://www.who.int/topics/substance_abuse

Previous relevant guidelines published in English and relating to AUD, BUD, CUD, OUD, SUD, and substance use among older adults were identified and then assessed for quality by WGs using the Appraisal of Guidelines for Research & Evaluation Instrument (AGREE II) tool (Brouwers et al., 2010). Key guidelines were then selected for each substance use area. Recommendations from these selected guidelines were considered for inclusion or adaptation for our Guidelines. In most cases it was decided that previous guidelines were not helpful as they had not focused on older adults or were not specific to a substance use disorder. In addition, an additional literature search and review was conducted in 2018 to identify any new relevant evidence since 2015. Systematic and narrative reviews including book chapters specific to older adults were reviewed, discussed, and integrated if relevant.

Three of the groups found existing guidelines to be informative but did not believe that they were relevant enough to form the basis for our guidelines. The Opioid group opted to modify the existing relevant key guidelines using the ADAPTE collaboration process, outlined in the ADAPTE Manual, Version 2 (Guidelines International Network, 2016) in order to customize the selected guidelines for older adults and a Canadian context. They formulated questions in the Population, Intervention, Comparator, Outcome, and Time (PICOT) format as a WG, populated the questions with answers obtained from the previously chosen key guidelines, and then supplemented this information with evidence from literature.

Following review of the selected previously published key guidelines and the most relevant literature, WG members from each group drafted recommendations and provided the evidence for each recommendation. Each draft recommendation was then reviewed by the whole WG through online weekly meetings. A WG facilitator recorded discussion points raised by the group members on each recommendation during the meetings, which were then integrated by the member assigned to that recommendation and subsequently re-presented to the group for further review. A vote was then taken on the final worded recommendations. While four independent documents were created, there is cross-referencing between the documents. In some cases research gaps, education, and service delivery issues have also been included in the guidelines.

In order to be consistent with current standards for best practices in guideline development, the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach was utilized to evaluate the literature and subsequently, to derive a 'score' for each specific recommendation (Guyatt et al, 2008). The GRADE system takes into account the quality of evidence (based on a range of

factors including study design, potential biases, and scope and consistency of results) as well as risk-benefit ratios, patient preferences, and resource requirements, to determine the strength of the recommendations. Voting agreement of at least 75% among WG members was required to accept a recommendation. In virtually all cases recommendations in this series of guidelines had 100% agreement by WG members. The GRADE instrument was used throughout the developmental process to ensure the guidelines met international standards of transparency, high quality, and methodological rigour. A separate category for recommendations which were not primarily based on empirical evidence was also created. Examples of these include recommendations related to optimal assessment processes and to education and/or policy. These recommendations have been categorized as “C” for consensus. The GRADE process was not used for these recommendations. Other guideline groups, including the 2012 British Association for Psychopharmacology (BAP) Guidelines, have used a similar approach. While such recommendations lack empirical evidence, CCSMH believes they are useful and important.

Once the final recommendations on wording were confirmed through WG consensus and voting, the draft guidelines were circulated for external review. External reviewers were selected based on clinical and scholarly expertise. Prior to their participation in the review, all external reviewers completed conflict of interest disclosure forms. The completed forms are available upon request from CCSMH. Feedback from each reviewer was appraised by co-leads from each WG and incorporated into a revised draft that was presented to all WG members. Each WG reviewed the draft several times and reached consensus on final guideline content supported by a second round of voting.

Individual Search Strategy Narratives: Alcohol, Benzodiazepines, Cannabis, Opioids

I. ALCOHOL

An initial series of computerized searches for evidence-based manuscripts, including guidelines, meta-analyses, systematic reviews, clinical trials, and original literature was conducted by a librarian consultant to the Guidelines Project. The search strategy was guided by the following inclusion criteria:

- English language
- Human studies
- Addressed the screening, assessment, prevention, and/or treatment of AUD among older adults*

- Excluded dissertations
- Restricted to guidelines and literature published over the previous 10 years (2007-2017)

* Where possible, the search was restricted to “older adults” (i.e. 65 years and over). However, given the dearth of available literature on AUD in this population, literature that addressed an aspect of AUD among younger adults was included if no other relevant literature pertaining to older adults was available.

