



Alcohol Consumption in Seniors: A Delicate Balance

Numerous studies on the effects of alcohol consumption in seniors indicate that moderate drinking by seniors can have a positive impact on general health. However, there is also a concern that heavy drinking can have adverse effects, and that alcohol abuse is often missed in the senior population. The guidelines for alcohol consumption in seniors are not the same as for the younger population and are impacted by several factors, such as physical changes caused by age, medications, and chronic conditions.

In general, for healthy senior adults moderate drinking is considered to be one-half to one ounce of pure alcohol per day (for men up to two ounces), which in the U.S. equates to one 12-ounce beer, 8 ounces of malt liquor, 5 ounces of wine, or 1.5 ounces of distilled spirits. These amounts may be lower for women and may decrease the older a person gets due to age-related physical changes that significantly affect the way an older person metabolizes alcohol. Compared to complete abstinence, this moderate intake has shown to increase bone density in women, protect against cognitive decline and dementias, and protect the vascular system. There are also lower morbidity rates in moderate drinkers as compared to abstainers and heavy drinkers.

For seniors who are dealing with illnesses or chronic conditions, or who may be taking medications, even over-the-counter medications, however, any amount of alcohol could, cause serious health issues or death. Considering these factors, it is important for seniors to be aware of their alcohol consumption, and for them and those around them to be able to identify when alcohol consumption has crossed into alcohol abuse.

Identifying Alcohol Abuse

The rate of alcoholism in the elderly is greatly underestimated for several reasons. The symptoms, for starters, are different in seniors than in younger people. For example, the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) criteria for alcoholism includes “Failure to fulfill major role obligations at work, school, or home.” Criteria such as this may not apply to retired seniors who may have no or little role obligations.

Typical warning signs, such as fatigue, irritability, insomnia, chronic pain, or impotence can also be attributed to any number of physical maladies common in seniors. Hospital personnel may miss identification of alcohol problems in seniors due to a number of factors, such as being focused only on the senior’s current medical complaint, taking less accurate histories on alcohol use (as compared to younger patients), or being uncomfortable with questioning or trying to change a senior’s established habits.

Often, the senior's family hesitate to address the senior's drinking, believing that the person should be left alone to enjoy the final years of his or her life. Unfortunately, the negative consequences and effects on the senior's quality of life warrant intervention. The rate at which alcohol problems are missed within the health services setting means that identifying alcohol problems in seniors relies heavily on family members, friends, caregivers, and other members of the senior's community. The following guidelines can help these individuals identify potential alcohol abuse.

Identify at-risk individuals

Family, friends, and caregivers should be particularly mindful of seniors who have suffered significant losses, such as the loss of a spouse or friends, loss of income or social network due to retirement, or loss of mobility and health. Seniors who have a past history of substance abuse are also high-risk candidates for late-onset alcoholism. Depression and other mood and psychiatric disorders can additionally contribute to a senior's risk of dependence on alcohol.

Note physical changes

Physical symptoms of alcohol abuse include the following:

- sleep difficulties/changes
- cognitive impairment
- slurred speech
- incontinence
- poor hygiene
- difficulty concentrating
- restlessness and agitation
- frequent falls and unexplained bruising
- changes in eating habits
- unexplained chronic pain complaints
- unexplained stomach upset, vomiting or nausea
- blurred vision and dry mouth

Note emotional or social changes

Seniors who are abusing alcohol may become increasingly isolated; lose interest in friends, family, and activities that they previously enjoyed; or be irritable, depressed, or sad. Family, friends and caregivers may also notice the senior is drinking while taking prescription drugs and against the advice of doctors. They may notice a large number of empty beer or wine bottles in the trash, or that the senior is drinking with every meal or secretly drinking.

Addressing Alcohol Abuse

Family, friends, caregivers, and other community members who suspect a senior may have a problem with alcohol should talk with a professional who is experienced working with older adults, such as a doctor, counselor, social worker, or the senior's pastor or minister. These professionals can offer guidance on how to address their concerns with the senior. There are also many organizations, such as Alcoholics Anonymous, that can provide assistance on specific strategies for speaking with the senior regarding his or her alcohol use.

How In-Home Care Can Help

Families who live far from their senior loved ones may want to consider having a caregiver visit with and aid the senior. Caregivers can provide companionship and interaction, which can relieve symptoms of depression, and be a valuable resource, letting the family know if there are changes in the senior's behavior or physical characteristics. They can also help remind the senior when medications are due and read prescription labels to help seniors avoid alcohol interactions. For more information on how in-home care can help, visit ComfortKeepers.com.

Resources for Seniors, Family, and Caregivers

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a number of free guides and brochures for download:

- *Aging, Medicines, and Alcohol* brochure (<http://store.samhsa.gov/product/Aging-Medicines-and-Alcohol/SMA12-3619>)
- *As You Age* brochure (<http://store.samhsa.gov/product/As-You-Age/AVD189>)

The National Institute on Aging has a free downloadable guide, *Older Adults and Alcohol* (<http://www.nia.nih.gov/health/publication/older-adults-and-alcohol>), as well as an **Alcohol Use In Older People** website (<http://www.nia.nih.gov/health/publication/alcohol-use-older-people>).

References

- Centers for Disease Control and Prevention. (2013). Alcohol and public health: Frequently asked questions. Retrieved from <http://www.cdc.gov/alcohol/faqs.htm#standDrink>.
- Ganry, O., Baudoin, C. & Fardellone, P. (2000). Effect of Alcohol Intake on Bone Mineral Density in Elderly Women: The EPIDOS Study. *American Journal of Epidemiology*, 151(8), 773-780.
- Gronbaek, M., Deis, A. Becker, U., Ole Hein, H., Schnohr, P., Jensen, G., et al. (1998). Alcohol and mortality: Is there a U-shaped relation in elderly people? *Age and Ageing*, 27, 739-744.
- Kim, J.W., Lee, D.Y., Lee, B.C., Jung, M.H., Kim, H., Sung, Y, et al. (2012). Alcohol and Cognition in the Elderly: A Review. *Psychiatry Investig.*, 9(1), 8-16. English. Retrieved from <http://dx.doi.org/10.4306/pi.2012.9.1.8>.
- U.S. Department of Health and Human Services. (2000). *Substance abuse among older adults: A guide for social service providers*. (DHHS Publication No. (SMS) 00-3393). Rockville, MD: Levin, S.M. & Kruger, J.D. (Eds.).
- McInnes, E. & Powell, J. (1994). Drug and alcohol referrals: Are elderly substance abuse diagnoses and referrals being missed? *BMJ*, 308, 444. Retrieved from <http://dx.doi.org/10.1136/bmj.308.6926.444>

- O'Connell, H., Chin, A., Cunningham, C. & Lawlor, B. (2003). Alcohol use disorders in elderly people—redefining an age old problem in old age. *BMJ*, 327, 664-667.
- Peters, R., Peters, J., Warner, J., Beckett, N. & Bulpitt, C. (2008). Alcohol, dementia and cognitive decline in the elderly: A systematic review. *Age and Ageing*, 37, 505-512.
- Rapuri, P.B., Gallagher, J.C., Balhorn, K.E. & Ryschon, K.L. (2000). Alcohol intake and bone metabolism in elderly women. *Am J Clin Nutr*, 72, 1206-1213.
- Wadd, S. & Forrester, D. (July 2011). Alcohol problems in old age. *Generations Review*.
Retrieved from
<http://www.britishgerontology.org/DB/gr-editions-2/generations-review/alcohol-problems-in-old-age.html>.