

# **Alcohol Use and Dependency Among Senior Women ~ The Hidden Epidemic**

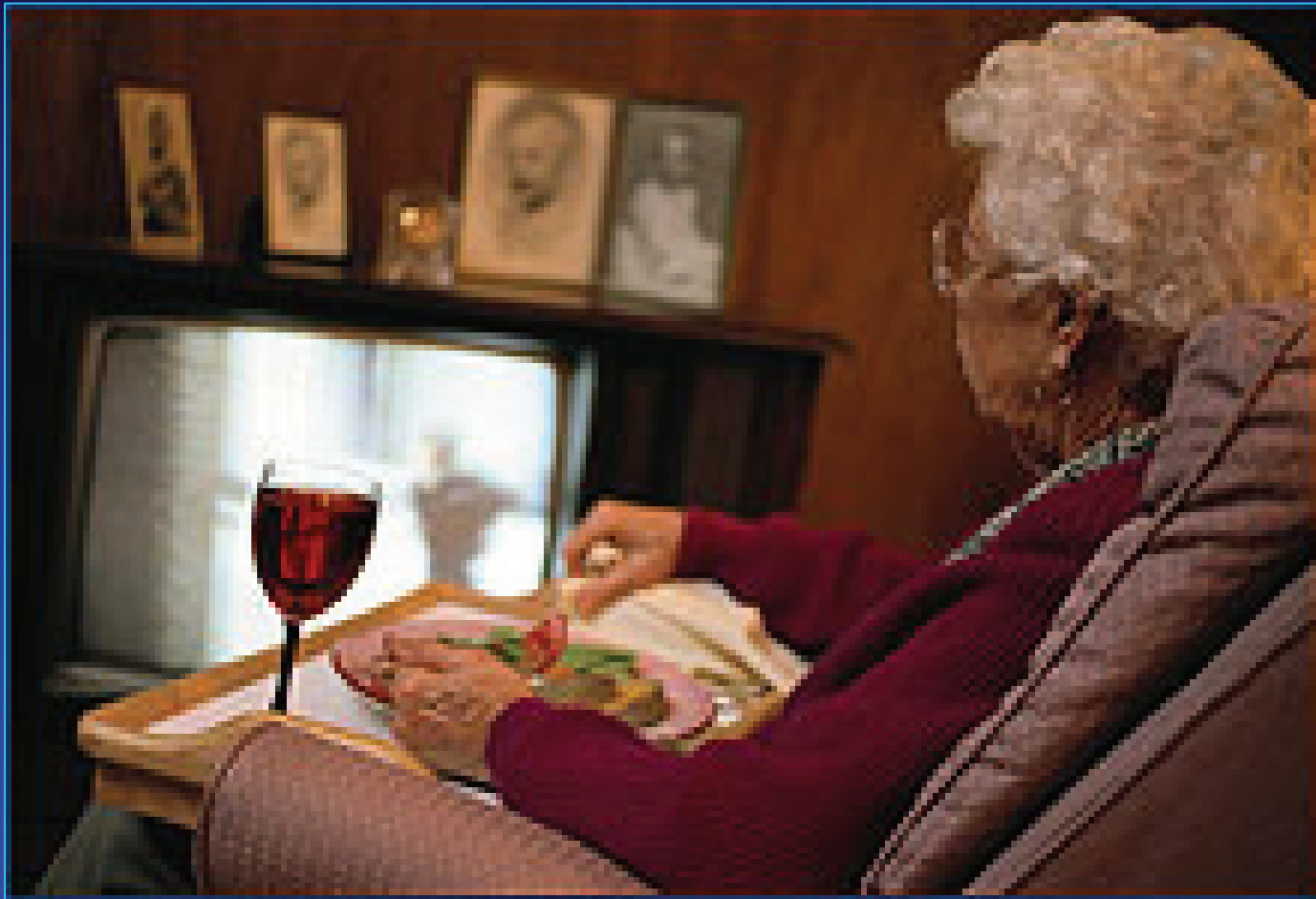
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# Aging in the Modern World

Major Area, region and country	1950	2000	2050
<b>World</b>	5.2%	6.9%	19.3%
Africa	3.2%	3.3%	6.9%
Latin America and the Caribbean	3.7%	5.4%	16.9%
China	4.5%	6.9%	22.7%
India	3.3%	5.0%	14.8%
Japan	4.9%	17.2%	36.4%
Europe	8.2%	14.7%	29.2%
Italy	8.3%	18.1%	35.9%
<b>Germany</b>	<b>9.7%</b>	<b>16.4%</b>	<b>31.0%</b>
Sweden	10.3%	17.4%	30.4%
<i>U.S.A.</i>	8.3%	12.3%	21.1%