Literature Review Search

The initial literature search was conducted between August and September 2017 and examined several databases for literature and existing guidelines pertaining to SUDs among older adults. The databases searched were: Medline, EMBASE, PsychInfo, PubMed, and the Cochrane Library. A search of the grey literature was also conducted. General substance use disorder terms used were: “substance related disorders”, “drug abuse”, “drug use”, “substance use”, “drug addiction”, “addiction”, “long term use”, “medication management”, “prescription drug”, “assessment”, “screening”, “prevention”, “treatment”, “support recovery”, “twelve step”, “cognitive behavioural therapy”, “mindfulness”, “geriatric”, “aged”, “80 or over”, “65 or over”, “elderly”, “older adult”, “senior”, “incidence”, “prevalence”, “incidence”, “ethnicity”, “culture”, “Indigenous”, and “socioeconomic”. In addition to these general terms, the following terms specific to Alcohol Use Disorder among older adults were also included: “alcohol”, “alcoholism”, “alcoholic”, “alcohol use disorder”, “alcohol dependence”, “alcohol addiction”, and “alcohol use”.

The original list of articles was narrowed down by project assistants based on relevance to the development of the AUD Guidelines and circulated to the Alcohol WG. As the development of the guideline document progressed, additional literature (e.g. summaries and research articles) were identified through targeted searches and expert knowledge contributions on the part of the Alcohol WG. The resultant reference base numbered 472 articles.

In 2018, an updated search was conducted by a CCSMH project assistant for the time period from January 2015 through April 2018 to be sure that we captured relevant recent studies. Of the 989 records retrieved, 43 articles were determined to be relevant to the development of the AUD

Guidelines, bringing the total number of articles to 515.

The literature and grey literature searches yielded 22 potentially relevant guidelines. These were further considered by the Alcohol WG as to whether they specifically addressed the guideline topic. A quality appraisal of these guidelines using a modified version of the Appraisal of Guidelines for Research and Evaluation II (AGREE II), was carried out.

These documents were:

- Alcohol and Seniors (Alberta Health Services, 2014)
- Alcohol and Health: Low-risk Drinking (Alberta Health Services, 2014)
- Substance misuse and alcohol use disorders (Naegle in: Boltz M et al, 2012)
- Guidelines to reduce health risks from drinking alcohol (Australian National Health and Medical Research Council, 2009)
- Drink wise, age well: Alcohol use and the over 50s in the UK (Holley-Moore & Beach, 2016)
- Substance abuse among older adults: Treatment Improvement Protocol (TIP) Series 26 (SAMHSA, 1998)
- Alcohol and health: Alcohol and Seniors (Éduc'alcool, 2006)
- BAP updated guidelines: Evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity - Recommendations from BAP (Lingford-Hughes et al., 2012)
- Substance misuse in older people: An information guide (Royal College of Psychiatrists [RCP], 2015)
- Best practices - Treatment and Rehabilitation for Seniors with Substance Use Problems (Health Canada, 2002)
- Alcohol and Health in Canada: A Summary of Evidence and Guidelines for Low-Risk Drinking (Butt et al., 2011)
- Addiction and aging - Addictions et Vieillissement (Addiction Suisse, 2013)
- Older people and alcohol and other drugs (Hunter, 2011)
- Alcool et âge: Informations pour les personnes dès 60 ans (Addiction Suisse, 2011)
- Low risk drinking guidelines in Europe: Overview of RARHA survey results (Scafato et al., 2016)
- Guidelines for the Treatment of Alcohol Problems (Haber et al., 2009)

- Alcohol guidelines review: Report from the Guidelines development group to the UK Chief Medical Officers (Department of Health, United Kingdom, 2016)
- Working with older drinkers (Wadd et al., 2011)
- Moderate alcohol use and health: A consensus document (Poli et al., 2013)
- Fact sheet #2: Management of Alcohol Use Disorders in older adults - What doctors need to know (Kahan et al., 2013)
- Our invisible addicts: First report of the Older Persons' Substance Misuse WG of the Royal College of Psychiatrists (RCP, 2011)
- Alcohol-use disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence (National Institute for Health and Care Excellence, 2011)

Following review of these documents it was determined that a number of them were not actually guidelines. It was also determined that several would be helpful in informing the CCSMH recommendations, but they did not directly form the basis for the guidelines.

II.

BENZODIAZEPINE RECEPTOR AGONISTS

Benzodiazepine receptor agonists include benzodiazepines and zopiclone, zolpidem, and zaleplon (also known as the Z-drugs). BZRA Use Disorder falls under the category of Sedative, Hypnotic, or Anxiolytic Use Disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

An initial series of computerized searches for evidence-based manuscripts, including guidelines, meta-analyses, systematic reviews, clinical trials, and original literature was conducted by a librarian consultant to the Guidelines Project. The search strategy was guided by the following inclusion criteria:

- English language
- Human studies
- Addressed the screening, assessment, prevention, and/or treatment of BUD Disorder among older adults*
- Excluded dissertations
- Restricted to guidelines and literature published over the previous 10 years (2007-2017)

*Where possible, the search was restricted to “older adults” (i.e. 65 years and over). However, given the dearth of available literature on BUD among this population, literature that addressed an aspect of BUD among younger adults was included if no other relevant literature pertaining to older adults was available.

