

Baby boomers risky

vintage

Binge drinking by young people is often the subject of newspaper and television stories, however Peter Waterman has discovered that it is not just young people who indulge in risky drinking behaviours.

It has been described as an 'invisible epidemic,' an epidemic that is often misdiagnosed or simply not recognised by many health professionals but one which threatens to become a major health issue as Australia's population rapidly ages.

It is alcoholism and at-risk drinking among the elderly, and the problem can be compounded as the symptoms of alcoholism can be difficult to diagnose.

The problem is underscored in Australian Bureau of Statistics data on the 'consumption of alcohol in quantities

at a risk or high risk to health in long-term by age, 2001, 2004-05 and 2007-08: This found that in 2001 some 7.4% of men and 5.9% of women had at-risk levels of alcohol consumption. By 2007-08, this figure had leaped to 8.9% for men and 9.3% for women.

In a study of older drinkers released late last year, the Foundation for Alcohol Research and Education arrived at similar figures.

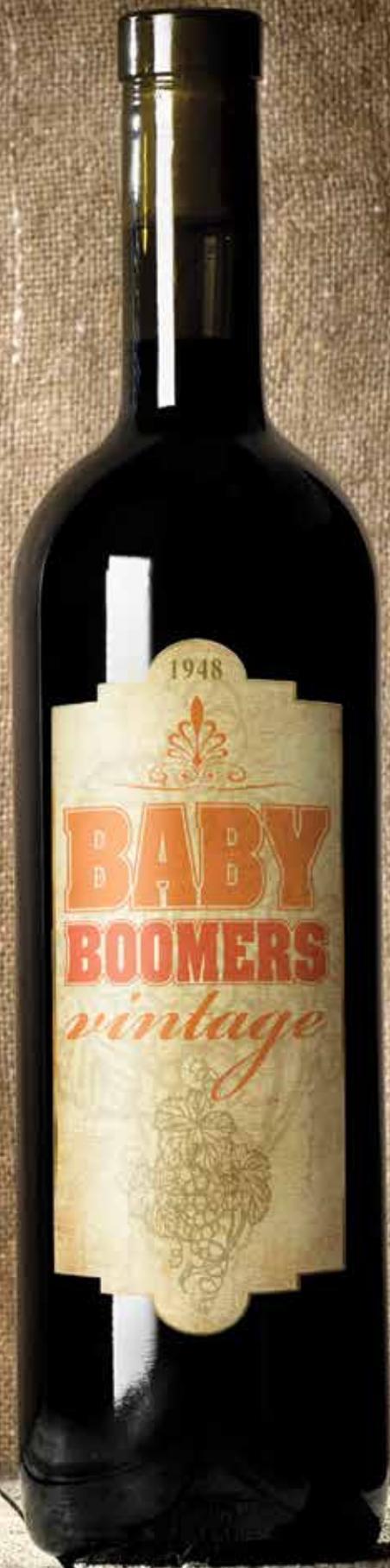
'In relation to long-term harm, 10.5% of men and 8.3% of women were drinking at levels that would put them at risk of long-term, alcohol-related harm,' the *Pouring practices of 65 to 74 year old current drinkers: Implications for drinking guidelines and estimates of risk* report concluded.

'Results from the research demonstrated that when age appropriate guidelines

were used as benchmarks, the prevalence of short-term harm amongst a sample of 65–74 year old Australian men increased by 260% and increased amongst women by 346%. In relation to long-term harm, prevalence estimates increased by 202% amongst men and 332% amongst women,' it said.

Another study, by Dr Celia Wilkinson and Dr Julie Dare from Edith Cowan University, studied the links between the way older Australians socialised and consumed alcohol, and found most drank five or more days per week, regardless of residential status or gender.

The study found that 30% of participants were drinking above the current National Health & Medical Research Council (NHMRC) *Australian Guidelines to Reduce the Risks from Drinking for lifetime risk of harms* and 25% of men were consuming alcohol at levels which placed them at risk of short term harm at least once a month.



James Pitts, Chief Executive Officer of Odyssey House McGrath Foundation, said over the past four years there had been a change in demand for rehabilitation services from primarily drug-focussed to alcohol-focussed treatment being sought.

'Alcohol has become much more prominent over the past three years as the drug mentioned by most people as their drug of concern,' he said.

'Along with that are people who are alcohol dependent. Normally the prime drug-using population is between 18 and 32 but we are seeing an increase in the population of people who are over 45 years of age and almost 80% of those are alcohol dependent.'

What is raising fears is that the issue of at-risk drinking amongst the ageing appears to heading towards a critical juncture with the huge increase in the ageing population.

