

A photograph of three elderly women sitting at a table, smiling and engaged in conversation. The woman on the left has long, dark, wavy hair and is wearing a dark top. The woman in the middle has short, white hair and is wearing a dark headband and a patterned top. The woman on the right has short, blonde hair and is wearing a dark top and a patterned shawl. They are all looking towards the camera with pleasant expressions. The background is slightly blurred, showing what appears to be an indoor setting with warm lighting.

Alcohol in Older People

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Overview

- Statistics
- College Report (CR 211)
- Risk factors and presentation
- Management
- ARBD
- Menopause
- Drink Wise, Age Well survey

102-year-old woman credits her long life to drinking beer every day



Kate Bratskeir, Mic

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Statistics



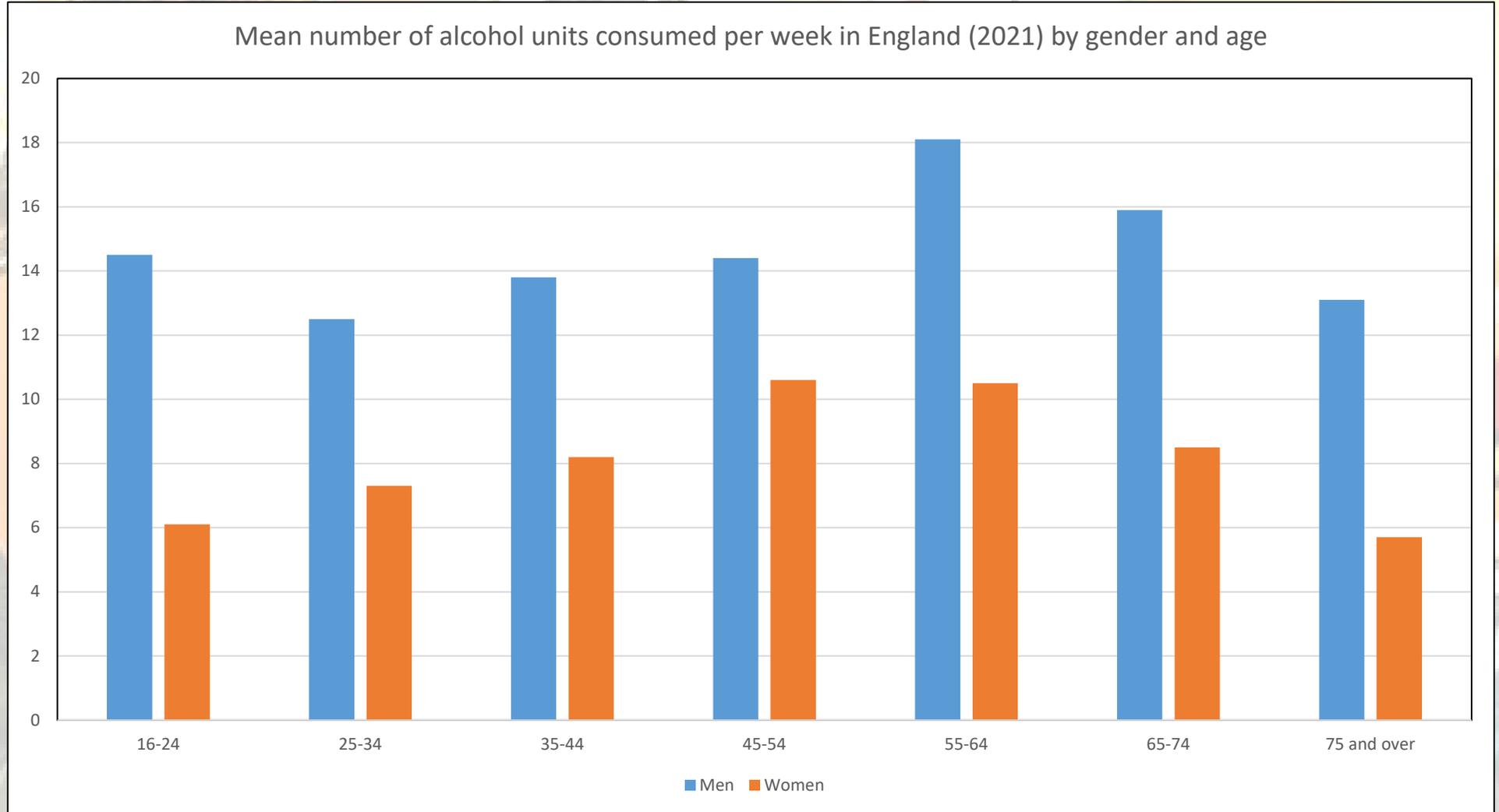
Normal Distribution



Paranormal Distribution

The statistics

- Adults over 45 are our biggest drinkers.



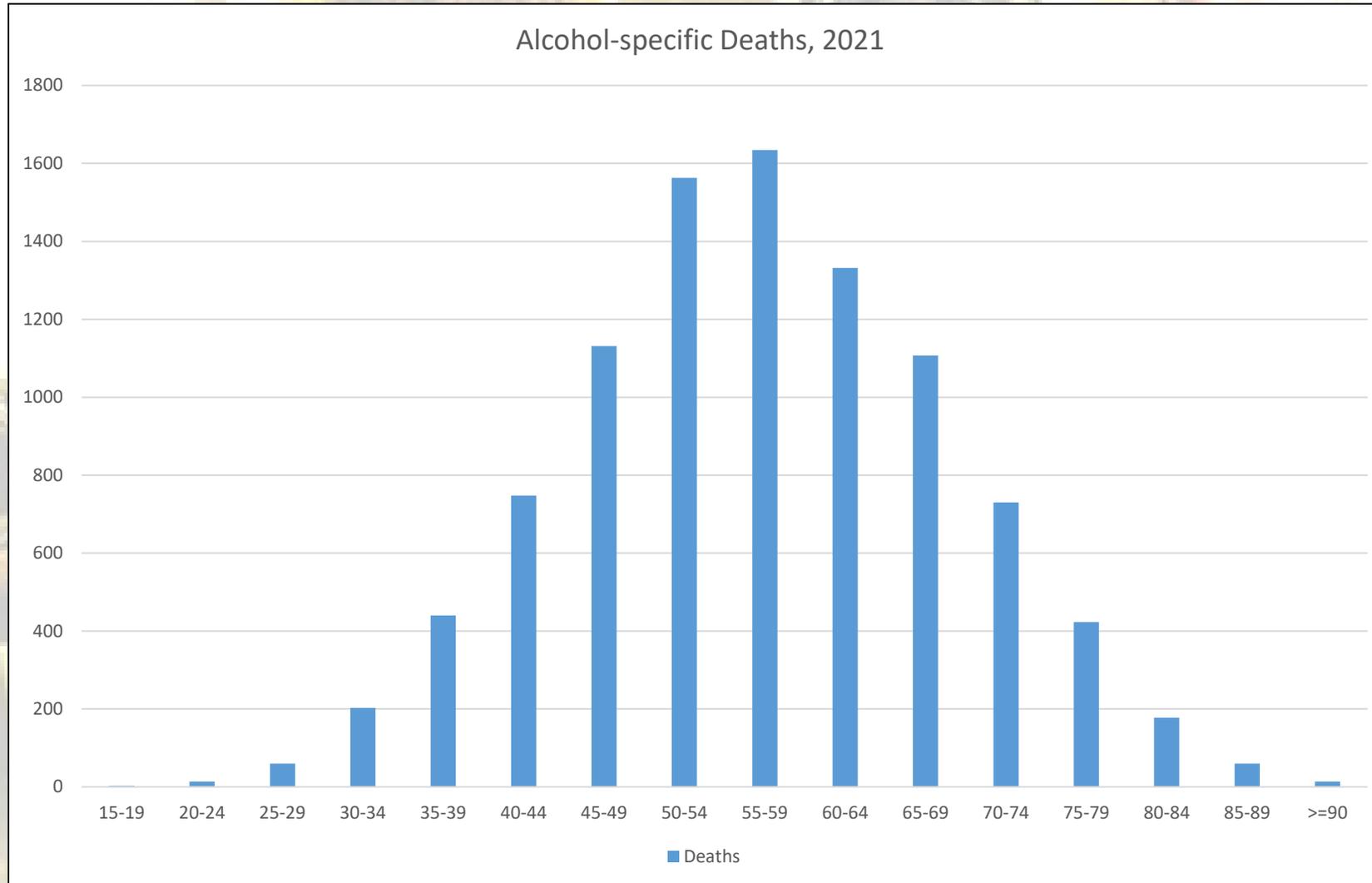
(Health Survey for England 2021, NHS Digital; Health and Social Care Information Centre.)