Source: United Nations, 2001

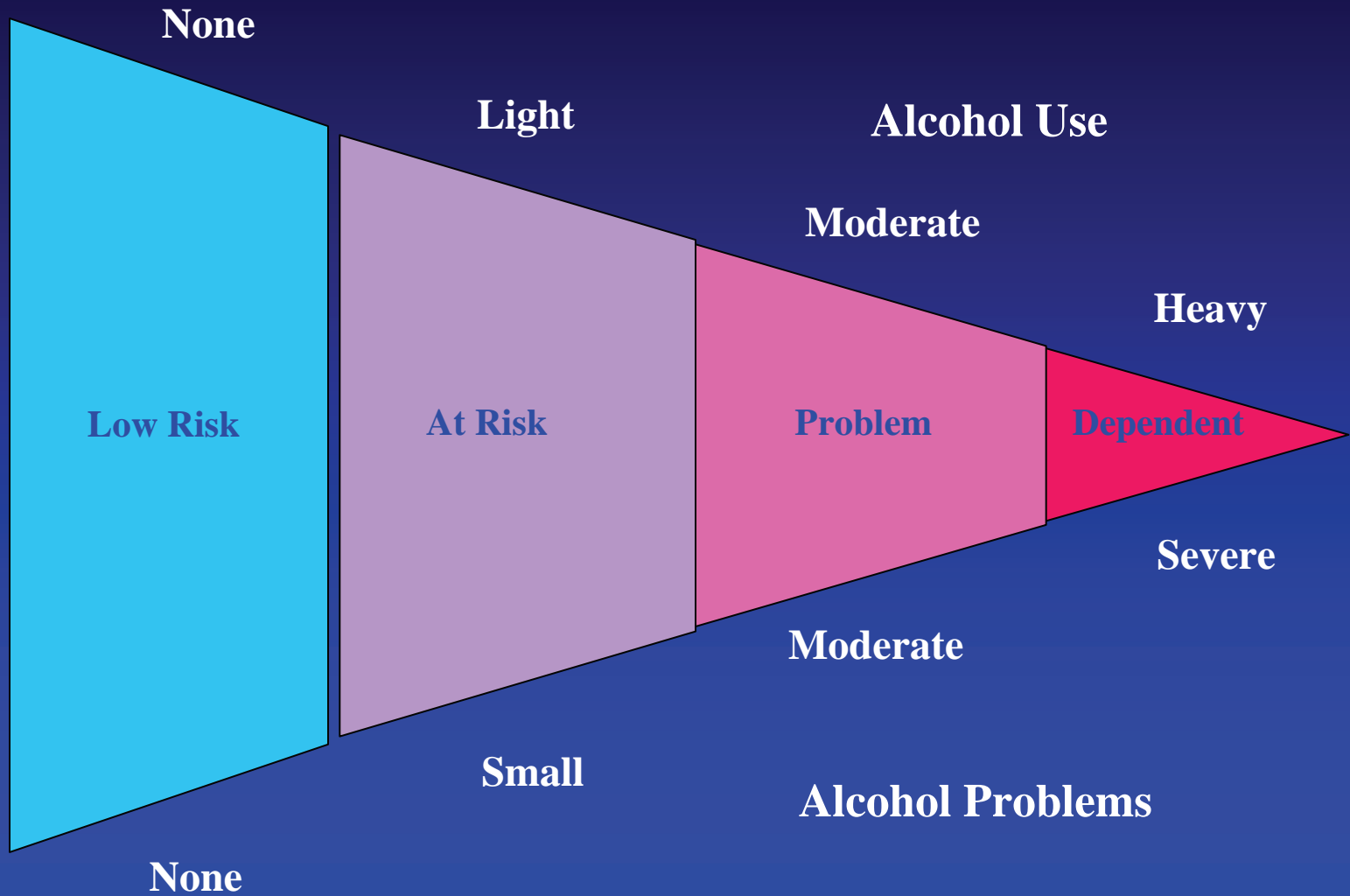
# The Demographic Imperative

- Dramatic increases in the birth rates post-WWII combined with low birth rates will place enormous pressure on retirement systems, health care facilities, and other services
- Enormous implications for substance abuse prevention and treatment in older adults

