Professional Reference Series

Alcohol Misuse Prevention, Volume 1

Prevention of Alcohol Misuse for Older Adults

OLDER AMERICANS
Substance Abuse & Mental Health
Technical Assistance Center

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TAC MISSION

The mission of the *Older Americans Substance Abuse and Mental Health Technical Assistance Center* is to enhance the quality of life of older adults by providing training and technical assistance to health care agencies and providers regarding health issues common in late life. TAC priorities include the prevention and early intervention of substance abuse, medication misuse and abuse, mental health disorders, and co-occurring disorders.

For more information on this topic or other topics offered in our *Professional Reference Series* please contact the Older Americans Substance Abuse and Mental Health Technical Assistance Center at:

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Prevention of Alcohol Misuse for Older Adults

Older adults are uniquely vulnerable to substance use disorders due to a variety of biological, psychological, and social changes associated with aging. The misuse of alcohol among older adults, including drinking above age-recommended limits, binge drinking, or combining alcohol with some medications is a sizeable and growing concern.

Alcohol Misuse Can Be Reduced or Eliminated Through Prevention and Early Intervention Strategies

Health care settings and organizations that provide social or supportive services for older adults, such as the aging services network, are ideal for the prevention of and early intervention with alcohol misuse among older adults. Universal prevention strategies, such as broad **education** programs, have been able to **increase knowledge** among seniors about risky drinking practices and ways to limit hazardous alcohol use. A number of **screening and assessment** tools have been developed and shown to be reliable and feasible for use with this population.

Early intervention or targeted prevention strategies such as **brief advice** by primary care physicians and other **brief interventions in health care settings** have reduced alcohol consumption among older adults.

DID YOU KNOW?

- **An estimated 1 in 5 older Americans (19%) may be affected by combined difficulties with alcohol and medication misuse.**
- **Problem drinking among older adults in the community is estimated to range from 1-15%.**
- **At-risk or problem drinking, as well as alcohol abuse or dependence, is notably higher among older adults seen in health care settings and residents of nursing homes.**
- **Problems related to alcohol use are currently the largest class of substance use problems seen in older adults.**
- **The substances most commonly abused by older adults besides alcohol are nicotine and psychoactive prescription drugs.**
- **Co-occurring problems are frequent, as both nicotine and prescription drug abuse are much more prevalent among older adults who misuse alcohol than among the general older population.**

Health Education

One recent study has demonstrated improvements in knowledge of alcohol misuse among older adults using a pretest/posttest evaluation of health education interventions. Fink and colleagues describe the development and evaluation of health promotion materials specifically designed to educate older adults about non-hazardous, hazardous, and harmful alcohol use. This project brought together patient focus groups, physicians, educators, and alcohol researchers in developing materials and measures. Participants were community-dwelling adults age 60 or older patients of UCLA physicians. The authors concluded that older adults were motivated and able to learn about age-appropriate and recommended alcohol use. *This program did not assess longer-term knowledge retention, so it is unclear whether the immediate knowledge and self-efficacy gains are sustainable over time.*

Screening and Assessment

Accurate identification of alcohol misuse and risky drinking behaviors is important in the prevention and early intervention of geriatric alcohol misuse. There are a number of available screening tools, but only a few have been developed and evaluated specifically for use with this population. The Michigan Alcoholism Screening Instrument-Geriatric Version (MAST-G) and its shorter version (SMAST-G) were developed as screening instruments to detect alcohol abuse and dependence among older adults. Quantity and frequency measures are also essential screening tools among older adults, because recommended alcohol consumption levels for older adults are lower than the general population.

Several recent studies have evaluated the Alcohol-Related Problems Survey (ARPS) and a shorter version (Short ARPS or shARPS). The ARPS was developed and has tested reliably as a screening measure designed for older adults to identify risks of alcohol consumption due to age-related physiological changes, declining health and functional status, and medication use.

Fink and colleagues compared the ARPS to three validated alcohol screens:

- Cut down, Annoyed, Guilty, Eye-opener (CAGE)
- Short-Michigan Alcohol Screening Test (SMAST)
- Alcohol-Use Identification Test (AUDIT).

The ARPS identified nearly all drinkers detected by the CAGE, SMAST, and AUDIT and detected hazardous and harmful drinkers not identified by these measures. These drinkers used medications or had medical conditions that placed them at risk for adverse health events.

THE ARPS TOOL CLASSIFIES DRINKING AS FOLLOWS:

Non-hazardous drinking	Consumption with no known risks for adverse physical or psychological health events
Hazardous drinking	Consumption with adverse risks
Harmful drinking	Consumption which results in adverse events.

Moore and colleagues evaluated the validity and reliability of the ARPS and the shorter shARPS. The two measures were compared against a "LEAD" standard ("longitudinal evaluation done by experts employing all available data": a medical record review, a clinical interview, and a telephone interview with a collateral informant) among a sample of 166 drinkers in 10 internal medicine clinics. The ARPS and shARPS proved to be sensitive in identifying older drinkers with a spectrum of alcohol use disorders. **They were also more sensitive than the AUDIT and the SMAST-G in identifying older persons who may be at risk or experiencing harm due to alcohol use.** The authors suggest that these instruments provide information on specific risks associated with alcohol use not obtained by other screening measures and may therefore better facilitate clinician-provided interventions.

