



Older Adults and Alcohol Problems

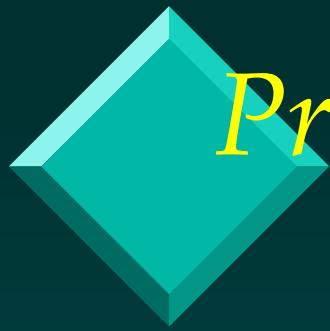
NIAAA Social Work Education
Module 10 C

(revised 3/04)



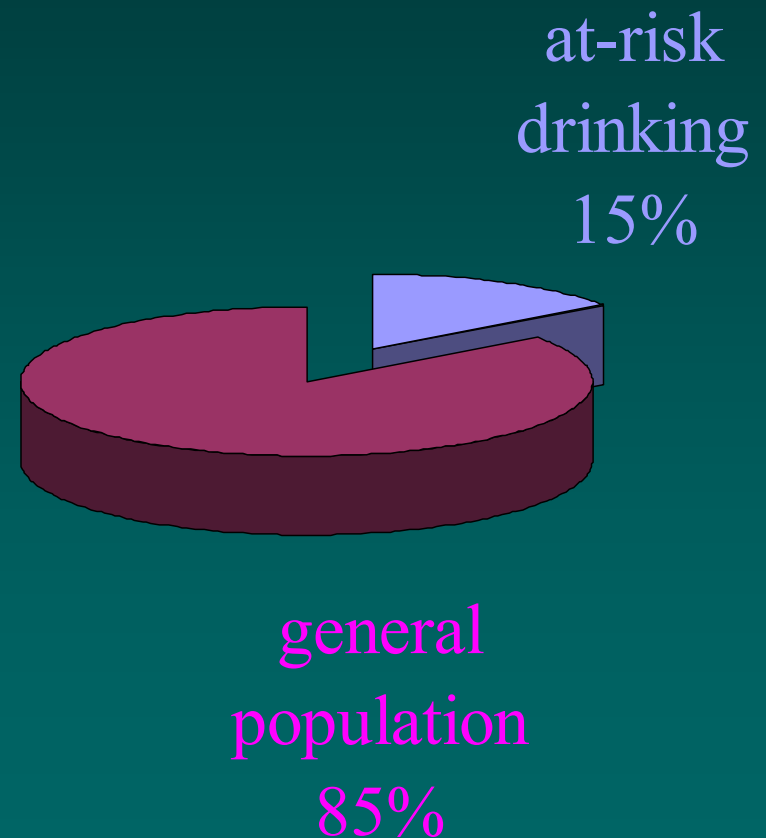
Outline

- 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



Prevalence...

- 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










@2002 Microsoft Corporation

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)

12 oz. of beer or cooler	8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor	5 oz. of table wine	3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown	2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown	1.5 oz. of brandy (a single jigger)	1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer
						
12 oz.	8.5 oz.	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.



Drinking Guidelines (continued)