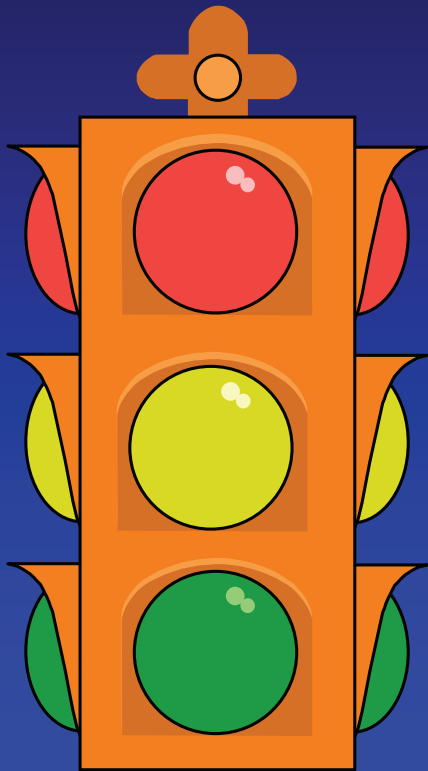


# **Extent of the Problem**

# Relationship between Alcohol Use and Alcohol Problems



# WHO Drinking Definitions



- **Harmful drinking:** Use of alcohol that *causes* complications (includes abuse and dependence)
- **Hazardous drinking:** Use of alcohol that increases *risk for* complications
- **Non-hazardous drinking:** Use of alcohol without clear risk of complications (includes beneficial use)

# Alcohol Abuse Among Older Women

## Epidemiological Studies

- **Prevalence:** 2-12%  
depending on definitions of at-risk or problem drinking
  - light/moderate drinkers maintain stable pattern
  - heavy drinkers/alcohol dependent tend to reduce or die
  - % ? of older women have late onset of risky/heavy consumption



# Alcohol Use in Older Adults

- 66% of men, 65% of women used alcohol
- 3% met full criteria for an **alcohol use disorder**
- **At-risk drinking** was reported in:
  - 17% of men, 11% of women ages 50+
  - 19% of all respondents ages 50-64
  - 13% of all respondents ages 65+
- **Binge drinking** was reported in:
  - 20% of men, 6% of women ages 50+
  - 23% of all respondents ages 50-64
  - 15% of all respondents ages 65+

(Blazer & Wu, 2009a)

# Substance Abuse in Older Women

An estimated **one in five** older adults may be affected by combined difficulties with alcohol and medication misuse.



# Medication Misuse and Alcohol Interactions

- Medications with significant alcohol interactions
  - Benzodiazepines
  - Other sedatives
  - Opiate/Opioid Analgesics
  - Some anticonvulsants
  - Some psychotropics
  - Some antidepressants
  - Some barbiturates

# Non-Medical Use of Prescription Drugs among Older Adults

- Estimated up to 11% of older women misuse prescription drugs
- Factors associated with prescription drug abuse in older adults
  - **female sex**, social isolation, history of a substance-use or mental health disorder, and medical exposure to prescription drugs with abuse potential
- At least 1 in 4 older adults use psychoactive medications with abuse potential
- By 2020, non-medical use of prescription drugs among adults aged  $\geq 50$  years will increase dramatically

(Simoni-Wastila & Yang, 2006)

# Prescribing and Use Patterns for Benzodiazepines

- Older primary care patients (aged  $\geq 60$ ) who received new benzodiazepine prescriptions from primary care physicians for insomnia (42%) and anxiety (36%)
- After 2 months, 30% used benzodiazepines at least daily
- **Both those continuing and those not continuing daily use** reported significant improvements in sleep quality and depression, with **no difference** between groups in rates of improvement
- A significant minority developed a pattern of long-term use

(Simon & Ludman, 2006)

# **Special Concerns for Older Women**

# Alcohol and Women

- Most who drink at risky levels do not meet DSM criteria for alcohol abuse or dependence, alcohol use disorders are least likely to be detected and treated in this population
- More older women living alone and their substance abuse can be difficult to identify
- Older women with alcohol problems often conceal their drinking or medication/drug misuse because they experience greater stigma associated with use than do men

# Issues Unique to Older Adults

## (\*Issues particularly affecting women)

- \* Loss (people, vocation, status)
- \* Social Isolation and loneliness
- \* Major financial problems
- \* Changes in housing
- \* Family concerns
- Burden of time management
- \* Complex medical problems
- \* Multiple medications
  - Sensory deficits
  - Reduced mobility
  - Cognitive impairment or loss
  - Impaired self-care
- \* Reduced self-regard, demoralization

# **Alcohol Abuse and Comorbid Mental Disorders**

# Comorbidities

- Older female substance use is more likely than male substance use to be associated with **high rates of mental health problems**, such as depression, anxiety, bipolar affective disorder, post-traumatic stress disorder (PTSD), phobias, eating disorders, psychosexual disorders and suicidal ideation.
- The onset of affective or anxiety disorder more commonly preceded substance use disorders in women than in men.