Literature Review Search

The initial searches were conducted between August and September 2017, and examined several databases for literature and existing guidelines pertaining to SUDs among older adults. The databases searched were: Medline, EMBASE, PsychInfo, PubMed, and the Cochrane Library. A search of the grey literature was also conducted. General Substance Use Disorder terms used were: “substance related disorders”, “drug abuse”, “drug use”, “substance use”, “drug addiction”, “addiction”, “long term use”, “medication management”, “prescription drug”, “assessment”, “screening”, “prevention”, “treatment”, “support recovery”, “twelve step”, “cognitive behavioural therapy”, “mindfulness”, “geriatric”, “aged”, “80 or over”, “65 or over”, “elderly”, “older adult”, “senior”, “incidence”, “prevalence”, “incidence”, “ethnicity”, “culture”, “Indigenous”, and “socioeconomic”. In addition to these general terms, the following terms specific to BUD were also included: “benzodiazepine”, “benzodiazepine use disorder”, “benzodiazepine dependence”, “benzodiazepine misuse”, “antianxiety agents”, “Z drugs”, “tranquilizing agents”, “sedative”, “anxiolytic”, “psychotropic”, “benzodiazepine withdrawal”, “benzodiazepine taper”, “benzodiazepine detoxification”, “use of non-benzodiazepines to treat withdrawal”, “alcohol withdrawal”. and “co-prescribing”.

The original list of articles was narrowed down by project assistants based on relevance to the development of the BUD Guidelines and circulated to the Benzodiazepine WG. As the development of the guideline document progressed, additional literature (e.g. summaries and research articles) were identified through targeted searches and expert knowledge contributions on the part of the Benzodiazepine WG. The resultant reference base numbered 443 articles. In 2018, a second search was conducted by a CCSMH project assistant to be sure that we captured relevant recent studies. We used the same terms as the initial search plus the terms “women” and “female” for the time period from January 2015 through April 2018. Of the 1,282 records retrieved, 25 were determined to be relevant to the BUD guideline development process, bringing the total number of articles to 468.

The literature and grey literature searches also yielded five potentially relevant guidelines although none of them focused specifically on older adults. These were further considered by the Benzodiazepine WG as to whether they specifically addressed the guideline topic. A quality appraisal of these guidelines using a modified version of the Appraisal of Guidelines for Research and Evaluation II (AGREE II) was carried out.

These guidelines were:

- Prescribing drugs of dependence in general practice Part B: Benzodiazepines (RACGP, 2015)
- Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders (Katzman et al., 2014)
- BAP updated guidelines: Evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity: recommendations from BAP (Lingford-Hughes et al., 2012)
- Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults (Schutte-Rodin et al., 2008)
- Clinical Practice Guideline for the Pharmacologic Treatment of Chronic Insomnia in Adults: An American Academy of Sleep Medicine Clinical Practice Guideline (Sateia et al., 2017)

Given the limited applicability of these guidelines to older adults, the WG relied primarily on the primary literature and other resources to inform their recommendations.

III. **CANNABIS**

An initial series of computerized searches for evidence-based manuscripts, including guidelines, meta-analyses, systematic reviews, clinical trials, and original literature was conducted by a librarian consultant to the Guidelines Project. The search strategy was guided by the following inclusion criteria:

- English language
- Human studies
- Addressed the screening, assessment, prevention, and/or treatment of CUD among older adults*
- Excluded dissertations

- Restricted to guidelines and literature published over the previous 10 years (2007-2017)

* Where possible, the search was restricted to “older adults” (i.e. 65 years and over). However, given the dearth of available literature on CUD among this population, literature that addressed an aspect of CUD among younger adults was included if no other relevant literature pertaining to older adults was available.