Hospital Admission Data

- 7% increase in the rate of >65s admitted to hospitals in England for ***alcohol-related*** conditions, 2016/17 to 2019/20
- 22.4% increase in rates of admission for >50s in Wales for ***alcohol-specific*** conditions 2010/11 to 2021/22
- Alcohol-specific = directly related to alcohol (eg accident)
- Alcohol-related = includes the above but also conditions partly related to alcohol (eg liver cancer)

*(Local alcohol profiles for England. Admission episodes for alcohol related conditions (narrow) – 65+ years.
New method; Data mining Wales: the annual profile for substance misuse, 2021-22; Public Health Wales)*

ONS Alcohol-specific deaths by age for 2021

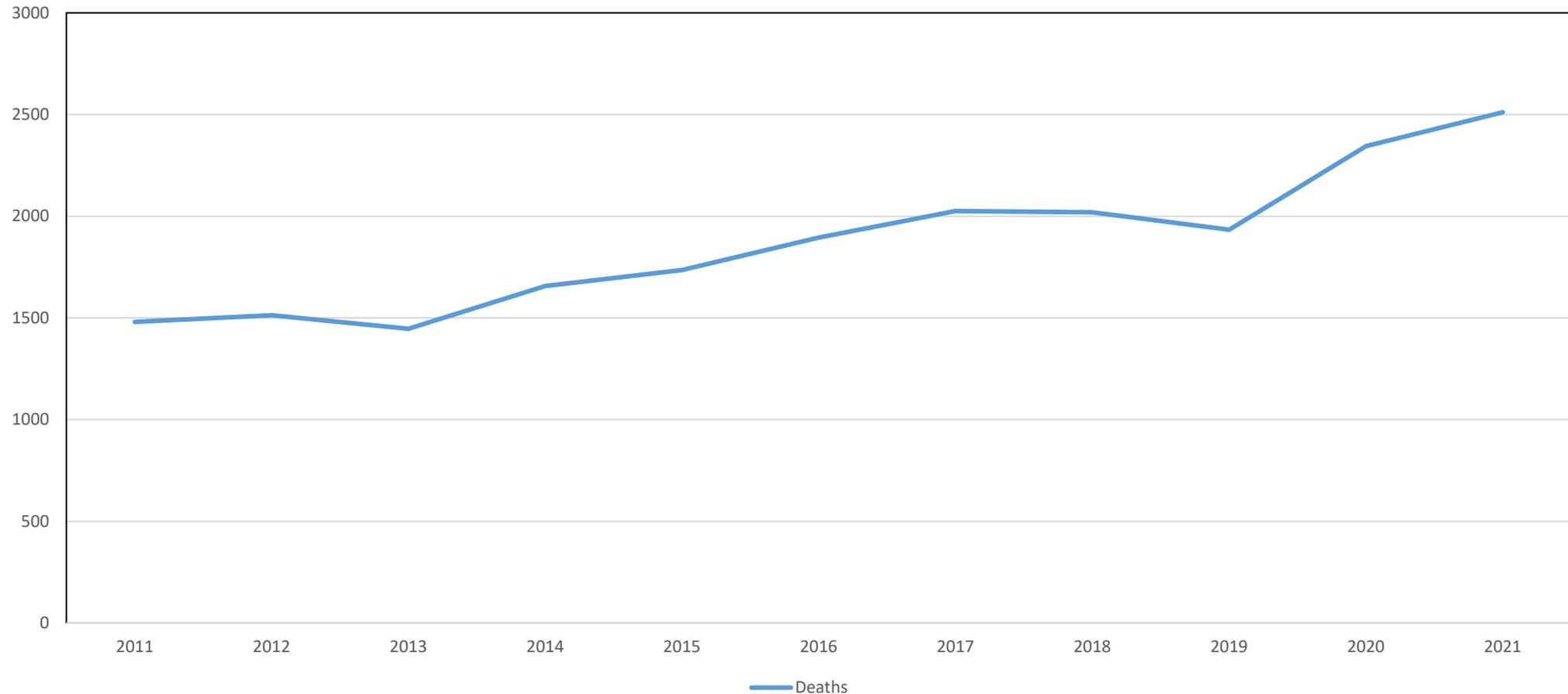


Age range	Deaths
15-19	3
20-24	14
25-29	60
30-34	203
35-39	440
40-44	748
45-49	1131
50-54	1563
55-59	1634