# Comorbidity with Mental Health Disorders

- Concurrent alcohol use and depression may be more common in late life than in younger adults
- Concurrent moderate or at-risk **use** may be a much greater problem than **dependence**
- Fragmented care common—many gaps in physical health, mental health, addictions, aging services



# Alcohol Abuse: Risk Factor for Psychiatric Illness

- Older adults are **three times as likely** to develop a mental disorder with a lifetime diagnosis of alcohol abuse.
- Common “Dual Diagnoses” include:
  - Depression (20-30%)
  - Cognitive loss (10-40%)
  - Anxiety disorders (10-20%)



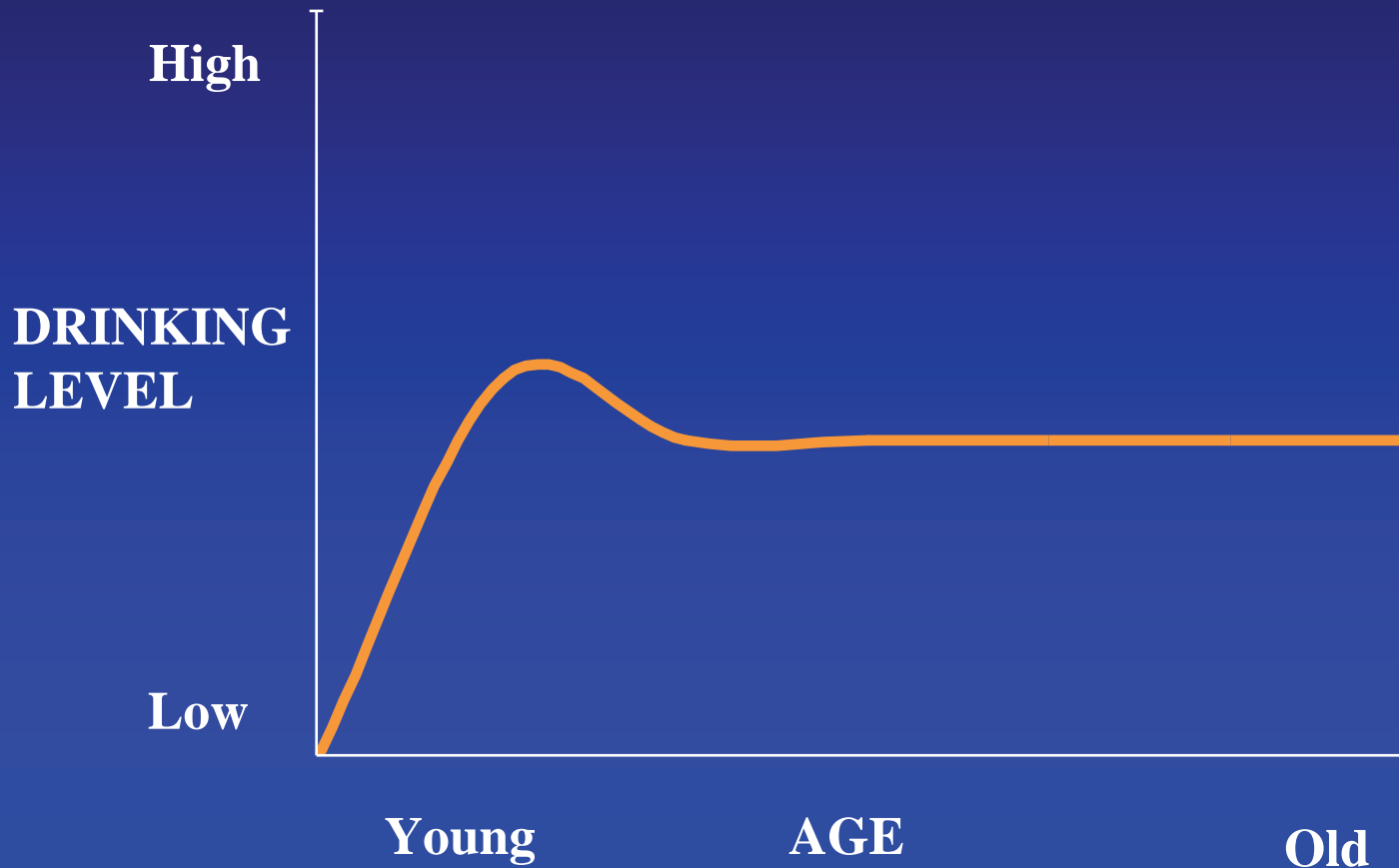
# Alcohol Use and Suicide

- Alcohol abuse more prevalent in older persons who are separated, divorced, or widowed
- Highest rates of completed suicides:
  - Older white males who are depressed, drinking heavily, and who have recently lost their wives or partners