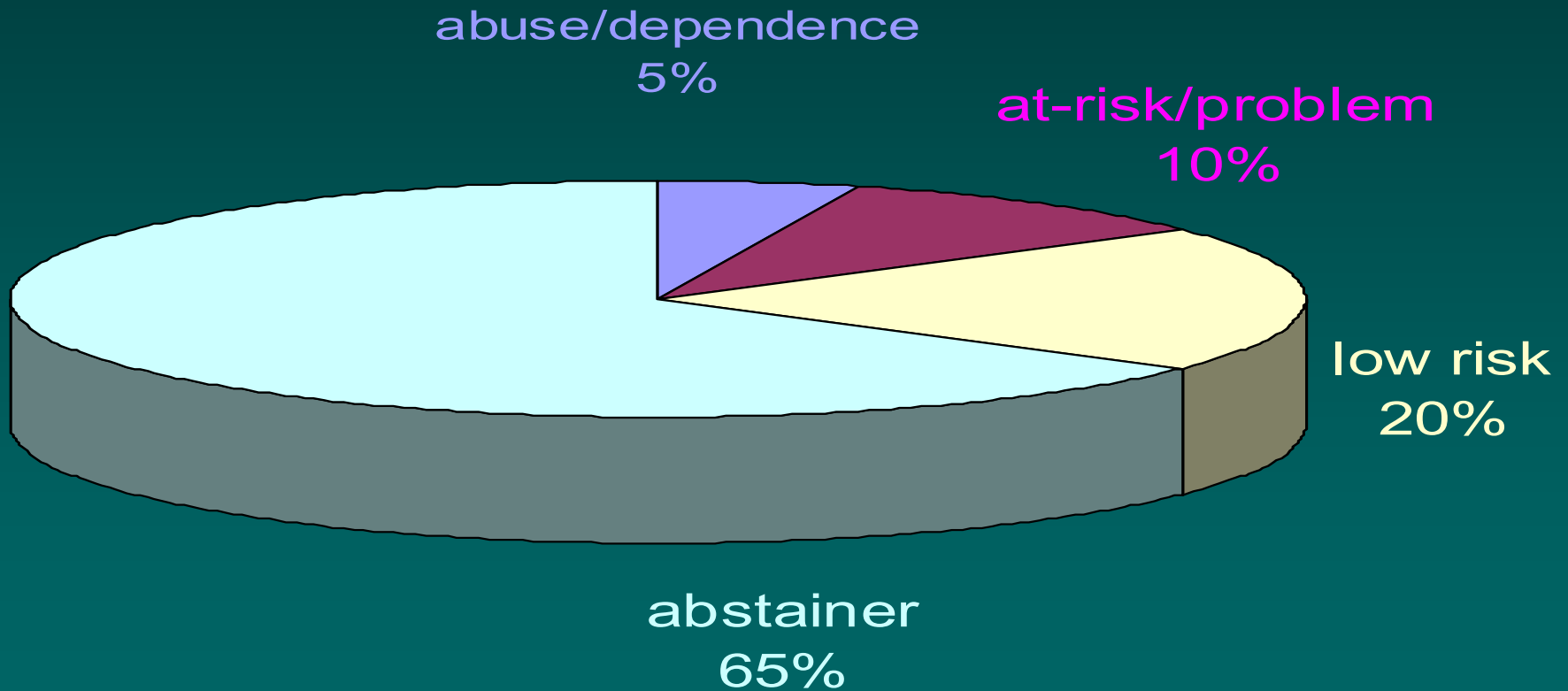
- Recommendations consistent with data on benefits/risks of drinking in this age group
- Lower limits for older adults because:
 - Increased alcohol sensitivity with age
 - Greater use of contraindicated medications
 - Less efficient liver metabolism
 - Less body mass/fat increases circulating levels



Defining Alcohol Use Patterns

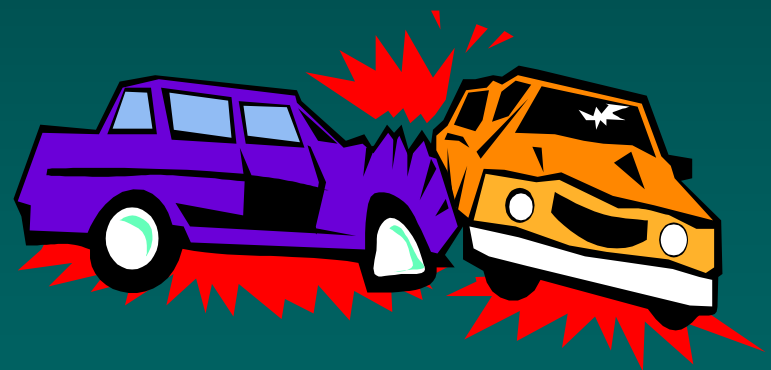
• Abstinence	No alcohol use for past year
• Low risk	Alcohol use with no problems
• At-risk	Alcohol use with increased of chance problems/ complications
• Problem	Experiencing adverse consequences
• Dependent	Loss of control, drinking despite problems, physiological symptoms (tolerance, withdrawal)

Alcohol Use Patterns (continued)



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



@2002 Microsoft Corporation

Older Adults and Use (continued)

- 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)



@2002 Microsoft Corporation



Social Work Screening

Who?

