Author's response to reviews

Title: Self reported health status, and health service contact, of illicit drug users aged 50 and over: a qualitative interview study in the United Kingdom

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Author's response to reviews: see over
Referee 1

Thank you for your comments; we feel that the changes you suggest have strengthened our paper, in particular relation to drawing out the issues pertinent to older drug users rather than older people and drug users in general.

Major compulsory revisions:

What are the specific implications for people aged 50 and above (as opposed to older people or drug users)?

We have revised the text in order to focus more upon:

1) The implications of these findings to older drug users.
2) The implications of these findings in terms of concurrent drug use and ageing (as opposed to the individual effects of drug use or ageing). These issues may be pertinent to the older drug use themselves or have implications for the health service.

We have added a paragraph at the beginning of the section on physical health to give an overview of issues specific to concurrent drug use and ageing.

We have added a paragraph at the beginning of the section on mental health to give an overview of the implications for mental health of concurrent drug use and ageing. In relation to depression and mental health we suggest that ageing further increases the prevalence of such disorders in a population where the prevalence is already high.

In relation to hepatitis C, we draw out three implications for drug use among older populations. These are:

- Younger age is one predictor of treatment success and services should be prepared to cope with older drug users who are disproportionately affected by treatment failure.
- Older drug users tend to have a smaller social support networks than younger drug users or older people in general and services need to be able to support them through the treatment process.
The burden of chronic conditions such as hepatitis C, which disproportionately affect older drug users, is currently not being fully recognised because such deaths are not classified as drug related and are not counted in official figures.

In relation to hepatitis C, for the health service we focus on the fact that, as the population of drug users age further, the number of drug users who become symptomatic and need care will increase.

In our discussion of deep vein thrombosis we say that the risk of DVT is more likely among older drug users than non drug users or younger drug users because, in addition to the damage to veins caused by injecting, the ageing process is associated with changes in blood pressure, venous valve deterioration and reduced regenerative processes.

We also comment that the interaction of ageing and drug use increases the likelihood of infection among older drug users, making them particularly susceptible to opportunistic infections such as pneumonia.

We have also added the following to highlight the issues around diagnosing substance use among older people:

These findings highlight the need for healthcare services to be vigilant for drug and alcohol use by older adults, even among those who have ceased use for many years, while social support services for older people should also be aware of the need to screen people for drug and alcohol use, particularly those in contact during times of stress such as occurs following bereavement or relationship failure. However evidence from the USA suggests that healthcare professionals are currently poor at diagnosing substance use among older people [29] possibly because of a lack of awareness that substance use among older adults occurs. Furthermore, the current screening tools for drug use, for example the Diagnostic and Statistical Manual of Mental Disorders IV for substance abuse, have not been validated for older populations [13], furthering problems of diagnosis.

We focus on the issue of friends dying and we suggest that this is intensified among older drug users and occurs earlier in life than older people per se because drug users have higher rates of mortality and because they tend to associate exclusively with other drug users, having severed ties with family and not-drug using friends over their years of drug taking. The
implication is that older drug users are more isolated than older people and younger drug users.

We highlight the idea that the isolation experienced by some older people may be exacerbated among older drug users by drug-related paranoia (mentioned by three interviewees).

We discuss that continuing alcohol and drug use into older age may carry particular risks because the brain changes in a number of ways across the life course, and the effect of these changes when combined with substance use are not well understood.

In relation to service use we suggest that older drug users will be in contact with hospitals for general conditions in addition to drug specific conditions and stigmatisation must not reduce the likelihood of older drug users seeking care. We also discuss palliative care for older drug users, in particular in relation to pain management with opioid medication.

Saturation? I know the authors claim this, but I find it difficult to swallow as the situations of the interview participants seem so diverse eg obesity; development of relationships with younger drug users for material and social supports; variety of levels of current use of illicit drugs and varying life histories with regard to use.
We have changed the text to clarify that we continued recruiting until no new major themes were identified and have listed the major themes.

I am still unconvinced by the emphasis on reliability and validity. That people provide contradictory or revisionist statements within narrative is a strength of qualitative data, there is no need to verify accuracy and consistency. If the authors are wedded to this, then they should assert themselves within a positivist or post-positivist paradigm (and the assumptions that go along with this).
We agree that interviewees provide contradictory and revisionist statements and in such cases, the interviewer sought further information in order to enhance our understanding of the specific issue being discussed. We have amended the text in order to reflect that our intention was to enhance our understanding of their discourse.
We used standard qualitative research methods using semi-structured interviews and thematic analysis to identify themes or sub-themes. This study is an exploratory study on a hard to reach elderly drug using population and no attempt to explicate use of paradigms or more specific qualitative research designs/methods or philosophies were used. In the text we have demonstrated quality and rigour in our systematic collection of data and the analysis along with how we assured validity, as is required in the conduct of good quality research. We have added an additional sentence and further references to support our approach adopted to assuring reliability and validity as opposed to using the alternative terms of rigour, trustworthiness or generalisability as suggested by Guba & Lincoln and favoured in the United States compared to the terms reliability and validity favoured in Europe. Please see;
http://www.ualberta.ca/~ijqm/1_2Final/html/morse/html


Concern with the language and expression:

As you note, one of your sample began injecting in their 40s (and hence assuming that hepatitis C was acquired within a few years later) ? their progress to liver disease will not be the same (all other factors being equal) as those who acquired hepatitis C in their early 20s. Beyond this, sex, weight, immune factors, alcohol intake, genotype will all have varying and perhaps interactive effect on liver health. A qualification is needed here.
We have changed the text to reflect the fact that there are many factors associated with the progression of liver disease and comment that age is just one factor. We then discuss the implications for those drug users who have contracted hepatitis C many years previously. (Note: we do not say that one of our interviewees began injecting in their 40s).
Similarly, research should not imply that all people with hepatitis C need or should be implored to ‘receive’ treatment. The unequivocal statements in abstract and page 6-7 do not allow for an informed engagement of the person living with hepatitis C in treatment and care options. I would prefer some qualifications of the statements of relevance to health care workers.

We have changed this to suggest that healthcare workers should be prepared to care for older drug users (rather than saying they should implore hepatitis C positive people to receive treatment).

The term abuse is not a helpful term as it has numerous uses, and little empirical definition

We have changed ‘abuse’ to ‘use’.

Page 14: why is this criticism of the doctor unfounded? The authors could make a statement that these are difficult issues for clinicians to negotiate given the guidelines, but also note that the participant is left without his needs being addressed.

We have revised the text as you suggest.

Page 14: why even more desperate? Suggest changing this to suggest that those not in contact with services may be presumed to have greater unmet needs.

We have revised the text as you suggest.

Minor essential revisions

A reference is needed regarding the claim of limited agency to cope with life.

We have changed the text and removed this phrase.

Abstract; there is a mixing of conclusions in the results section.

We have amended the results and conclusions sections of the abstract. More specifically, we have removed the following sentences from the results section;

Healthcare staff must be aware that older drug users who contracted hepatitis C many years previously will have more significant liver damage and must understand the importance of appropriate treatment.
And impaired cognitive functioning of people with a lifetime of alcohol and drug use presents a considerable problem.

Referee 2
The last sentence “..the lives of older drug users not in contact with any healthcare provider are likely to be even more desperate”. Perhaps older drug abusers or older people who are drug dependent would be more appropriate.
We have made this change to the last sentence.

Editorial request
Please rename “declaration of competing interests” “competing interests”.
We have made this change.

Please rename “acknowledgments” “acknowledgements”.
We have made this change.