Older Adults and Alcohol Problems

NIAAA Social Work Education Module 10 C

(revised 3/04)
Outline

- Prevalence
- Drinking guidelines
- Issues unique to older adults
- Co-morbid medical and psychiatric conditions
- Screening and detection
- Prevention, brief alcohol intervention and treatment
- Summary and recommendations
• Depends on definition of at-risk or problem drinking: 1-15% of older adults are at-risk or problem drinkers
• Differs with sampling approach
• Alcohol use problems are the most common substance issues for older adults. Confounded by prescription, herbal, and over-the-counter medications
Prevalence

- Older adults with alcohol use problems are not recognized by many professionals.
- Few older adults with alcohol abuse or dependence seek help in specialized addiction treatment settings.
Drinking Guidelines

- No more than 1 standard drink per day
- No more than 2-3 drinks on any drinking day (binge drinking)
- Limits for older women should be somewhat less than for older men

(Source: NIAAA, 1995; Dufour & Fuller, 1995)
Drinking Guidelines (continued)

- Recommendations consistent with data on benefits/risks of drinking in this age group
- Lower limits for older adults because:
  - Increased alcohol sensitivity with age
  - Greater use of contraindicated medications
  - Less efficient liver metabolism
  - Less body mass/fat increases circulating levels
Defining Alcohol Use Patterns

<table>
<thead>
<tr>
<th>Pattern</th>
<th>Description</th>
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<tbody>
<tr>
<td>Abstinence</td>
<td>No alcohol use for past year</td>
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<tr>
<td>Low risk</td>
<td>Alcohol use with no problems</td>
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<tr>
<td>At-risk</td>
<td>Alcohol use with increased chance of problems/ complications</td>
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<td>Problem</td>
<td>Experiencing adverse consequences</td>
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<tr>
<td>Dependent</td>
<td>Loss of control, drinking despite problems, physiological symptoms (tolerance, withdrawal)</td>
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Alcohol Use Patterns (continued)

- Abstainer: 65%
- Low risk: 20%
- At-risk/problem: 10%
- Abuse/dependence: 5%
Older Adults and Alcohol Use

- Increased risk of:
  - Stroke (with overuse)
  - Impaired motor skills (e.g., driving) at low level use
  - Injury (falls, accidents)
  - Sleep disorders
  - Suicide
  - Interaction with dementia symptoms
Other effects:
- Higher blood alcohol concentrations (BAC) from dose
- More impairment from BAC
- Medication effects:
  - Potential interactions
  - Increased side effects
  - Compromised metabolizing (especially psychoactive medications, benzodiazepines, barbiturates, antidepressants, digoxin, warfarin)
### Social Work Screening

<table>
<thead>
<tr>
<th>Who?</th>
<th>What?</th>
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<tr>
<td>- If aged 60 or over</td>
<td>- Screen for alcohol and prescription drug use/ abuse</td>
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<tr>
<td>- If physical signs are</td>
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<tr>
<td>- If undergoing major life changes</td>
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<th>How?</th>
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<tr>
<td>- During any regular service</td>
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<td>- Utilize brown bag approach</td>
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<td>- Ask direct questions</td>
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<td>- Avoid stigmatizing terms</td>
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General Issues for Older Adults

- Loss (status, people, vocation, health, etc.)
- Social isolation, loneliness
- Major financial problems
- Housing changes
- Family concerns
- Time management burden

- Complex medical issues
- Multiple medications
- Sensory deficits
- Reduced mobility
- Cognitive impairments
- Impaired self-care, loss of independence
Signs of Potential Alcohol Problems

• Anxiety, depression, excessive mood swings
• Blackouts, dizziness, idiopathic seizures
• Disorientation
• Falls, bruises, burns
• Headaches
• Incontinence
• Memory loss
• Unusual response to medications

• New difficulties in decision making
• Poor hygiene
• Poor nutrition
• Sleep problems
• Family problems
• Financial problems
• Legal difficulties
• Social isolation
• Increased alcohol tolerance
Special Populations

Barriers to effective identification exist for:

- Women
- Certain minority group members/lack of culturally competent tools and interventions
- Individuals with physical disabilities, comorbidities
- Homebound
Co-morbid Conditions

Co-morbidity is a serious, common concern among older adults using alcohol:

- Impaired Activities of Daily Living (ADL’s)
- Psychiatric symptoms, mental disorders
- Alzheimer’s disease
- Sleep disorders
Screening for Alcohol Use Problems in Older Adults