- If aged 60 or over
- If physical signs are
- If undergoing major life changes

What?

- Screen for alcohol and prescription drug use/ abuse

How?

- During any regular service
- Utilize brown bag approach
- Ask direct questions
- Avoid stigmatizing terms



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

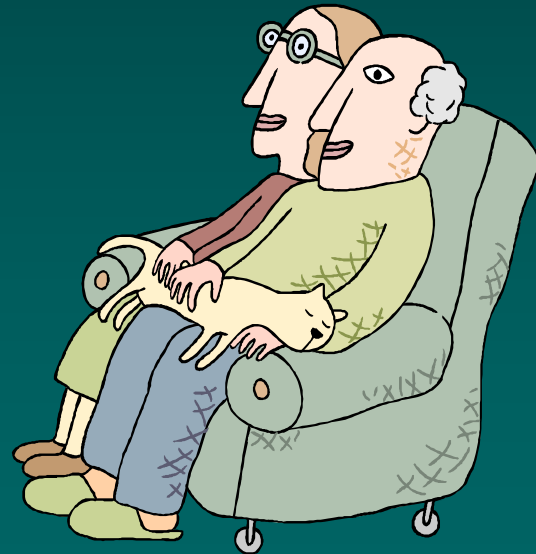


@2002 Microsoft Corporation

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



@2002 Microsoft Corporation



Screening for Alcohol Use Problems in Older Adults

Goals	Rationale
<ul style="list-style-type: none">• Identify<ul style="list-style-type: none">- at-risk drinkers- problem drinkers- dependent drinkers• Determine the need for further diagnostic assessment	<ul style="list-style-type: none">• 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)



S-MAST -G

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?”*



S-MAST -G (continued)

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?”



S-MAST -G (continued)

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)