The fears of the 'hidden epidemic' becoming a major health problem for Australia are underscored by the findings of the 2010 *Intergenerational Report* which predicted the number of people aged between 64 and 84 will more than double by 2050.

It also forecast the population of what it defined as very old people (85 and over) more than quadrupling from 0.4 million people in 2010 to 1.8 million in 2050.

Taken with other population forecasts, the projections mean the proportion of people aged 65 years or over will increase from 13% in 2010 to 23% by June 2050.

Alcoholism is more dangerous for older people because they usually have a lower tolerance rate, exacerbated by the fact that alcohol interacts dangerously with some of the medications older people are likely to be taking, such as arthritis relievers or other types of painkillers. It also has a greater negative impact on the organs of older people than on those of younger, healthier drinkers.

The dangers of alcohol misuse among the elderly are, according to Dr Ben Teoh, Medical Superintendent of South Pacific Private, the real issue.

'There is no evidence of increased prevalence of alcohol abuse in the elderly. However, there is higher incidence of

harmful effects of alcohol and problems with diagnosis,' Dr Teoh said.

'Elderly people are more sensitive to the harmful effects of alcohol, physically and mentally. Chronic abuse of alcohol can lead to damaging effects on the brain, heart, liver and nervous system which can aggravate the general decline in old age.

'The perception was that alcohol enhanced many social activities, highlighting the view that alcohol "in moderation" had more benefits for older people than problems.'

'Complications from alcohol withdrawal are also more severe in the elderly. Diagnosis of alcohol abuse can be masked by other health problems leading to social isolation and the use of prescribed medication.'

Despite the clear problems associated with older alcoholism, little research has been conducted into the issue, leading to the view that it is the 'invisible epidemic'.

One study backed by the Foundation for Alcohol Research and Education, *An exploration of how social context and type of living arrangement are linked to alcohol consumption amongst older Australians*, reinforced that 'to date, there has been little exploration of alcohol use amongst older Australians, and in particular little if any research that has explored in depth the connection'.

The Edith Cowan University study into alcohol consumption habits in retirement homes concluded that 'alcohol served an important social function, irrespective of setting, and was viewed as an enjoyable part of life. This may explain why a significant proportion of

the sample was drinking more than the NHMRC guidelines.

'The perception was that alcohol enhanced many social activities, highlighting the view that alcohol "in moderation" had more benefits for older people than problems.'

The authors said their research indicated older people may possibly drink more frequently in retirement villages than in private homes, but not necessarily consume greater quantities of alcohol.

The National Drug and Alcohol Research Centre Guidelines for the Treatment of Alcohol Problems states: 'Under-diagnosis appears to be the key barrier to treatment for older patients. For instance, hospital workers are significantly less likely to identify alcohol-related problems in an older patient than in a younger patient.'

While it doesn't enlarge on this, other research backs it up. The 2004 paper *Substance misuse in the older generation* which coined the term 'invisible epidemic' found 'Alcoholism in elderly persons has been considered an "invisible epidemic", but the magnitude is really not known.'

One study in *Medscape* found that among older patients with alcoholism, from one-third to one-half developed alcoholism after the age of 60, and this group was hard to recognise.

A report by All Saints Home Care and Referral Services in the US found the early onset of alcoholism was seen in individuals that had been drinking for a long time and are now elderly.

'It is important that family and non-family caregivers understand the risk factors of late onset of alcohol and drug abuse in the elderly such as chronic medical problems and sleep disturbances. The individual tends to use alcohol to control pain and to induce sleep. Women, isolated or individuals who have a lot of leisure time, or loss of a spouse to death are more likely to fall victim to late onset of alcoholism,' the report stated.

'The late onset is often seen in individuals in the age range of 40-50, well-educated with good income, and high levels of stress. This is treatable and the cause can be resolved, however, it is often not easily diagnosed by health care professionals.'



need to find a suitable balance between addressing social problems in some parts of the community versus what for some people is an important part of their day. Particularly when you're in your 70s and 80s, having a glass of wine at the end of the day is an important part of their social and cultural activity.

'There are interactions with medications, depression, changes to vision, effects on mobility and so on which are consequences of excessive alcohol consumption.'

'This is important for their wellbeing – not every drop of alcohol is going to be bad for every person. It's a case of taking it in moderation and taking it appropriately.

'But we also need to realise that for older folk who have a drinking issue there are consequences. There are interactions with medications, depression, changes to vision, effects on mobility and so on which are consequences of excessive alcohol consumption.

'In some aged care residences older people can have a glass of wine with their dinner but it is a very controlled approach.'