60-64	1332
65-69	1107
70-74	730
75-79	423
80-84	178
85-89	60
>90	14

(Alcohol-specific deaths in the UK: registered in 2021; ONS, released December 2022)

ONS Alcohol-specific deaths in over 65 age gp

Alcohol-specific deaths in over 65 age group



(Alcohol-specific deaths in the UK: registered in 2021; ONS, released December 2022)

Specific Issues

- Alcohol Use Disorders (not alcoholism)

'Alcoholic'

'Not
Alcoholic'

Alcohol Use Disorders

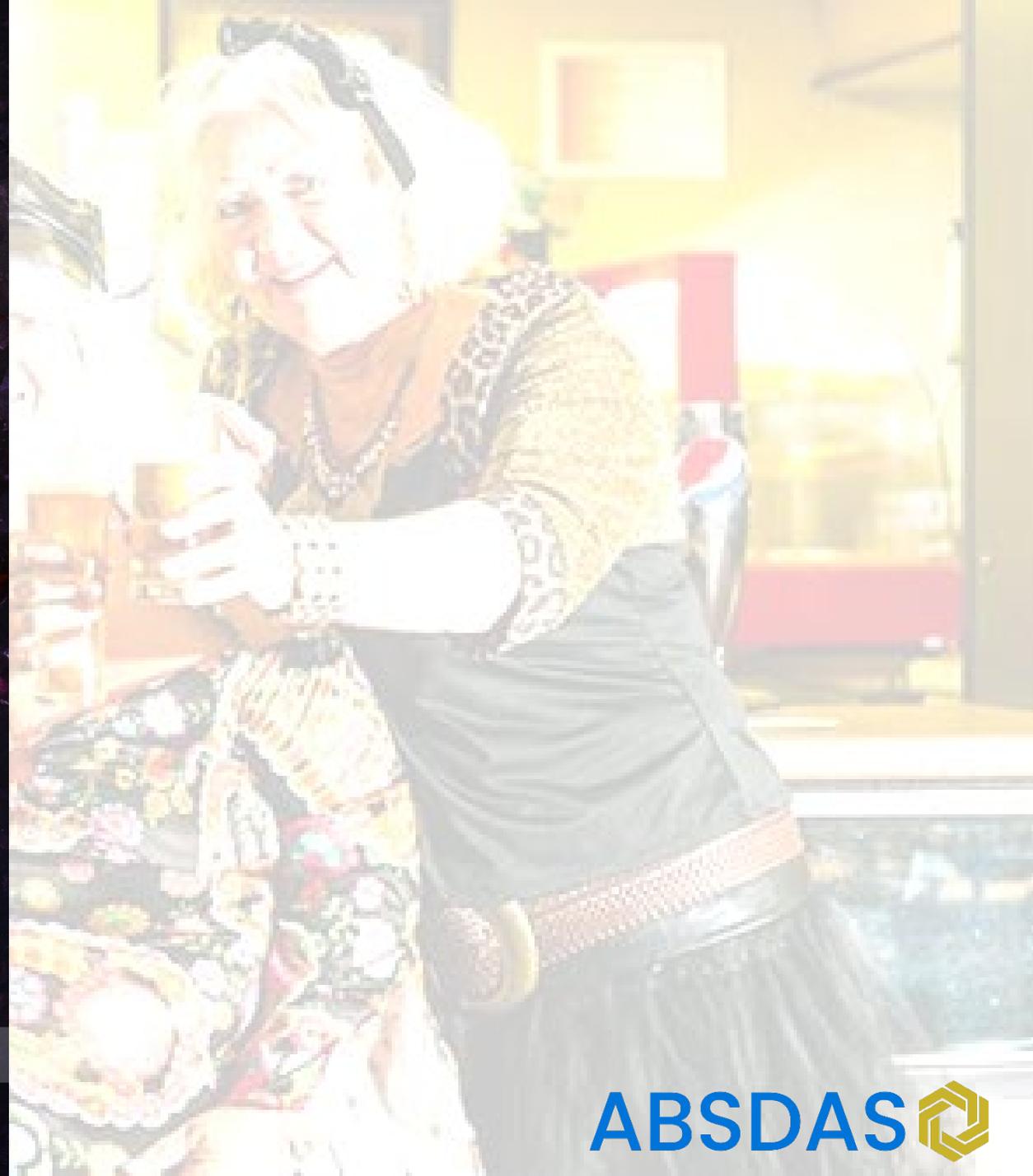
- What constitutes 'older adult' in people with substance use disorders? (possibly over 40)
- 2016 UK Guidelines – “Lower Risk Drinking” – 14 units/week; still be cautious with older adults because of:
 - Age-related changes to metabolism
 - More complex comorbidity
 - Risk of interactions with prescribed medication
 - Higher risk of cognitive impairment