<table>
<thead>
<tr>
<th>Goals</th>
<th>Rationale</th>
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| • Identify  
  - at-risk drinkers  
  - problem drinkers  
  - dependent drinkers  
• Determine the need for further diagnostic assessment | • Incidence is high enough to justify costs  
• Adverse quality/quantity of life effects are significant  
• Effective treatment exists  
• Valid and cost-effective screening exists |
Screening Instruments

- Short Michigan Alcohol Screening Test-Geriatric Version (SMAST-G)
- Health Screening Survey (quantity/frequency and CAGE questions embedded in a general health survey)
- CAGE (Cut down, Annoyed by others, feel Guilty, need Eye opener)
Yes or no answers to:

1. “When talking with others, do you ever underestimate how much you actually drink?”
2. “After a few drinks, have you sometimes not eaten or been able to skip a meal because you don’t feel hungry?”
3. “Does having a few drinks help decrease your shakiness or tremors?”
4. “Does alcohol sometimes make it hard for you to remember parts of the day or night?”

5. “Do you usually take a drink to relax or calm your nerves?”

6. “Do you drink to take your mind off your problems?”

7. “Have you ever increased your drinking after experiencing a loss in your life?”
8. “Has a doctor or nurse ever said they were worried or concerned about your drinking?”
9. “Have you ever made rules to manage your drinking?”
10. “When you feel lonely, does having a drink help?”

2 or more positive responses = indicative of an alcohol abuse problem (range of scores of 0-10 possible)
1. “Do you drink alcohol?”
2. “On average, how many days a week do you drink?”
3. “On a day when you drink alcohol, how many drinks do you have?”
4. “What is the maximum number of drinks you consumed on any given occasion in the past month?”

8 or more drinks/week or 2 or more occasions of binge drinking in last month are indicative of alcohol use problems.
Screening Results

Percent reporting:

- >14/wk: 15
- >7/wk: 12
- >21/wk: 9
- >21/wk: 2

Legend:
- men
- women
Intervention with Older Adults

1. Preventive education for abstinent, low-risk drinkers
2. Brief, preventive intervention with at-risk and problem drinkers
3. Alcoholism treatment for abusing/dependent drinkers
Brief Intervention

- Time-limited (5 mins, up to 5 brief sessions)
- Targeted at a specific behavior
- Goal directed
  - Reducing alcohol consumption, and/or
  - Facilitating entry into formal treatment
- Relies on negotiated goals
- Empirical support with younger drinkers across multiple settings
**Brief Intervention (continued)**

Empirical studies with older adults are limited

<table>
<thead>
<tr>
<th>Project GOAL (Guiding Older Adult Lifestyles)</th>
<th>Health Profile Project</th>
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<tr>
<td>- Univ. of Wisconsin</td>
<td>- Univ. of Michigan</td>
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<tr>
<td>- Brief physician advice for at-risk older drinkers</td>
<td>- Elder-specific motivational enhancement session</td>
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<tr>
<td>- n=156</td>
<td>- n=454</td>
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<tr>
<td>- Reduced consumption at 12 months by 35-40%</td>
<td>- Preliminary findings: reduced at-risk drinking at 12 months</td>
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Brief Protocols with Older Adults

• Brief intervention/motivational enhancement are effective approaches
• Accepted well by older adults
• Can be conducted at home or in clinic
• Reduces alcohol use
• Reduces alcohol-related harm
• Reduces health care utilization
**Brief Protocol (continued)**

**Ten components:**

1. Identify future goals (health, activities, etc.)
2. Customize feedback
3. Define drinking patterns
4. Discuss pros/cons of drinking (motivation to change)
5. Discuss consequences of heavier drinking
Ten components:
6. Identify reasons to cut down or quit drinking
7. Setting sensible limits, devising strategies
8. Develop a drinking agreement
9. Anticipate and plan for risky situations
10. Summary of the brief session
Other Treatment Approaches

- Cognitive-behavioral therapy
- Group-based counseling
- Individual counseling
- Medical/psychiatric approaches
- Marital and family involvement/family therapy
- Case management/community-linked services & outreach
- Formalized substance abuse treatment
Conclusions

• Screening for alcohol use problems among older adults is effective
• Brief interventions are effective
• Additional interventions complete a spectrum of effective approaches
• Treatment approach depends on client background; assessment of needs, goals, resources; and preferences
• Intervention is available
Conclusions (continued)

- Older adults benefit from screening, assessment, referral, prevention, and intervention delivered by social workers who are sensitive to elder issues:
  - Non-judgmental approach
  - Motivational
  - Supportive approach
Recommendations

Social workers in any setting with older adult clients should be prepared for:

- Recognition and assessment of alcohol use problems (quantity and frequency; limits)
- Structured brief interventions when appropriate
- Initial management and referral for further assessment/treatment when indicated