A daily ritual

A study exploring the links between the way older Australians socialise and consume alcohol has found that most drink five or more days per week, regardless of residential status or gender.

Dr Celia Wilkinson and Dr Julie Dare from Edith Cowan University led a research team that examined the alcohol consumption habits of retirement home residents and compared them with people in the same age group living in their own homes to examine the impacts of social interaction on alcohol

Another report, *Alcohol use disorders in elderly people: fact or fiction?* by Karim Dar, found alcohol use disorders among older people are often described as a hidden problem, which may be due to a number of factors.

The report found these factors included:

- Many elderly people do not disclose information about their drinking because they are ashamed. Many are isolated, with minimal social contact or networks, thereby making the problem more difficult to detect. It has also been suggested that older people may significantly under-report their drinking.
- People in the helping professions seem reluctant to ask an older person about drinking, either because it makes them feel awkward or because of the stereotypical image of alcohol use disorders as a problem affecting mostly younger people.
- Alcohol problems often present in a large number of non-specific ways such

as accidents, depression, insomnia, confused states and self-neglect, many of which are linked to the ageing process.

- Western societies hold several misconceptions about alcohol use by elderly people, for example that alcoholism is not a significant problem in the elderly population, that it is easy to detect among elderly people and that the amount an elderly person drinks in a single sitting is a good indicator of alcohol misuse.

However, Michael O'Neill from National Seniors Australia cautioned against over-reaction.

'With any age group there are going to be problems of any kind and it would be silly to think that among older people there won't be some that have an issue or a problem in regards to drinking,' he said.

'We have seen some questions recently around the drinking culture and there was recently a push for a minimum pricing arrangement for wine casks. But we

Life changes associated with alcohol misuse in elderly people

Emotional and social problems

- Bereavement
- Loss of friends and social status
- Loss of occupation
- Impaired ability to function
- Family conflict
- Reduced self-esteem

Medical problems

- Physical disabilities
- Chronic pain
- Insomnia
- Sensory deficits
- Reduced mobility
- Cognitive impairment

Practical problems

- Impaired self-care
- Reduced coping skills
- Altered financial circumstances
- Dislocation from previous accommodation

Source: *Alcohol use disorders in elderly people: fact or fiction?* by Karim Dar.

consumption. A focus in the research was to identify factors that lead to increased use of alcohol and factors that constrain consumption in different settings.

The pilot study, *'An exploration of how social context and type of living arrangement are linked to alcohol consumption amongst older Australians'*, involved a questionnaire and qualitative

interviews with 42 older Australians living in the greater Perth metropolitan area.

The study found that 30% of participants were drinking above the NHMRC guidelines and 25% of men were consuming alcohol at levels which placed them at risk of short-term harm at least once a month, suggesting the current drinking guidelines need to be promoted more effectively to older Australians.

Dr Wilkinson said results from the in-depth interviews highlight that alcohol serves an important social function for older people and is viewed as an enjoyable part of life, but there were also indications that this demographic has a greater appreciation of the social and financial costs of drinking, such as drink driving. Personal health concerns associated with alcohol did not feature as a constraining factor.

In a media release Dr Dare stated: 'Participants tended to focus on risky drinking in terms of behaviour which would lead to harm to others without considering the potential consequences to their own health. This is significant from a policy perspective and suggests we need better targeted health promotion messages that are more reflective of the drinking practices of this demographic.'

The study was funded by the Foundation for Alcohol Research and Education (FARE). Its key findings included:

- Most people interviewed in both the retirement village and home setting consumed alcohol five to seven days per week.
- 30% of the people interviewed were drinking at levels that placed them at

greater risk of long term harms, while 25% of men were drinking at levels that placed them at risk of short term harms at least once a month.

- There were no significant differences in the drinking behaviours of older people residing in retirement villages, when compared with those residing in a home setting.
- Most men (56%) and women (68%) interviewed showed no evidence of problem drinking using the CAGE instrument (Cut down on drinking, Annoyances with criticisms about drinking, Guilt about drinking, and using alcohol as an Eye opener).
- Many older people employed strategies to regulate their alcohol consumption including limiting alcohol if driving, not drinking alone, allocating alcohol-free days and not drinking alcohol without meals.
- Most participants were not concerned with the drinking of older Australians but indicated they were concerned about young people's risky drinking.

What pharmacists can do

Pharmacists and other health professionals can help identify alcoholism and at-risk drinking in the ageing through training and collaboration.

A report by AD Derry stated that training and awareness among health practitioners was important to change attitudes and identify alcohol misuse in elderly people.