Literature Review Search

The initial searches were conducted between August and September 2017, and examined several databases for literature and existing guidelines pertaining to SUDs among older adults. The databases searched were: Medline, EMBASE, PsychInfo, PubMed, and the Cochrane Library. A search of the grey literature was also conducted. General SUD terms used were: “substance related disorders”, “drug abuse”, “drug use”, “substance use”, “drug addiction”, “addiction”, “long term use”, “medication management”, “prescription drug”, “assessment”, “screening”, “prevention”, “treatment”, “support recovery”, “twelve step”, “cognitive behavioural therapy”, “mindfulness”, “geriatric”, “aged”, “80 or over”, “65 or over”, “elderly”, “older adult”, “senior”, “incidence”, “prevalence”, “ethnicity”, “culture”, “Indigenous”, and “socioeconomic”. In addition to these general terms, the following terms specific to CUD were also included: “cannabis”, “cannabis use disorder”, “cannabis dependence”, “cannabis addiction”, “cannabinoid”, “marijuana”, “THC”, and “CBD”.

The original list of articles was narrowed down by project assistants based on relevance to the development of the CUD Guidelines and circulated to the Cannabis WG. As the development of the guideline document progressed, additional literature (e.g. summaries and research articles) were identified through targeted searches and expert knowledge contributions on the part of the Cannabis WG. The resultant reference base numbered 184 articles.

In 2018, an updated search was conducted by a CCSMH project assistant for the time period from January 2015 through April 2018 to be sure that we captured relevant recent studies. Of the 1,714 records retrieved, 17 additional articles determined to be relevant to the CUD Guideline development process were added, bringing the total number of articles to 201.

The literature and grey literature searches also yielded seven potentially relevant guidelines. These were further considered by the Cannabis WG as to whether they specifically addressed the guideline topic. A quality appraisal of these guidelines using a modified version of the Appraisal of Guidelines for Research and Evaluation II (AGREE II) was carried out.

These guidelines were:

- Authorizing Dried Cannabis for Chronic Pain or Anxiety: Preliminary Guidance (CFPC, 2014)
- The Health Effects of Cannabis and Cannabinoids: The current state of evidence and recommendations for research (NASEM, 2017)
- Lower-Risk Cannabis Use Guidelines: A Comprehensive Update of Evidence and Recommendations (Fischer, 2017)
- Clinical Guidance: for the use of medicinal cannabis products in Queensland (Queensland Health, 2017)
- Canada's lower-risk cannabis use guidelines (LRCUG) (Centre for Addiction and Mental Health [CAMH], 2017)
- Simplified guidelines for prescribing Cannabis in Primary Care (Allan, 2018)
- Medical marijuana in certain neurological disorders (American Academy of Neurology, 2014)

Given the limited applicability of these guidelines to older adults, the WG relied primarily on the primary literature and other resources to inform their recommendations.

IV. **OPIOIDS**

An initial series of computerized searches for evidence-based manuscripts, including guidelines, meta-analyses, systematic reviews, clinical trials, and original literature was conducted by a librarian consultant to the Guidelines Project. The search strategy was guided by the following inclusion criteria:

- English language
- Human studies
- Addressed the screening, assessment, prevention, and/or treatment of OUD among older adults*
- Excluded dissertations

- Restricted to guidelines and literature published over the previous 10 years (2007-2017)

* Where possible, the search was restricted to “older adults” (i.e. 65 years and over). However, given the dearth of available literature on OUD among this population, literature that addressed an aspect of OUD among younger adults was included if no other relevant literature pertaining to older adults was available.

Literature Review Search

The initial searches were conducted between August and September 2017, and examined several databases for literature and existing guidelines pertaining to SUDs among older adults. The databases searched were: Medline, EMBASE, PsychInfo, PubMed, and the Cochrane Library. A search of the grey literature was also conducted. General SUD terms used were: “substance related disorders”, “drug abuse”, “drug use”, “substance use”, “drug addiction”, “addiction”, “long term use”, “medication management”, “prescription drug”, “assessment”, “screening”, “prevention”, “treatment”, “support recovery”, “twelve step”, “cognitive behavioural therapy”, “mindfulness”, “geriatric”, “aged”, “80 or over”, “65 or over”, “elderly”, “older adult”, “senior”, “incidence”, “prevalence”, “incidence”, “ethnicity”, “culture”, “Indigenous”, and “socioeconomic”. In addition to these general terms, the following terms specific to OUD were also included: “heroin”, “methadone”, “opiate use disorder”, “opiate misuse”, “opioid addiction”, “opioid analgesics”, “opiate replacement therapy”, “opiate substitution”, “opiate agonist”, “opiate antagonist”, “naltrexone”, and “buprenorphine”.

The original list of articles was narrowed down by project assistants based on relevance to the development of the OUD Guidelines and circulated to the Opioid WG. As the development of the guideline document progressed, additional literature (e.g. summaries and research articles) were identified through targeted searches and expert knowledge contributions on the part of the Opioid WG. The resultant reference base numbered 306 articles.

