

Alcohol and Aging: Myths and Realities

By Stephanie Williams, LCSW

Mildred, age 76, is unsteady on her feet, has tremors in her hands and is malnourished. She is also forgetful, often disoriented and has difficulty staying on track in a conversation. What do you think Mildred's problem is? A variety of medical illnesses come to mind, as well as dementia and depression. What would you think about Mildred if she were 42 and had the same symptoms? If you are like most human services and medical professionals, the possibility of an alcohol problem would occur to you in the latter case but not in the former.

It is true that 60% of older people in this country drink very little or not at all, and the proportion of seniors in the general population who have a drinking problem is 10%. However, among the older people who are seen in human service agencies and medical facilities, it is closer to 50%! It is also true that 2/3 of the cases of alcoholism are overlooked by primary care physicians. Doctors may not spend time asking questions to tease out an alcohol problem in an older patient. Often, doctors have little or no training in either alcoholism or geriatric medicine. Also, older people may not realize they are drinking too much for their age, or they may be ashamed to bring it up. Seniors who drink too much aren't as likely to come in contact with the criminal system or a concerned employer as someone still in the workforce or driving a car daily.

Older adults don't metabolize alcohol and other substances as quickly as younger people. Generally, an "at risk" older drinker is someone who drinks over 7 (for a woman) to 14 (for a man) standard drinks per week. This amount of alcohol, whether consumed in daily drinking or in periodic binges of 4 or more drinks in a day, results in adverse health and social consequences. One can of beer, a single shot of spirits, a glass of wine or a small glass of sherry equals one standard drink.

Alcohol is a toxic substance that adversely affects every organ in its path. Thus it damages not only the liver, but the bladder, the kidneys, the intestines, the stomach, the throat, the mouth and the brain! Additionally, it causes loss of calcium and contributes to osteoporosis and impairs the body's immune system. Weight loss, malnutrition, dehydration and thiamin deficiency, metabolic imbalances, insomnia and insensitivity to pain are also common effects.

Jack, a retired construction worker, lives alone in a downtown apartment. He spends his time watching TV and playing pool or just hanging out with a couple of buddies. Married and divorced twice, he has little contact with his grown children, and his daughter won't let him see his grandchildren. Worried by chest pain, fainting spells and constipation, he finally goes to a doctor. Jack reports to the doctor that he had a tough start in life, had a "mean drunk for a father," left home at 17 to join the army and spent time in Vietnam, "seeing and doing some pretty bad things there." He also says he drank and did a lot of drugs in the army, but proudly reports he quit all the drugs on his own after he returned to the States. When asked by the doctor about drinking, Jack says he has cut back a lot over the years, just has a few beers with his buddies now and then. Jack provides us with many red flags for a drinking problem. These include family history and Jack's own history, estrangement from relatives, some isolation, and medical symptoms. The good news is that Jack is highly motivated in that he doesn't want to "drop dead alone in his apartment," and that he would really like to spend time with his grandchildren. A savvy health care professional could help Jack make the connection between his drinking and his concerns. A good place to start would be to educate him about the effects of alcohol upon the aging body, and the typical amounts of alcohol consumed by people his age.

Jane is a 60-year-old homemaker whose busy husband is still practicing law and traveling out of town to give speeches. For years, it has been their custom to have a cocktail or two with dinner each night that he is home. During the past year, Jane has had much difficulty getting to sleep at

night; thus her doctor has prescribed a sedative. She thinks that drinking her two cocktails and taking a couple of sedatives help her to go to sleep. Due to a problem with fibroids, she has a hysterectomy. It is while she is in the recovery room after surgery that her abuse of drugs and alcohol comes to light. She experiences agitation, an elevated pulse and respiration, and nearly has a seizure. No one had thought to ask Jane about her drinking pattern. Now she feels embarrassed and humiliated, and her husband and grown children are shocked. Approximately 1/3 of older alcoholics are “late onset” drinkers like Jane. They are people who haven’t had an abuse problem earlier in their lives, and who generally have good coping skills and good relationships with others. They are likely to hide or deny the problem, and others are likely to miss it too.

Given their own recognition of their problems, the good news is that the prognoses for both Jane and Jack are good, provided that they receive interventions tailored to the needs of older individuals. Researchers at the University of Michigan have developed and tested a brief intervention protocol specifically designed for use with older Americans who have alcohol or drug problems. This approach relies on motivational interviewing with an educational slant. Focusing on a concern for the person’s health and well-being while avoiding the use of accusatory language and labels is important. First, one weaves questions about alcohol and drug use (including prescription and over the counter drugs) into an initial screening. This is followed by a discussion about his/her overall health status and lifestyle, including the person’s own goals for the next three months or year. For Jack, it is to stay alive and to see his grandkids. Next comes educating the person about how the alcohol consumption is getting in the way of his/her goals. Ask what first steps the person might be able to take to move closer to achieving those goals. Jack decides he can commit to not drinking around his grandkids. Motivational interviewing skills and solutions-focused questioning work well with the older population as they preserve dignity and autonomy and bypass confrontations and shaming. To learn more about the brief intervention protocol designed at the University of Michigan, one may purchase Barry, Oslin and Blow’s *Alcohol Problems in Older Adults*, published by Springer Publishing Company.

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