Combined Screening and Health Education

Nguyen, Fink, and colleagues evaluated the feasibility of a combined alcohol-screening and health education system for older patients: the Computerized Alcohol-Related Problems Survey (CARPS) system. The study was conducted among primary care patients age 60 and older, examining completion rates, participant drinking characteristics, and patient attitudes. Nearly all participants were able to complete the program while waiting for a scheduled physician appointment (median time 15 minutes). Sixty-seven percent of participants reported learning new information, 78% had never discussed alcohol with a physician, and 31% intended to do so. The authors concluded that combined screening and health education were feasible in health care settings such as primary care practices.

Indicated and Selective Early Intervention Strategies

Clinical trials for brief intervention with at-risk older drinkers have shown effectiveness. To date, three randomized clinical trials have examined brief interventions to reduce hazardous drinking among older adults in primary care settings. This booklet briefly discusses two interventions.

Project GOAL

A controlled clinical trial, Project GOAL (Guiding Older Adult Lifestyles), examined the efficacy of brief physician advice in reducing the alcohol use and use of health care services of older adult problem drinkers. The study involved 43 family physicians and internists in 24 community-based primary care practices in Wisconsin. Subjects age 65 or older were randomized into a control group or an intervention group. Intervention group patients received two 10- to 15-minute physician-delivered counseling sessions scheduled 1 month apart. Sessions included advice, education, and contracting using a scripted workbook, as well as a followup telephone call by a nurse 2 weeks after each session. Control group patients received a general health booklet. Ninety-two percent participated in the 12-month followup procedure. No significant differences were found between the control and intervention groups at baseline in alcohol use, age, socioeconomic status, depression, onset of alcohol use, smoking status, activity level, or use of mood-altering drugs. Intervention group patients demonstrated a significant reduction in 7-day alcohol use, episodes of binge drinking, and frequency of excessive drinking ($p < .005$) compared with the control group at 3, 6, and 12 months after the intervention. Specifically, among the older

adults who received the physician-delivered brief intervention, there was a 34% reduction in 7-day alcohol use, 74% reduction in mean number of binge-drinking episodes, and 62% reduction in the percentage of older adults drinking more than 21 drinks per week compared with the control group. Due to the small number of events, patterns of health care utilization were not extensively analyzed. **This study provided the first direct evidence that brief physician advice can decrease alcohol use by older adults in community-based primary care practices.** The methods were replicable and reasonably transferable to comparable health care settings.

Health Profiles Project

The Health Profiles Project was a randomized clinical trial that examined the effectiveness of an age-specific brief alcohol intervention for older adults in primary care settings who report drinking above recommended limits. Health screening, including specific questions regarding alcohol use and misuse, was conducted with more than 14,000 older patients (age 55 and over) seeking health care in 46 primary care clinics. A total of 446 older patients who screened positive for hazardous drinking were randomized either to a brief (20-25 minute) alcohol intervention or a control condition. Intervention group patients received an intervention appointment during which the clinician and patient would review together a Brief Alcohol Intervention booklet that included the patient's self-reported drinking data and develop a contract to reduce at-risk drinking. Control group patients received an intervention appointment and were given a general health advice booklet (addressing a range of health behaviors

including alcohol use as well as nutrition, exercise, smoking, etc.). Participants were re-assessed at 3, 6, 12, and 18 months post-intervention. Preliminary results show significantly more reduction in frequency and quantity of alcohol consumption for the brief intervention compared to the control condition. These results suggest that an easy-to-administer, elder-specific brief alcohol intervention is effective in reducing at-risk drinking among older adults and shows promise in improving long-term alcohol-related health outcomes for this population.

In addition to ongoing clinical trials, a recent collaborative publication from the National Council on Aging and SAMHSA, entitled "Promoting Older Adult Health," describes several promising programs and partnerships that have been developed to address alcohol misuse, as well as medication and mental health problems in older persons. To obtain a copy of this publication, please contact:

SAMHSA's National Clearinghouse
for Alcohol and Drug Information

P.O. Box 2345
Rockville, MD 20847-2345
Call toll-free at: 1-800-729-6686
Website: http://store.health.org/catalog/SC_Itemlist.aspx

Nicotine and Drinking

Nicotine addiction often co-occurs with other substance use disorders, and can be a marker for other substance abuse. Smoking in older adult problem drinkers is more prevalent than in the general older adult population. Some studies indicate that the prevalence of smoking among alcohol-dependent older individuals generally is above 80%; an estimated 60% to 70% of older male alcohol users smoke a pack or more of cigarettes each day.

Smoking is a major risk factor for many of the leading causes of death and is associated with increased loss of mobility and premature death. Many clinicians fail to counsel older patients about the health effects of smoking even though older adults are more likely to quit than younger smokers. Selected strategies that have shown effectiveness in reducing the use of nicotine and alcohol in older adult populations include brief interventions.

Conclusion

Alcohol problems among older adults are associated with increased health care utilization and significant health care expenditures. Prevention and early intervention programs, including those focused on risk and protective factors associated with this age group, are some of the most promising approaches to maximize health outcomes and minimize health care costs among older adults. These programs represent the future of age-appropriate care for the growing number of older Americans. A range of prevention/intervention strategies available to older adults include: prevention and education for persons who are at risk, accurate identification and screening tools, brief advice during medical visits by primary care providers, and structured brief intervention protocols.

The *Professional Reference Series* is adapted from the SAMHSA Older Americans Substance Abuse and Mental Health Technical Assistance Center's "Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults."

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