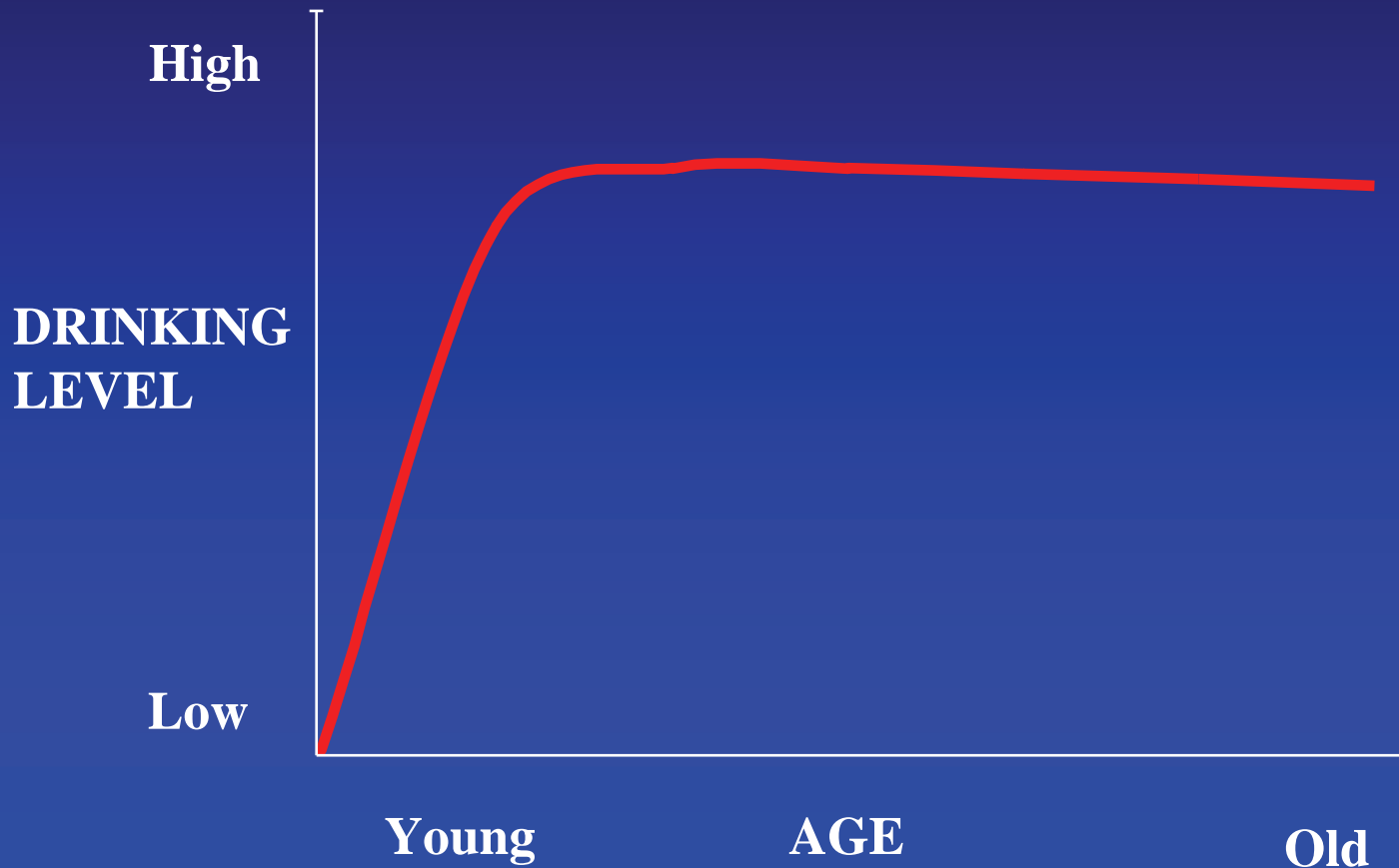


# Lifetime Patterns of Drinking

# Lifetime Moderate Drinker



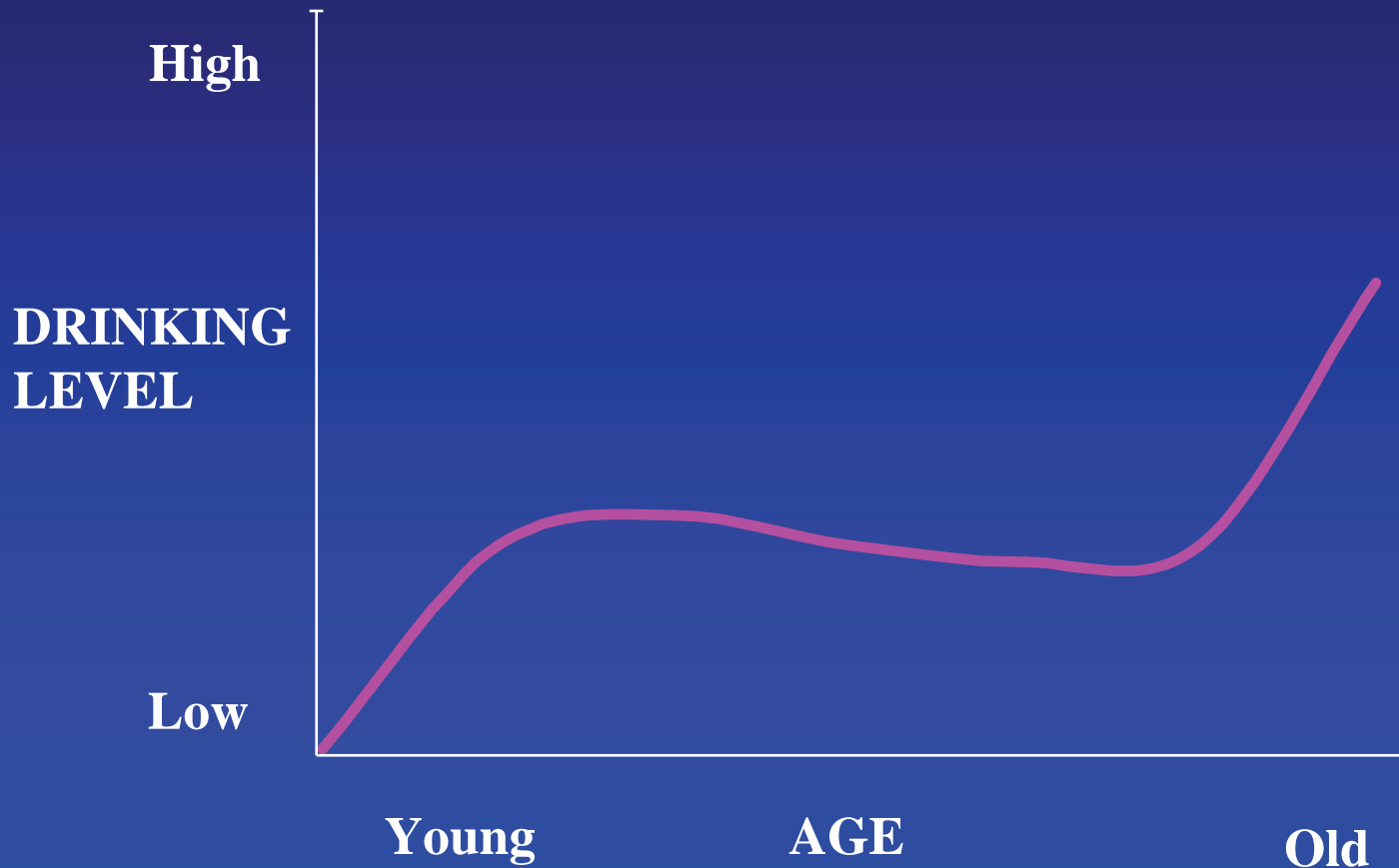
# Early-Onset Problem Drinker



# Early Onset Pattern of Elderly Alcoholism

- More likely to be **Men** (2/3)
- Long-standing behavioral problems
- More physical problems
- Numerous attempts at treatment
- Family members likely to have experienced “burnout”
- Personality characteristics similar to young alcoholics
- More often drop out of treatment

