

Alcohol Fact Sheet

Alcohol and Aging

Persons age 65 and older constitute the fastest growing segment of the American population. *important as our elderly population grows.*

Although the extent of alcoholism among the elderly is debated, the diagnosis and treatment of alcohol problems are becoming increasingly *This Alcohol Fact Sheet reviews recent research on the extent of alcohol consumption and its impact on associated problems among the elderly.*



Drinking Prevalence and Patterns Among the Elderly

Surveys of different age groups suggests the term “elderly” is defined as persons 65 and older. Generally speaking, they consume less alcohol and have fewer alcohol-related problems than younger persons.

After tracking some individuals over time, national surveys suggest that a person’s drinking pattern remains relatively stable even as they age.

Surveys conducted in healthcare settings have found an increasing prevalence of alcoholism among the elderly

Perhaps this mostly reflects our society’s norms prevailing at the time when the person first began drinking. Yet, there are others who increase their alcohol consumption

later in life, which can often lead to late onset alcoholism.

The National Institute on Drug Abuse (NIDA) studies show that somewhere between 6% to 11% of elderly patients admitted to hospitals are exhibiting classical symptoms of alcoholism. This compares to 20% of elderly patients in psychiatric wards and 14% of elderly patients being seen in the emergency room.

In acute care hospitals, rates of alcohol related admissions for the elderly are similar to those for heart attacks. The prevalence of problem drinking in nursing homes has shown to be as high as 49% in a few studies.

This high prevalence of problem drinking among the elderly may reflect a trend toward the use of nursing homes for short term alcoholism rehabilitation stays.

Inside this issue:

Drinking Prevalence and Patterns Among the Elderly	1-2
Combined Effects of Alcohol and Aging	2
Does Aging Increase Sensitivity to Alcohol?	3
Aging, Alcohol and the Brain	3
Treatment of Alcoholism in the Elderly	3
The Path to Healing	4

Late onset alcohol problems often occur in retirement communities where drinking at social gatherings is often the norm.

Hospital staff are less likely to recognize alcoholism in older patients than in younger patients

Comparisons among studies of alcohol and aging can be complicated by the diversity of this population. **The elderly can span more than four decades in age**, moreover, they range from the actively employed to the disabled and institutionalized.

Surveys of alcohol consumption among the elderly are subject to potential sources of error for the following reasons:

- **Questionnaires** customarily used to screen for alcoholism may be inappropriate for the elderly, who may not understand the social,

legal, and occupational consequences of alcohol abuse.

- **Alcohol-related problems** of heavy drinking can often be mistaken for medical or psychiatric conditions. Such consequences may include depression, insomnia, poor nutrition, congestive heart failure, and frequent falls.
- **Increased mortality** among heavy drinkers may leave a surviving older population who are consuming less alcohol and are having fewer problems.



Combined Effects of Alcohol and Aging

Many medical and social problems are often associated with aging and alcohol misuse. The extent to which these two factors may interact to contribute to disease is unclear.

Thirty percent of elder patients with alcoholism were found to have secondary psychiatric disorders

Potential alcohol-aging issues can include:

- **The incidence of hip fractures** — in the elderly increase dramatically with alcohol consumption. These

increases can be explained by people falling while intoxicated combined with decreases in bone density.

- **Alcohol involved traffic crashes** are an important cause of trauma and death in all age groups. The elderly are now the fastest growing segment of our driving population.
- **Crash risks per mile** — begin increasing starting at age 55.
- **Serious injuries** — Older drivers tend to be more seriously injured than younger drivers in crashes of equivalent magnitude. Age may interact with alcoholism to increase a driver's risk for serious injury.
- **Long-term alcohol consumption** — activates enzymes that break down toxic substances, including alcohol. Upon activation, these enzymes may also break down common prescription medications.
- **Alcohol-medication interactions** are especially common among the elderly. These interactions increase the risks of negative health effects, while influencing the effectiveness of medications.
- **Depressive disorders** — are more common among the elderly than among younger people and tend to co-occur with alcohol misuse.

Among persons older than 65, those with alcoholism are three times more likely to exhibit a major depressive disorder

Does Aging Increase Sensitivity to Alcohol?

