

ALCOHOLISM IN THE SENIOR POPULATION

An Abridged Resource Guide *

Table of Contents

- Unrecognized, Misdiagnosed and Mismanaged
- An Aging World
- Prevalence
- Increased Sensitivity to Alcohol
- Alcohol, Aging and the Brain
- Trauma
- Depression/Suicide
- Cancer
- Drug Interactions
- Acute Withdrawal
- Late Onset Alcoholism
- Alcohol and the Older Woman
- Screening - The CAGE Questions
- Alcoholics Anonymous
- Spirituality and Religion
- Age Specific Treatment
- Summary - An Invisible Epidemic

* The unabridged Area 17 Cooperation with the Elder Community Resource Review and the Area 17 CEC Workbook are available on the web: Yahoo, MSN, Ask or CNN search for 'hawaii aa', Google is currently being updated.

Unrecognized, Misdiagnosed and Mismatched

Alcoholism in the senior population is under-recognized, under-diagnosed, misdiagnosed, and under-treated. It is a growing public health problem worldwide. Overall, alcohol dependence ranks among the top three psychiatric disorders in the United States. It is the 4th leading cause of disability in this country affecting one in thirteen Americans.

The costs to society are enormous. Consumer expenditures in the United States for alcohol for one year (1999) were 116 billion dollars. Other negative aspects include detrimental effects on productivity and safety, mounting public and private costs for treatment services, and a diminished quality of life for the alcoholic, his/her family, their friends and community.

Chronic alcohol dependence increases the risk for depression, anxiety disorders, heart disease, liver disease and cancer.

It is only recently that researchers have begun to realize the pervasiveness of alcohol misuse among people over the age of 60. The need is increasing to more effectively screen, diagnose and treat alcoholism in older adults. It is a progressive and deadly disease. Three million seniors have alcohol abuse disorders, and the highest rate of alcoholism in America is found in widowers over the age of 75.

- 70% of hospitalized seniors have some problem with alcohol.
- In a study of suicides in persons over 65 years of age, alcohol abuse was identified in 35% of men and in 18% of women. This is 18 times greater than seen in a random population control group.
- Alcohol reacts negatively with more than 150 medications.

It is a grave mistake to believe that older persons have little to gain from alcoholism treatment.

An Aging World

The world's population, aged 65 and older, is growing by an unprecedented 800,000 a month and is expected to continue at this rate during the 21st century. The over 65 population in the United States was 12% in 2000 and is expected to reach 20% in 2050. By that year, it is projected that the life expectancy will approach 86 years for women and will be 80 years for men.

Healthy aging includes freedom from alcohol misuse. For the 10% of the senior population suffering from the disease of alcoholism or at high risk of developing the disease, total abstinence from alcohol has been a proven remedy.

Prevalence

Surveys conducted in health care settings have found an increasing consumption of alcohol among the older population. In the years 2000 and 2001, approximately one third of the U.S. population over 65 (about 11 million elders) consumed alcohol. Of this group, 37.6% of men and 32.3% of women were "moderate" drinkers (one drink daily). 10.1% of men and 2.2% of women were "heavier" drinkers (more than one drink a day). Women's drinking patterns and rates of alcohol dependence have become increasingly similar to men's.

Among persons over 60 years of age, up to 10% of community-dwelling seniors fulfill the criteria for alcohol abuse or misuse. Among institutionalized seniors, the rate of alcoholism is 18% to 20% in general hospitals, 28% in psychiatric institutions and 40% in nursing homes. 70% of hospitalized seniors have some problem with alcohol and yet fewer than 10% have the problem identified in their chart.

Increased Sensitivity to Alcohol

Sensitivity to the effects of alcohol increases with age. The blood alcohol concentration is greater because of an age related decrease in total body water. Aging also interferes with the body's ability to adapt to the presence of alcohol. Unlike younger adults,

tolerance decreases even if the amount of alcohol ingested remains the same. Therefore, an elderly person can experience increasing difficulties even though his or her drinking pattern remains unchanged.