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ADDICTS

College Report CR211



Findings

- The ageing process makes people more susceptible to effects of alcohol
- Older adults more likely to have comorbid physical and/or mental health issues and taking medication affected by alcohol
- Alcohol can exacerbate age-related conditions:
 - Cognitive impairment
 - Hypertension
 - Problems with balance/ falls (especially when medication complicates things)

Conclusions

- The older adult is **poorly represented** SM policy (may be very gradually changing).
- Greater value needs to be placed on the **requirements** and **wishes** of older substance misusers.
- **Diverse approaches** required to minimise the health, social and economic consequences.
- Need to **reduce stigma** associated with alcohol and substance misuse among the public & professionals.
- **Greater recognition** of **scale** of the problem should be promoted via wider dissemination of up-to-date research.

Recommendations

Support the implementation of minimum unit pricing across the UK

Develop partnership working between old age and substance use services.

Develop training supported by Royal Medical Colleges

Share best practice in existing care pathways for substance use within mental health services for older people and mental health treatment for older people within substance use services across NHS and third sector providers.

Categories

Maintainers

- Unchanged lifetime patterns
- Always had 2 whiskies per night
- Didn't affect them as much when they were younger

Survivors

- Long term problem users
- Drunk heavily for many years
- More likely to have complex traumas
- Will have accumulated complications of use

Reactors

- Later uptake or increased pattern
- Often in response to life events
- Identification of life event gives you target for therapy

Risk Factors, Presentation and Diagnosis



Risk Factors for AUD in Older Adults

- Socioeconomic status is associated with higher weekly consumption
- Physical/mental health comorbidity (e.g. anxiety, chronic pain)
- Deprivation (plus poorer outcomes)
- Family history
- Social isolation, bereavement, homelessness
- Retirement
- Stress (especially women)
- Insomnia



(Rao et al, 2015; Katikireddi et al, 2017; Khan et al, 2006; Britton and Bell, 2015; Shaw et al, 2011; Coyle and Dugan, 2012; Crane and Warness, 2012; Perreira and Sloane, 2001; Carney et al, 2000; Gilson et al, 2017; Aira et al, 2008)

How does AUD present in older people?