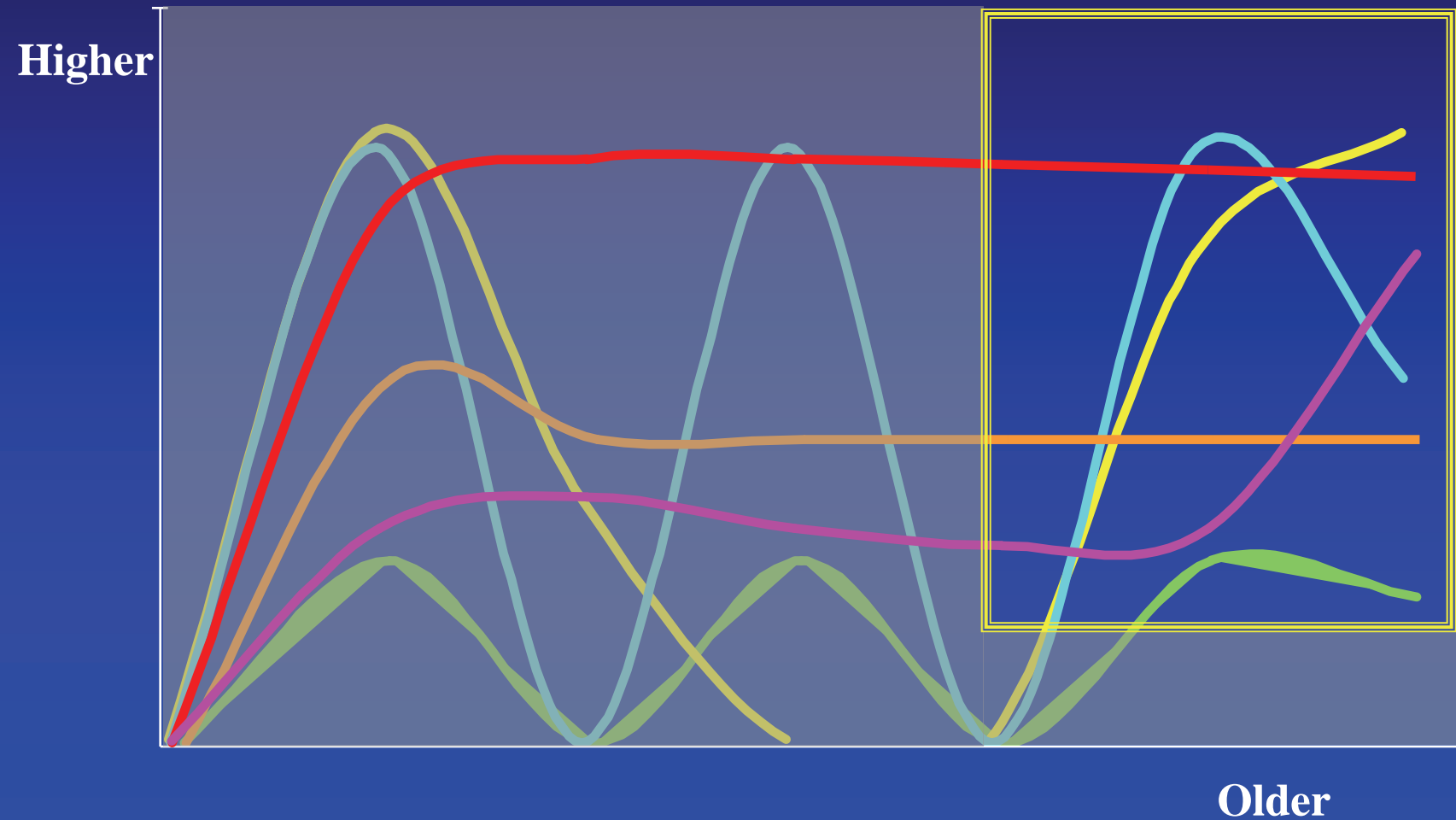
# Late-Onset Problem Drinker



# Late Onset Pattern of Elderly Alcoholism

- More likely to be **women** (2/3)
- Problem drinking began within several years of multiple losses
  - Death of spouse
  - Physical impairments
  - Diminished social support
- Greater life satisfaction than early onset
- More likely to believe treatment will be successful