Certain medical complications of alcoholism require greater attention in seniors. Hepatitis is present in up to 35% of older alcoholics, and cirrhosis may be present in 20%. In patients over the age of 60, there is a 50% mortality rate in the first year after the diagnosis of cirrhosis is identified, compared to a 7% mortality rate for patients under 60.

Alcohol, Aging and the Brain

The neurotoxic effects of alcohol cause brain damage. Overall, seniors appear to be more vulnerable than younger adults. Symptoms are similar to Alzheimer's disease: confusion, short-term memory loss, diminished verbal fluency, and loss of problem solving skills. The symptoms abate after three to four weeks of abstinence. However, unless abstinence occurs, the patient may become permanently demented. One report found that 10% of patients over 60 who were diagnosed with Alzheimer's disease had in fact brain damage caused by alcohol.

Trauma

Falls constitute the largest single cause of injury mortality in elderly individuals. 40% of all nursing home admissions are the result of falls. In 126 patients over the age of 60, admitted with a diagnosis of alcohol abuse or dependence, 50% were due to falls. Only 15% were referred for rehabilitation from alcoholism. Older alcoholics are at risk of multiple falls leading to chronic subdural hematomas. The incidence of hip fractures in the elderly increases with alcohol consumption. This can be explained by a combination of falls and a decrease in bone density.

The elderly are the fastest growing segment of the driving population. A person's crash risk increases beginning at the age of 55. By age 80, it exceeds that of the young, beginning driver. Age and alcohol interact to increase driving risk.

Depression/Suicide

Heavy alcohol consumption is a known risk factor for depression, dementia and suicide. The lifetime risk of suicide in persons with alcohol dependence is about 7%. This is similar to the risk associated with depression. In one study of 85 suicides in persons over 65, alcohol abuse was observed in 35% of men and in 18% of women. This is in contrast to a random population control group where alcohol abuse and suicide occurred in 2% of men and 1% of women.

Cancer

Alcoholism increases the risk of certain cancers that already have an increasing age related incidence: liver, colon, prostate, esophagus, larynx and nasopharynx. It is implicated in 75% of esophageal cancers and 50% of cancers of the larynx. In a study of more than seven thousand females, moderate alcohol consumption was associated with a 50 to 100% increase in breast cancer. Patients with alcoholism tend to have lower cancer survival rates.

Drug Interactions

The average person over 65 takes two to seven prescription medications daily, and 90% of elders take non-prescription drugs making alcohol-medication interactions especially common. Those over 65 account for 25% of all prescriptions while comprising only 11% of the population. Alcohol interacts negatively with more than 150 medications. In one study of 311 residents from three retirement communities, 38% of the seniors reported using alcohol with high-risk medications.

Acute Withdrawal

Aging affects the course and severity of alcohol withdrawal. Symptoms that typically begin 6 to 12 hours after the cessation of alcohol, may not start for several days in the elderly. Confusion, rather than tremor, is often the predominant clinical sign, and memory is impaired.

Late-Onset Alcoholism

One third of elderly persons with alcohol use disorders have late onset drinking when stressful life events occur such as bereavement, disability or retirement. Often unidentified, they have been called 'the invisible alcoholics'.

Alcohol and the Older Woman

There are differences between men and women in their use of alcohol. Fewer women drink, but of those who drink heavily, the consequences appear sooner and are more severe than their male counterpart. Older women become intoxicated more rapidly from smaller amounts of alcohol: women have a lower total body water content than men of comparable weight, and women have reduced stomach enzymes responsible for metabolizing alcohol. Both result in a higher blood alcohol content. Women develop drinking problems later in life than men, and women are less likely to be diagnosed for alcoholism or receive treatment.

Screening

Only one third of primary care physicians routinely conduct thorough screenings for alcohol problems. Substance abuse disorders are commonly missed or attributed to other causes. The National Institute of Alcohol Abuse and Alcoholism recommends that the CAGE (an acronym for key words) questions be asked.