- Falls
- Daytime drowsiness
- Depression, anxiety
- New difficulties in decision making
- Self neglect, weight loss.
- Blackouts, seizures
- Unusual responses to medication
- Sleep problems
- Hypothermia
- Unexplained vomiting
- Urinary incontinence/ retention
- Loss of libido
- Abnormal blood tests
- Elder abuse
- Patients who do well in hospital but fail quickly when they go home

Gets picked up by High Impact teams, Alcohol Care Teams, Older Adult MH Liaison teams

Diagnostic difficulties

Problems applying ICD-10 criteria for dependence



Criteria	Special considerations for older adults
Tolerance	Even low intake may cause problems due to physiological changes
Withdrawal	May not develop physiological dependence
Taking larger amounts or over a longer period than was intended	Cognitive impairment can interfere with self monitoring
Unsuccessful efforts to cut down or control use	Reduced social pressures to decrease harmful use
Increased time spent obtaining substances or recovering from their effects	Negative effects can occur with relatively low levels of use
Giving up activities because of use	Decreased activities because of comorbid psychiatric and/or physical disorder Social isolation and disability making detection more difficult
Continued use despite physical and/or psychological consequences	May not know or understand that problems are related to use, even after medical advice. Failure of clinician to attribute problems to alcohol

(Adapted from Blow, 1998)

Management



Barriers to Treatment



- Atypical presentations
- Not asking the questions
- Diagnostic difficulties
- Ageism and age discrimination
- Individuals concerned about stigma; may not know that services are out there; may have had unsuccessful/unhelpful treatment experiences

Ageism and Age Discrimination

- Older adults being written off as “too old to change”
- A belief that it is wrong to deprive older adults of their “only pleasure”
- Older adults offered management of the issues related to drinking (e.g. vitamins) rather than being referred to services
- Arbitrary age limits in some services
- Guided into generic services as a result of their alcohol problem (e.g. referred to a generic social worker rather than alcohol treatment service)

(Wadd et al, 2017. Calling Time: addressing ageism and age discrimination in alcohol policy, practice and research)

Treatment of Alcohol Misuse



- Older adults more likely to stick with treatment and may have better outcomes
- Brief interventions suitable for those with 'harmful' use
- Treatment programmes adapted for older adults have better outcomes
- Older adults respond well to motivational interviewing

(Curtis et al, 1989; Oslin et al, 2002; Fleming et al, 1999; Blow and Barry, 2000; Moy et al, 2011; Bhatia et al, 2015)

Barriers in Treatment Services



- Combined waiting rooms can be intimidating for older adults
- Upper age limits to services (community and residential) – possibly because of concerns that older adults will have higher care needs – an issue with some commissioning strategies
- Diversionary activities that older people cannot access (e.g. football)
- Ageist language from other service users – “grandad”, “old fella”

(Wadd et al, 2017. Calling Time: addressing ageism and age discrimination in alcohol policy, practice and research)

Adaptations to Treatment

- Promote services in older adult spaces and have flexible processes for engagement
- Adapt referral thresholds (lower) because older adults experience harm at lower drinking levels
- Age sensitive assessments
- Staff support and training to challenge ageism
- Disability adjustments (mobility and sensory); home visits
- Avoid busy waiting rooms