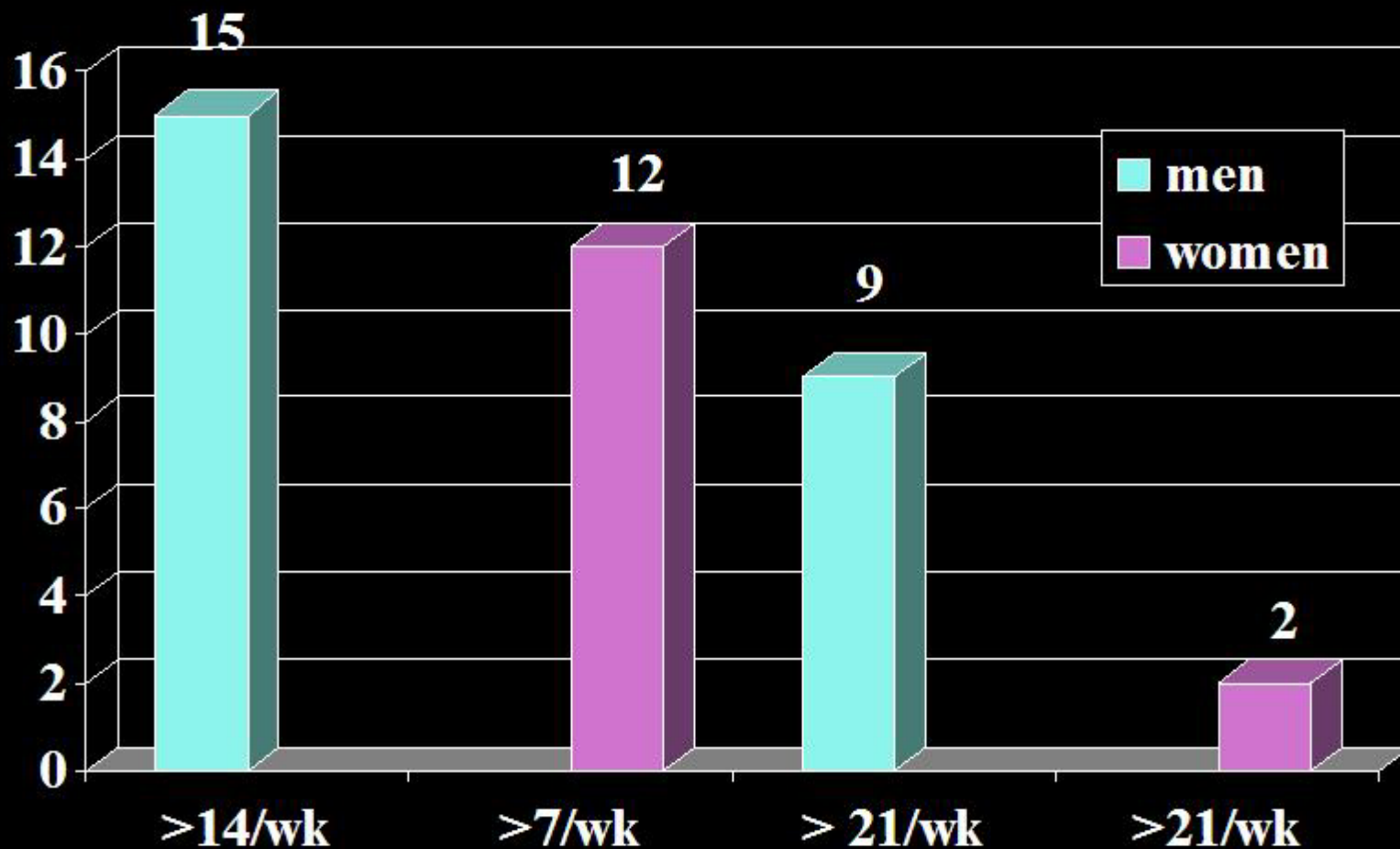


Quantity/Frequency Screen

- 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.

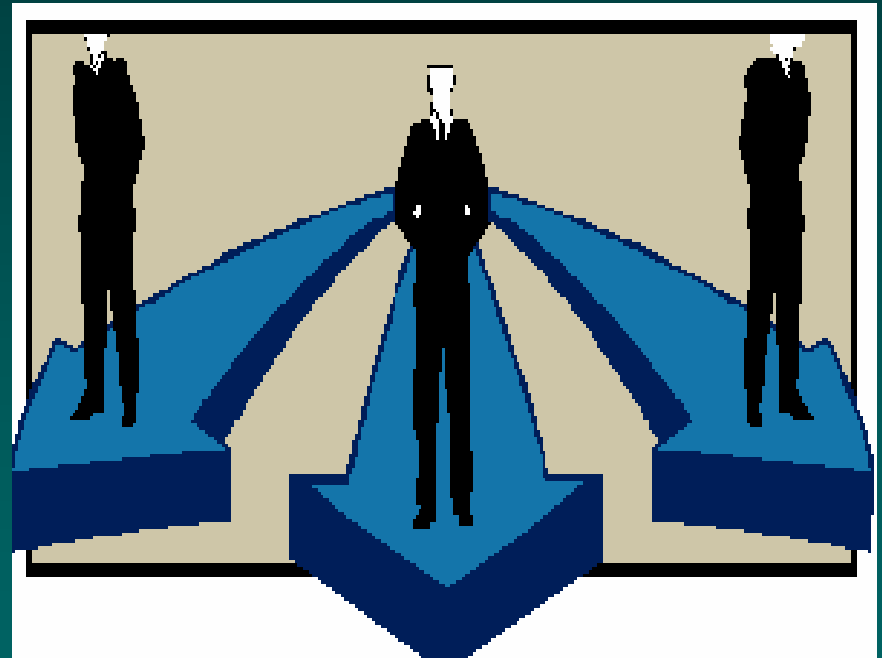
Screening Results

Percent reporting:



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



@2002 Microsoft Corporation



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

Project GOAL (Guiding Older Adult Lifestyles)	Health Profile Project
<ul style="list-style-type: none">- Univ. of Wisconsin- Brief physician advice for at-risk older drinkers- n=156- Reduced consumption at 12 months by 35-40%	<ul style="list-style-type: none">- Univ. of Michigan- Elder-specific motivational enhancement session- n=454- Preliminary findings: reduced at-risk drinking at 12 months



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



Brief Protocol (continued)

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