THE CAGE QUESTIONS

- C Have you ever felt you should cut down on your drinking?
- A Have people ever annoyed you by commenting on your drinking?
- G Have you ever felt guilty because of your drinking?
- E Have you ever needed a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

A score of 1 or more on the CAGE questionnaire has a sensitivity of about 80% in adults over 60. The CAGE-T, which includes a question about trauma, may increase the sensitivity. One hospital emergency room study found that combining the CAGE questionnaire with quantity-frequency questions (how much?, how often?) identified 81% of patients with lifetime alcohol abuse or dependence.

Alcoholics Anonymous

Alcoholics Anonymous is a frequently sought source of help for alcohol related problems. It's efficacy has seldom been assessed in randomized clinical trials. This is not surprising since A.A. neither keeps records nor engages in clinical research.

Alcoholics Anonymous is a worldwide fellowship of about 2.3 million recovering alcoholics in 150 countries (Jan. 2004) who have joined together to solve their common problem and help fellow sufferers recover from alcoholism. It is a mutual help program of spiritual awakening and growth that restores people to lives of character. Each of the 12 steps has one or more spiritual principles such as acceptance, corrective action and service.

A survey of A.A. members revealed that less than 10% were referred by individual health care providers. This suggests that physicians are not availing themselves of the A.A. program. Referral to Twelve Step self-help groups is included in the treatment guidelines of the American Psychiatric Association. The Division of Alcoholism and Drug Abuse at New York University has an instructional website (A.A. Teaching Module) designed for physicians and other health care professionals.

The beneficial effects of Alcoholics Anonymous may be attributable, in part, to the replacement of the participant's social network of drinking friends with a fellowship of A.A. members who can provide motivation and support for maintaining abstinence. A.A.'s approach often results in the development of coping skills, leading to elimination of alcohol consumption.

A.A.'s Twelve Steps, the heart of the recovery program, "are a group of principles, spiritual in their nature, which, if practiced as a way of life, can expel the obsession to drink and enable the sufferer to become happily and usefully whole".

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of his will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Spirituality and Religion

Alcoholics Anonymous is not a religious organization. It seeks to provide a spiritual solution to the disease. The chapter 'We Agnostics' in the Big Book of A.A. addresses this issue. The word 'God' expresses a Power, other than human power, that can result in permanent recovery.

Spirituality is an aspect of healing that incorporates body, mind and spirit as an holistic approach to health. Religion is an organized social structure in which spiritual experiences are shared, ritualized and passed on to future generations. One need not be religious in order to have a spiritual experience, and spiritual growth may or may not occur within the structure of religion.

Benefits of sound spiritual health:

- Humility
- Inner strength
- Sense of meaning and purpose in life
- Acceptance of self and others
- Sense of harmony and serenity
- Gratitude
- Forgiveness

Age Specific Treatment

Older adults do well in programs designed for people their age. The young and the old often have different needs, perceptions and lifestyles. Recovery outcomes can be improved by offering seniors age-appropriate settings. Seniors in Sobriety (SIS) groups currently meet in many parts of the United States. The 2nd Annual SIS Conference is scheduled for May 8-11, 2007 in Sedona, Arizona.

Summary – An Invisible Epidemic

Alcohol abuse in the elderly is an invisible epidemic. It is often mistaken for other conditions associated with the aging process, particularly depression. Alcoholism may go undiagnosed and untreated or may be treated inappropriately. As a part of routine care, it is recommended that health care providers discuss alcohol use with their older patients.

Family members should become as familiar with the drinking habits of Great Uncle Harry and Grandma Jane as they are with their medical conditions. They need to be aware that over-the-counter drugs, prescription medications and herbal remedies in seniors can be dangerous, or even fatal, when mixed with alcohol.

There are many elders that alcohol has robbed of hope, dignity and the ability to cope. With treatment, the alcoholic has an opportunity to develop a satisfying way of life free from alcohol and become happily and usefully whole.