In 2018, an updated search was conducted by a CCSMH project assistant for the time period from January 2015 through April 2018 to be sure that we captured relevant recent studies. The updated search yielded 61 additional relevant records, bringing the total number of articles to 367.

The opioid WG first identified guidelines to be used for customization to older adults within the Canadian context. Only one previous guideline published by the Royal College of Psychiatrists (UK) in the last 10 years for the prevention, assessment, and treatment of OUD specific to older adults was identified in the English language literature searched (RCP, 2015). The WG chose to include this guideline for its direct relevance to older adults, despite a low-quality rating on the Appraisal of Guidelines for Research and Evaluation (AGREE) II tool. The group closely reviewed the top four OUD guidelines focused on adults in general (not just older adults) published in the last 10 years (American Society of Addiction Medicine [ASAM], 2015; Bruneau et al., 2018; Department of Veterans Affairs & Department of Defense [VA & DoD], 2015; World Health Organization [WHO], 2009). The group chose the United States VA & DoD guideline (2015) as the best rated guideline to use as a starting point, as per the AGREE II tool and also relied on elements of the Canadian Clinical Practice Guideline for Opioid Use Disorder for its applicability to our context (Bruneau et al., 2018). SAMHSA offers a comprehensive guideline on the treatment of SUDs in older adults, but since it was published over two decades ago, it was not included in this analysis (SAMHSA, 1998)

Recommendations from less robust guidelines and clinical practice tips on OUD were considered when the selected guidelines did not address an issue fully or supporting evidence was needed (British Columbia (BC) Centre on Substance Use & BC Ministry of Health, 2017; CCSA, 2016; College of Physicians & Surgeons of British Columbia, 2016; College of Physicians & Surgeons of Ontario, 2011; Health Service Executive, 2016; Kahan, 2016; Lingford-Hughes et al., 2012; Royal Australian College of General Practitioners, 2017; SAMHSA, 2018).

No published randomized controlled trials were identified on the prevention, assessment, or treatment of OUD in older adults. Therefore, the main evidence used to generate the recommendations was based on the above guidelines, along with systematic and narrative reviews on older adults since 2015 (Bhatia et al., 2015; Burgos-Chapman et al., 2016; Carew & Comiskey, 2018; DeVido et al., 2018; Hassell et al., 2017; Le Roux et al., 2016; Loreck et al., 2016; Maree et al., 2016). In addition, clinical and observational studies extrapolated from younger adults as well as clinical expertise informed our guidelines. For the section on prevention, key Canadian and US guidelines were identified for the treatment of chronic non-cancer pain (Busse et al., 2017; Chou et al., 2015; Dowell et al., 2016) .

References

- Addiction Suisse (2011). *Alcool et âge: Informations pour les personnes dès 60 ans*. Lausanne, Switzerland.
- Addiction Suisse (2013). *Addictions et Vieillissement*. Lausanne, Switzerland.
- Alberta Health Services. (2014). *Alcohol and Seniors*. Adapted from Educ'alcool's *Alcohol and Health Series*. (2014).
- Alberta Health Services. (2014). *Alcohol and Health: Low-risk Drinking*. Adapted from Educ'alcool's *Alcohol and Health Series*. (2014).
- Allan, G. M., et al. (2018). Simplified guideline for prescribing medical cannabinoids in primary care. *Can Fam Physician*, 64(2), 111-120.
- American Academy of Neurology. (2014). Medical marijuana in certain neurological disorders. Retrieved from Minneapolis, MN: <https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- American Society of Addiction Medicine (ASAM). (2015). The ASAM national practice guideline for the use of medications in the treatment of addiction involving opioid use. Retrieved from Chevy Chase, MD: <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>
- The ASAM Essentials of Addiction Medicine. (2015). (A. Herron & T. K. Brennan Eds. 2nd ed.). New York, NY: Lippincott Williams & Wilkins.
- The ASAM Handbook of Addiction Medicine. (2015). (D. Rastegar & M. Fingerhood Eds.). New York, NY: Lippincott Williams & Wilkins.
- Australian Drug Foundation. (2011). *Older people and alcohol and other drugs*. (DrugInfo Publication No. 15): Hunter, B.
- Australian Government Department of Health and Aging. (2009). *Guidelines for the Treatment of Alcohol Problems*. Sydney, Australia: Haber P, et al.
- Australian Government National Health and Medical Research Council. (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Retrieved from <file:///C:/Users/user/Downloads/alcohol-harm-reduction.pdf>
- BC Centre on Substance Use (BCCSU) & BC Ministry of Health. (2017). A guideline for the clinical management of Opioid Use Disorder. Retrieved from Vancouver, BC: http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

Bhatia, U., et al. (2015). Recent advances in treatment for older people with substance use problems: An updated systematic and narrative review. *European Geriatric Medicine*, 6(6), 580-586. doi:10.1016/j.eurger.2015.07.001

Burgos-Chapman, I., et al. (2016). Abuse of opioids and prescription medications. In M. Sullivan (Ed.), *Addiction in the Older Patient* (pp. 105-137). London: Oxford University Press.