# Lifetime Patterns of Drinking: Focus for Interventions



# **Alcohol Use in Older Adults**

# Age-Related Changes

 Decrease in  
% body water

➤ Higher blood level of water-soluble alcohol and drugs

 Increase in  
% body fat

➤ Fat-soluble drugs stay in body longer

# Age-Related Changes

- Absorption may decrease, slower stomach emptying

- Delayed drug action, higher risk of ulcers

- Slower metabolism and elimination

- Alcohol and drugs stay in body longer

# What's the Harm in a Few Drinks?

- Epidemiologic data suggests moderate drinking can be beneficial for:
  - Heart disease
  - Possibly preventing neurocognitive disorders
  - Low/moderate daily alcohol use most beneficial
  - Social aspects
- Potential confounds
  - Sample selection (fit elders with healthy lifestyles)
  - Surrogate for something else (nutrition, exercise)
  - No clinical trials data



**Benefits**

**Risks**

# Aging, Drinking and Consequences

- Aging-related changes make older adults more vulnerable to adverse alcohol effects
  - Higher BAC from a given dose
  - More impairment at a given BAC
  - Interactive effects of alcohol, chronic illness and medication
- Implications for older adult drinkers
  - Moderate levels of consumption can be more risky
  - More consequences from maintaining consumption
  - Increased consumption may quickly result in consequences

# Recommended Drinking Limits for Older Adults



**Drinking Limits:** no more than one drink per day on average for older men or less than one drink per day on average for older women.

**Binge drinking:** drinking four or more drinks during a single occasion (drinking day) for men or three or more drinks during a single occasion for women.

# What conditions may be caused or worsened by alcohol use?

- 1 or more drinks per day
  - Gastritis, ulcers, liver and pancreas problems
- 2 or more drinks per day
  - Depression, gout, GERD, breast cancer, insomnia, memory problems, falls
- 3 or more drinks per day
  - Hypertension, stroke, diabetes, gastrointestinal diseases, cancer of many varieties

# Screening Approaches

# Signs and Symptoms of Alcohol Problems in Older Adults

- Anxiety
- Blackouts, dizziness
- Depression
- Disorientation
- Mood swings
- Falls, bruises, burns
- Family problems
- Financial problems
- Headaches
- Incontinence
- Increased tolerance to alcohol
- Legal difficulties
- Memory loss
- New problems in decision making
- Poor hygiene
- Seizures, idiopathic
- Sleep problems
- Social isolation
- Unusual response to medications

# Screening and Assessment

- Alcohol Consumption
  - Quantity, Frequency, Binge Drinking
  - AUDIT-C
- Alcohol Consequences
  - CAGE, AUDIT, MAST, SMAST
  - Elder-Specific: MAST-Geriatric Version, SMAST-G
- Health Screening Survey
  - includes other health behaviors
    - nutrition, exercise, smoking, depression

# Screening and Assessment Recommendations for Older Adults

- ➔ Every person over 60 should be screened for alcohol and prescription drug abuse as part of regular physical examination
  - ⇒ “Brown Bag Approach”
- ➔ Screen or re-screen if certain physical symptoms are present or if the older person is undergoing major life transitions

# Screening and Assessment Recommendations for Older Adults

- Ask direct questions about concerns
  - ⇒ Preface question with link to medical conditions of health concerns
  - ⇒ Do not use stigmatizing terms (i.e. alcoholic)

# **Motivational Brief Intervention Methods**

# The Spectrum of Interventions for Older Adults

**A** Not Drinking      **B** Light-Moderate Drinking      **C** Heavy Drinking      **D** Alcohol Problems      **E** Mild Dependence      **F** Chronic/Severe Dependence

**Prevention/  
Education**



**Brief Advice**



**Brief  
Interventions**



**Pre-Treatment  
Intervention**



**Formal Specialized Treatments**



# SBIRT MODEL

- Screening
- Brief Intervention
- Referral to Treatment

# Empirical Support for Brief Interventions with Older Adults

## Project GOAL (Guiding Older Adult Lifestyles)

Physician advice for older adult at-risk drinkers led to reduced consumption at 12 months

(University of Wisconsin; N=156; 35-40% change)

## Health Profile Project

Elder-specific motivational enhancement session conducted in-home reduced at-risk drinking at 12 months

(University of Michigan; N=454; 35% change)

# Current Knowledge

- ⇒ Brief Interventions (BI) can reduce alcohol use for at least 12 months among older adults
- ➔ Motivational enhancement effective
- ➔ Approach is acceptable to older adults and can be conducted in health clinics and in-home
- ⇒ BI appears to reduce alcohol-related harm
- ⇒ BI appears to reduce health care utilization

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