'Good liaison between services is essential for promoting continuity of care,' Derry said.

This view was backed by Karim Dar in the report *Alcohol use disorders in elderly people: fact or fiction?* in which he stated: 'The number of older people is increasing in populations throughout the world. Alcohol use disorders in elderly people are a common but underrecognised problem associated with major physical and psychological health problems.'

'Owing to the negative attitudes and inadequate training of healthcare professionals, alcohol misuse is not always being detected or effectively treated. Current diagnostic criteria and common screening instruments for alcohol use disorders may not be appropriate for elderly people.'

'Older people are as likely to benefit from treatment as younger people and the basic principles of treatment are much the same. Better integrated and outreach services are needed. Training of healthcare professionals in this area and pragmatic research should be prioritised to improve detection, treatment and service provision for this vulnerable and neglected population.'

Pharmacists have a unique opportunity as frontline health professionals to detect and help those with alcohol issues and one area of particular value is Home Medicines Reviews. A Home Medicines Review offers an ideal opportunity to ask about alcohol consumption and to assess the number of standard drinks that the person is consuming.

The accredited pharmacist can also provide education about safe drinking levels, the effects of alcohol and interactions with medications. As with other lifestyle risks, pharmacists can assist behavioural change with motivational interviewing techniques.

Grant Martin, Chief Executive Officer of the Australian Association of Consultant Pharmacy, said HMRs done in a person's home gave the pharmacist doing the review more opportunity to assess the surroundings which may enable them to observe factors indicating issues such as drinking problems.

'Having a one-on-one relationship in the safe environment of a person's home gives the pharmacist the opportunity to assess and ask questions which may help

reveal problems or potential problems,' Mr Martin said.

'The principle behind the HMR is that the in-home review does allow much more careful observation and assessment of the patient in their environment.'

James Pitts, Chief Executive Officer of Odyssey House McGrath Foundation which deals with alcohol addiction, drug and prescription medication dependence and co-existing mental health conditions, said some health professionals certainly didn't pick up signs of alcoholism which may be put down to ageing.

'Pharmacists have a unique opportunity as frontline health professionals to detect and help those with alcohol issues...'

'Pharmacists should engage in conversation with the patients, and the signs may vary from person to person. With the elderly, increased anxiety may be something to look for and people who are alcohol dependent may show greater signs of anxiety as they grow older. But as people get older there are certainly symptoms that appear that can be due to ageing or alcoholism – forgetfulness being an example,' he said.

'I think pharmacists should try to engage the older patients and ask questions if things seem to be as they should not be. One of the things of course that you don't want people to do is mix alcohol and medications, particularly if those medications are acting directly on the central nervous system.'

But Mr Pitts said one of the factors to be taken into account was the workload of health professionals, particularly GPs.

'They are so pressed for time that they don't have the time to concentrate on problems which may be associated with drug use – whether licit or illicit,' he said.

'It also depends on the information health professionals get from their patients. A recent survey showed that 30% of those

surveyed believed they knew someone with an alcohol problem but that those people themselves didn't realise they had a problem.'

This view was backed by Michael O'Neill from National Seniors Australia when he said: 'Sometimes the excessive use of alcohol can be misdiagnosed as a normal consequence of ageing.'

Mr O'Neil said time was an important consideration.

'I am cautious about advising pharmacist of what to do. It's taking the time with people – this is first and foremost,' he said.

'Using the professional skills and knowledge which pharmacists so clearly have can provide that guidance and advice in terms of perhaps advising an older person who they think may have an issue to see a doctor. The pharmacist needs to take the time to talk to the older patient.'

'But also the pharmacist can light the fire in terms of planting the thought that there may be a bit of an issue here and so the older person needs to take the first step. The first step is often one around acknowledging that there is an issue, and the second step is acting upon it.'

Resources

Among the resources available to help pharmacists is the PSA online module on *Motivational Interviewing* which includes behaviour change theory and stages of change model. The module is available on the PSA website: www.psa.org.au.

PSA Self Care Fact Card: *Alcohol*.

Resources such as those available at: www.alcohol.gov.au can be useful to take to home medicines reviews and have available in pharmacies. Other useful resources can be found at the following sites:

- [www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/36E6FEE732C8DF1BCA25767200769CD8/\\$File/adult.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/36E6FEE732C8DF1BCA25767200769CD8/$File/adult.pdf)
- www.nhmrc.gov.au/your-health/alcohol-guidelines/alcohol-and-health-australia
- www.therightmix.gov.au/resources/documents/P01994H_Alcohol_-_Older_People.pdf