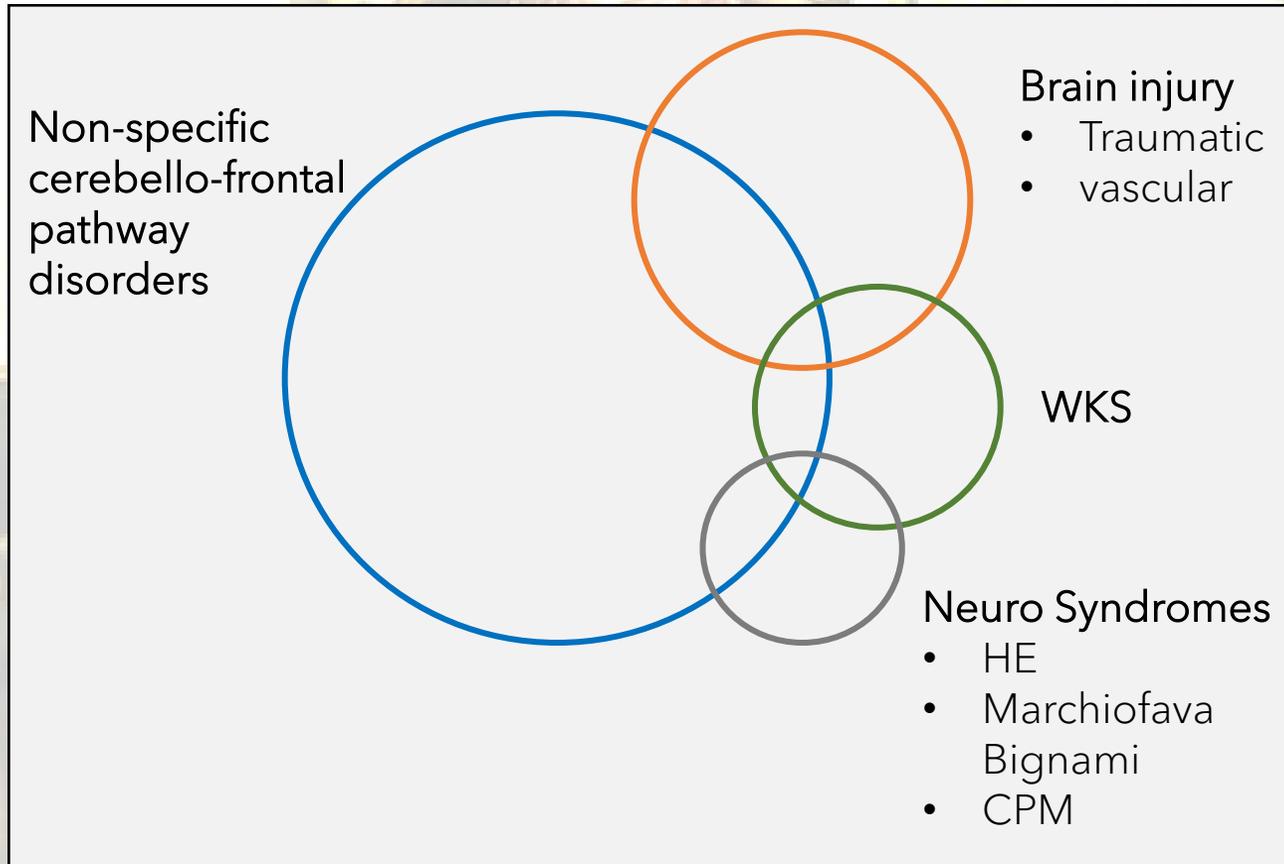
- Consider:

- Physical and mental health; cognitive function
- Diet and nutrition
- Safety in the home such as fire and trip hazards
- Social networks and community support (age appropriate)
- Drink driving risks
- Adult safeguarding concerns
- Mental capacity if there is cognitive impairment



- Assess and reassess; multiagency/multidisciplinary
- Psychosocial interventions might need to focus more on functional issues
- Pharmacological interventions need to take account of age 
 - NICE still recommends benzodiazepine but may need to consider a short acting one e.g. oxazepam or stick with longer acting ones and monitor more closely
 - Nutritional deficiencies more likely
 - Disulfiram is less likely to be useful due to cautions in the elderly; naltrexone can be used (with LFTs); acamprosate may require dose reduction due to age related kidney disease and its use on >65s is off label due to lack of evidence on its use)