Brouwers M, Kho ME, Browman GP, Cluzeau F, Feder G, Fervers B, Hanna S, Makarski J on behalf of the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Can Med Assoc J*. Dec 2010, 182:E839-842; doi: 10.1503/cmaj.090449

Bruneau, J., et al. (2018). Management of opioid use disorders: a national clinical practice guideline. *CMAJ*, 190(9), E247-E257. doi:10.1503/cmaj.170958; https://crism.ca/wp-content/uploads/2018/03/CRISM_NationalGuideline_OUD-ENG.pdf

Busse, et al. (2017). Guideline for opioid therapy and chronic noncancer pain. *CMAJ*, 189(18), E659-E666. doi:10.1503/cmaj.170363; http://nationalpaincentre.mcmaster.ca/opioidmanager/opioid_manager_download.html?appSession=18T6QC7XCFD8476F3PE1SF12D37O85D82Z4133C6E1977O1EV8K05O4U4048KEQ517C9SCJ67L669895RED6E13OPX4VPUBCCO1HNP1I263NPHTCR7RA11LOEA83D33P

Butt, P., et al. (2011). *Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking* Retrieved from Ottawa, ON: <http://www.ccsa.ca/Resource%20Library/2011-Summary-of-Evidence-and-Guidelines-for-Low-Risk%20Drinking-en.pdf>

Canadian Centre on Substance Use and Addiction (CCSA). (2016). Awareness to recovery care pathway for treatment of older adults (65 and older) experiencing psychoactive prescription drug harms. Retrieved from Ottawa, ON: <http://www.ccsa.ca/Resource%20Library/CCSA-Care-Pathways-Older-Adult-Prescription-Drug-Treatment-Online-2016-en.pdf>

Carew, A. M., & Comiskey, C. (2018). Treatment for opioid use and outcomes in older adults: a systematic literature review. *Drug Alcohol Depend*, 182, 48-57. doi:10.1016/j.drugalcdep.2017.10.007

Centre for Addiction and Mental Health. (2017). Canada's lower-risk cannabis use guidelines. Retrieved from Toronto, ON: <https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>

Chou, R., et al. (2015). The effectiveness and risks of long-term opioid therapy for chronic pain: a systematic review for a National Institutes of Health Pathways to Prevention Workshop. *Ann Intern Med*, 162(4), 276-286. doi:10.7326/M14-2559

College of Family Physicians of Canada. (2014). Authorizing Dried Cannabis for Chronic Pain or Anxiety: Preliminary Guidance. Retrieved from Mississauga, ON: <https://www.cfpc.ca/uploadedFiles/Resources/PDFs/Authorizing%20Dried%20Cannabis%20for%20Chronic%20Pain%20or%20Anxiety.pdf>

College of Physicians and Surgeons of British Columbia (CPSBC). (2016). Professional standards and guidelines: Safe prescribing of drugs with potential for misuse/diversion. Retrieved from Vancouver, BC: <https://www.csam-smca.org/wp-content/uploads/2016/11/PSG-Safe-Prescribing.pdf>

College of Physicians & Surgeons of Ontario (CPSO). (2011). Methadone Maintenance Treatment: Program standards and clinical guidelines. Retrieved from Toronto, ON: <https://www.cpso.on.ca/uploadedFiles/members/MMT-Guidelines.pdf>

Department of Health. (2016). *Alcohol guidelines review: Report for the Guidelines Development Group to the UK Chief Medical Officers*. United Kingdom.

Department of Veterans Affairs & Department of Defense (VA & DoD). (2015). Clinical practice guideline for the management of Substance Use Disorders. Retrieved from Washington, DC: <https://www.healthquality.va.gov/guidelines/mh/sud/>

DeVido, J., et al. (2018). Substance use disorders in later life. In A. Hategan & A. B. C. H. H. C. Giroux (Eds.), *Geriatric Psychiatry: A case-based textbook* (pp. 319-343). New York, NY: Springer International Publishing.