Limited research suggests that sensitivity to alcohol's health effects increases with age. One reason is that **the elderly achieve a higher blood alcohol concentration (BAC) than younger people when consuming equal amounts of alcohol.**

The higher BAC results from age-related decreases in the amount of water in which it takes their bodies to

dilute the alcohol. Although they can metabolize and eliminate alcohol as efficiently as younger persons, the elderly are at increased risk for greater intoxication and adverse effects.

Aging also interferes with the body's ability to adapt to the presence of alcohol.

At lower doses, a younger person's tolerance increases with increased consumption. **However, an elderly person can experience the onset of alcohol problems even though his or her drinking pattern remains unchanged.**

These conclusions are supported by laboratory experiments that indicate age-related changes in tolerance to alcohol.

Aging, Alcohol and the Brain

Aging and alcoholism often produce similar deficits in intellectual and behavioral functioning.



Alcoholism may well accelerate normal aging or cause premature aging of the brain.

Using magnetic resonance imaging techniques, researchers have found more brain tissue loss in subjects with alcoholism than in those without alcoholism. This was true even after their ages had been taken into account.

In addition, older subjects with alcoholism exhibited more brain tissue loss than younger subjects with alcoholism, often despite similar total lifetime alcohol consumption. These results suggest that aging may render a person more susceptible to alcohol's effects.

Research now shows that shrinkage of the frontal lobes increases with alcohol consumption and is associated with intellectual

impairment in both older and younger subjects with alcoholism.

Of concern is that older persons with alcoholism are less likely to recover from cognitive deficits during abstinence than are younger persons with alcoholism.

The frontal lobes of the brain are especially vulnerable to long-term heavy drinking

Age-related changes in volume also occur in the cerebellum, a part of the brain involved in regulating posture and balance. Thus, long-term alcohol misuse accelerates the development of age-related postural instability, increasing the likelihood of falls.

Treatment of Alcoholism in the Elderly

Studies indicate that elderly persons with alcohol problems are as likely as younger persons to benefit from alcoholism treatment. The outcomes are more favorable among persons with shorter histories of problem drinking (i.e., late onset).

Some studies suggest that treatment outcomes may be improved by

treating older patients in age-appropriate settings.

The use of medications to promote abstinence have not been studied extensively in elderly subjects. However, one study has suggested that **naltrexone may help prevent relapse to**

alcoholism in subjects ages 50 to 70.

Results of research in animals suggest that age-related alterations in specific chemical messenger systems in the brain may alter the effectiveness of medications used to treat alcoholism and mental disorders.

The Path to Healing

Reaping the benefits of treatment begins by recognizing the signs of alcohol addiction.

This step is best facilitated by having a comprehensive assessment by a qualified healthcare professional. Although alcohol addiction can be diagnosed by primary care physicians, most often the physician will refer the patient to a psychiatrist, psychologist, or a clinical counselor specializing in addictions.

Treatment is a partnership between the patient and the healthcare provider. It is important that informed consumers understand their treatment options and discuss all concerns with a treatment provider as they arise.

A key element of Rimrock's treatment is the active involvement of patients in the management of their own illness.

Empowerment is developed through the use of patient education, skills training and a strong emphasis on encouraging the individual patient to accept responsibility in managing their own condition. Along with the empowerment of our patients, is the emphasis on a treatment regimen which includes comprehensive clinical assessments and individualized patient plans.

Another important part of Rimrock's program is the emphasis we place on the integration of a broad spectrum of community, health, and human services for the benefit of the patient. This includes addressing pa-



tient's physical, psychological, social and economic needs, which improves the likelihood of a successful treatment experience.

Healthcare services should be readily available to those persons needing treatment for addictions, since taking advantage of opportunities when they are ready for treatment is often crucial. Many times, patients can easily be lost in red tape if treatment is not immediately available or is not readily accessible.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for an addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

Successful recovery principles in addiction treatment are characterized by the integration of personal, family, professional and other community resources toward the goal of enhancing the duration and quality of life of those we serve.

For further information about treatment for Alcoholism, please call Barbara Hansen, Rimrock Foundation Admissions Supervisor at 1-800-227-3953 or 1-406-248-3175.

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