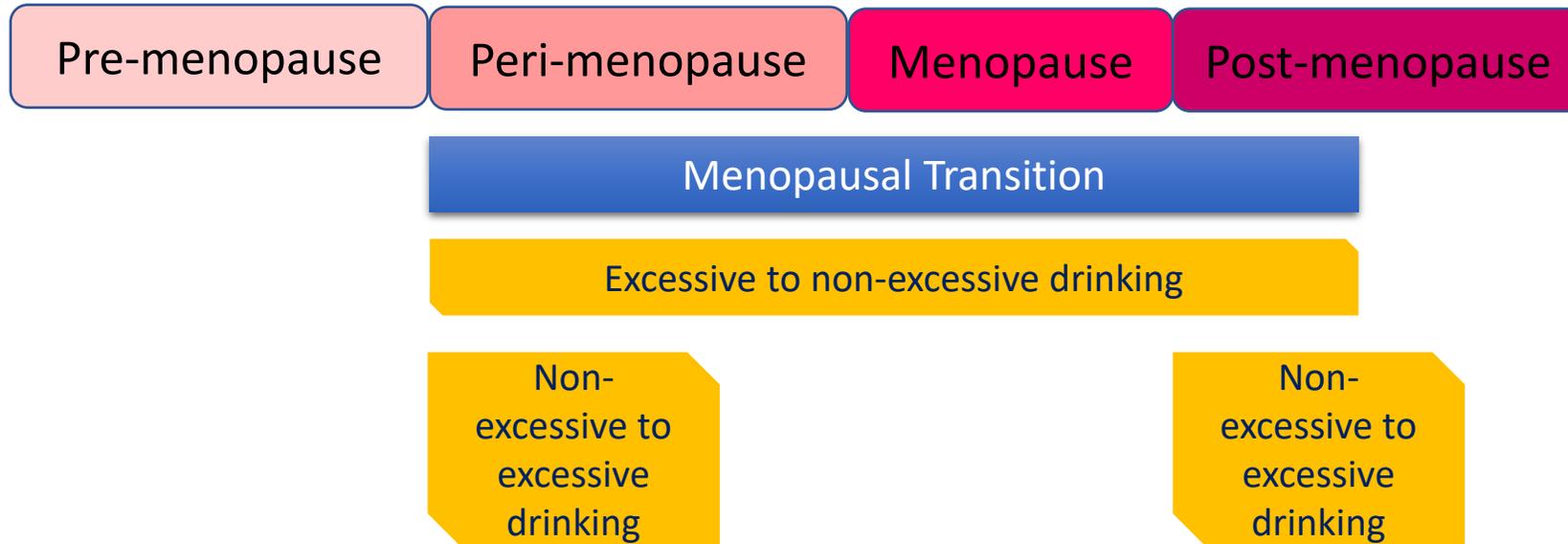
Alcohol Related Brain Damage



- Typically DES and STM problems
- Early signs can be misattributed
- Does not progress with abstinence
- A reason for poor engagement
- MCA may be justified

Menopause

- Alcohol use in older women is increasing, particularly binge drinking
- Change in alcohol consumption varies across menopause



- Alcohol dilates blood vessels – hot flushes worsened
- Menopausal women are particularly vulnerable to depression, which heavy drinking may worsen

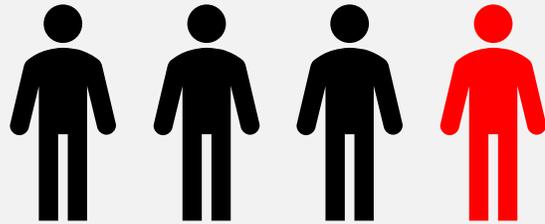
(Peltier et al, 2020; Milic et al, 2018)

Drink Wise, Age Well survey

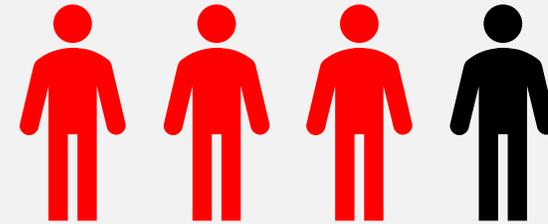


- 2015
- 17,000 responses from over 50s across the UK
- Published in the 'Calling Time' document

1 in 4 adults >50 would not tell someone if they had a drink problem



3 out of 4 adults >50 drinking at risky levels have never been asked about their alcohol use by family, friends or professionals



Knowledge and Attitudes About Alcohol



Anonymous Survey (University of Bedfordshire)

[Workers from the alcohol service] have more time for the younger generation than the older generation

They look at people of my age, "no point", they're more likely to put the funding into someone who's younger...I think they think you're a not of a "spent penny" at a certain age

I don't know they're going to bother so much with people who are over 50 anyway because we haven't got much work left in us

A lot of people believe the older generation are far too set in their ways and can't change whereas they possibly think they could make some change in the younger generation

There is more concern for younger people and therefore the audience they're targeting is the younger people

Thank you!