Dowell, D., et al. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016. *MMWR Recomm Rep*, 65(1), 1-49. doi:10.15585/mmwr.rr6501e1

Éduc'alcool. (2006). *Alcohol and health: Alcohol and Seniors*. Quebec.

Fischer, B, et al. (2017). Lower-Risk Cannabis Use Guidelines: A Comprehensive Update of Evidence and Recommendations. *Am J Public Health*, 107(8), e1-e12.

Guidelines International Network. (2016). ADAPTE Collaboration. Retrieved from <https://www.g-i-n.net/working-groups/adaptation>

Guyatt, G. H., et al. (2008). GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *BMJ*, 336(7650), 924-926. doi:10.1136/bmj.39489.470347.AD

Hassell, C., et al. (2017). Pharmacology of Geriatric Substance Use Disorders: Considerations and Future Directions. *Current Treatment Options in Psychiatry*, 4(1), 102-115. doi:10.1007/s40501-017-0107-z

Health Canada. (2002). *Best practices: Treatment and rehabilitation for seniors with substance use problems*. Retrieved from <https://www.canada.ca/en/health-canada/services/health-concerns/reports-publications/alcohol-drug-prevention/best-practices-treatment-rehabilitation-seniors-substance-problems.html>

Health Service Executive (HSE). (2016). *Clinical guidelines for opioid substitution treatment*. Retrieved from Dublin, Ireland: <https://www.hse.ie/eng/services/publications/primary/clinical-guidelines-for-opioid-substitution-treatment.pdf>

Holley-Moore, G., & Beach, B. (2016). *Drink wise, age well: Alcohol use and the over 50s in the UK*. Retrieved from London, UK: <https://drinkwiseagewell.org.uk/wp-content/uploads/2016/01/Drink-Wise-Age-Well-Alcohol-Use-and-the-over-50s-Report-2.pdf>

Kahan, M. et al. (2013). Fact sheet #2: Management of Alcohol Use Disorders in older adults - What doctors need to know. Seniors' Health Knowledge Network (SHKN), Ontario, Canada.

Kahan, M. (2016). Management of alcohol use disorders, opioid prescribing, and opioid use disorders in primary care: A pocket reference for family physicians. Retrieved from Toronto, ON: <https://www.porticonetwork.ca/documents/324069/365598/PCP+pocket+guide/279a0ded-d3a3-4173-9f5c-52c6190baab5>

Katzman, M. A., et al. (2014). Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. *BMC Psychiatry*, 14 Suppl 1, S1. doi:10.1186/1471-244X-14-S1-S1

Lingford-Hughes, A. R., et al. (2012). BAP updated guidelines: evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity: recommendations from BAP. *J Psychopharmacol*, 26(7), 899-952. doi:10.1177/0269881112444324

Le Roux, C., et al. (2016). Alcohol and Opioid Use Disorder in Older Adults: Neglected and Treatable Illnesses. *Curr Psychiatry Rep*, 18(9), 87. doi:10.1007/s11920-016-0718-x

Loreck, D., et al. (2016). Managing Opioid Abuse in Older Adults: Clinical Considerations and Challenges. *J Gerontol Nurs*, 42(4), 10-15. doi:10.3928/00989134-20160314-04

Maree, R. D., et al. (2016). A Systematic Review of Opioid and Benzodiazepine Misuse in Older Adults. *Am J Geriatr Psychiatry*, 24(11), 949-963. doi:10.1016/j.jagp.2016.06.003

Naegle, M. (2012). Substance misuse and alcohol use disorders. In M. Boltz, E. Capezuti, T. Fulmer, & D. Zwicker (Eds.), *Evidence-based geriatric nursing protocols for best practice* (4th ed., pp. 516–543). New York: Springer Publishing Company.

National Academies of Sciences, Engineering, and Medicine. (2017). *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*: National Academies Press.

National Institute for Health and Clinical Excellence (NICE). (2010). Alcohol-Use Disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence. Retrieved from London, UK: <https://www.ncbi.nlm.nih.gov/pubmed/22624177>.

Poli, A, et al. (2013). Moderate alcohol use and health. *Nutri, Metab, & Cardiovasc Dis*. 23(6), 487-504.

Queensland Health. (2017). Clinical guidance: for the use of medicinal cannabis products in Queensland. Retrieved from: https://www.health.qld.gov.au/__data/assets/pdf_file/0023/634163/med-cannabis-clinical-guide.pdf

Royal Australian College of General Practitioners (RACGP). (2017). *Prescribing drugs of dependence in general practice – Part B*. Retrieved from East Melbourne: <https://www.racgp.org.au/clinical->

[resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-b](https://www.racgp.org.au/resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-b)

Royal Australian College of General Practitioners (RACGP). (2017). Prescribing drugs of dependence in general practice – Part C. Retrieved from East Melbourne:

<https://www.racgp.org.au/download/Documents/Guidelines/Opioid/Opioid-Guide-Summary.PDF>

Royal College of Psychiatrists (RCP). (2011). *Our invisible addicts: First report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists*. Retrieved from London, UK

Royal College of Psychiatrists (RCP). (2015). Substance misuse in older people: An information guide. Retrieved from London, UK: Rx Files. (2018). Tapering opioids: How to explore and pursue the option for patients who stand to benefit. Retrieved from

<https://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-Tapering-Newsletter-Compilation.pdf>

Sateia, M, et al. (2017). Clinical Practice Guideline for the Pharmacologic Treatment of Chronic Insomnia in Adults: An American Academy of Sleep Medicine Clinical Practice *Guideline*. *J of Clin Sleep Med*, 13(2), 307-349.

Scafato, E, et al. (2015). The Implementation Europe (EU) of the low risk drinking guidelines: results from the RARHA survey. *Addict Sci & Clin Pract*, 10(Supple 2) 17.

Schutte-Rodin, S, et al. (2008). Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. *J Clin Sleep Med*, 4(5), 487-504.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63. Retrieved from Rockville, MD:

<https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA). (1998). *Substance abuse among older adults: Treatment Improvement Protocol (TIP) Series, No. 26* Retrieved from Rockville, MD:

<http://adaiclearinghouse.org/downloads/TIP-26-Substance-Abuse-Among-Older-Adults-67.pdf>

Wadd, S, et al. (2011). Working with older drinkers. University of Bedfordshire, U.K.

World Health Organization (WHO). (2009). Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Retrieved from Geneva:

https://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf

Appendix A



Development of Clinical Guidelines on Alcohol, Benzodiazepine, Cannabis and Opiate Use Disorder among Older Adults

Declaration of Interest Form

You have been invited by the Canadian Coalition for Seniors' Mental Health (CCSMH) to participate in the development of clinical practice guidelines for older adults on the following topic(s):

- the prevention, assessment, and treatment of Alcohol Use Disorder;
- the prevention, assessment, and treatment of Benzodiazepine Use Disorder;
- the prevention, assessment, and treatment of Cannabis Use Disorder; and
- the prevention, assessment, and treatment of Opioid Use Disorder.

The questions that follow are designed to elicit information about institutional relationships and other interests that may be relevant to guidelines on the above topic(s).

1. Do you currently, or in the past 2 years have you had, equity in any for-profit company that develops, produces, markets, or distributes alcohol, cannabis, or medications, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

- No
- Yes, as described below:

Add rows as needed.

Company	Description	Date Divested	For Internal Use

2. Do you currently or in the past 2 years have you owned patents for or received royalties from any intellectual property or product associated with alcohol or cannabis or medications used to diagnose, treat, monitor, manage, or alleviate health conditions?

- No
- Yes, as described below:

Add rows as needed

Company	Description	Date Divested	For Internal Use

3. Do you currently or in the past 2 years have you received personal income, honouraria, or other remuneration (e.g. reimbursement or financial support for the costs of travel) from any for-profit company with interests in alcohol or cannabis or that develops, produces, markets, or distributes medications, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

- No
- Yes, as described below:

Add rows as needed

Company	Description (i.e. employment, consultancy, speaker, or service on a committee, expert testimony...)	When Activity Ended	Internal Use

4. Do you currently or in the past 2 years have you been involved in research funded or supported (e.g. in-kind support) by any for-profit company that has interests in alcohol or cannabis, or that develops, produces, markets, or distributes medications, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

- No
- Yes, as described below:

Add rows as needed.

Company	Description of Research	My Role	End Date	For Internal Use

5. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

- Don't know
- No
- Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

- Don't know
- No
- Yes

If yes, please explain:

7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g. position statement, editorial, blog, amicus brief, or legislature or legal testimony?

- No

Yes

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

8. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?

No

Yes

If yes, please describe:

Summary (CCSMH/CAGP Internal Use)

The CCSMH/CAGP will review your disclosures and summarize here interests that are judged to be current and relevant to our work. You will then be invited to review our determinations and to agree to make all parts of this form publicly available.

Name of guideline panel(s):

Approved to participate?	Status/Role	Date reviewed	Date confirmed by CCSMH/CAGP	Notes

Signatures

(to be signed following assessment and management of interest)

Signed by:

Participant

Date

CAGP Representative

Date