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# ASPN

## Adult Services Practice Notes

Produced under contract with the Adult Services Branch, Division of Social Services, NC Department of Health and Human Services

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*The aspen is perhaps the world's largest organism. Although some aspen forests cover acres and seem to be composed of individuals in all stages of life, they share a common root system.*

ASPN: Adult Services Practice Notes is dedicated to providing information on excellent family-centered social work practice with adults and their families.

### Alcohol Abuse and Older Clients

Researchers are focusing increasingly on the consequences of alcohol abuse within the older adult population. Why has this become such an important issue?

1. Even if the percentage of "heavy drinkers" in the population remains the same, as the older population increases, so will the number of seniors who have a problem with alcohol increase.
2. Alcohol abuse is underdiagnosed and underreported among older adults.
3. Alcohol use complicates the care of older people. It can lead to excess disability, loss of independence, and increased costs of medical care.

For those of us in social work and other human services, it is important to examine our personal stereotypes about older people who abuse alcohol. In a study of drinking habits of people age 65 and older published in April of this year but based on data gathered in 1982–84, Moore and colleagues noted that they "observed no relation between race, education level, or employment status and the level of alcohol consumption." They also said that if one uses gender-specific criteria for "heavy drinking," about equal

percentages of men and women do so—15 to 20 percent of those who drink at all. Any older person who comes into your office could be someone who abuses alcohol.

#### Incidence among Older People

The American Medical Association (AMA) recently reported that nationally up to three million adults age 60 and older have problems resulting from their use of alcohol. Alcohol abusers fall generally into two categories, each of which has distinct medical, clinical, and treatment characteristics.

#### What Do You Know?

1. Late onset drinkers tend to begin drinking regularly and/or heavily after age \_\_\_\_\_.  
a. 20                                      b. 40                                      c. 60
2. One standard drink of beer is \_\_\_\_\_ cup(s).  
a. 1    b. 1 1/2                                      c. 2
3. National Institute on Alcohol Abuse and Alcoholism (NIAAA) guidelines say that men over age 65 should have no more than \_\_\_\_\_ drink(s) per day.  
a. 1    b. 2    c. 3
4. The NIAAA guidelines suggest that women over age 65 who drink moderately can consume \_\_\_\_\_ men.  
a. more than                                      b. the same as                                      c. less than
5. Substance abuse–related care accounts for almost \_\_\_\_\_ of the total Medicare payments for hospital care.  
a. one-quarter                                      b. one-third                                      c. one-half

*(Answers appear on page 3.)*

## Alcohol Abuse Affects . . .

### Mental status

*depression, anxiety*

### Brain and central nervous system

*cognitive impairments, dementia-like syndromes*

### Digestive tract (esophagus, stomach, intestines)

*gastrointestinal bleeding, ulcers*

### Heart and circulatory system

*hypertension, arrhythmias, myocardial infarction, cardiomyopathy, stroke*

### Blood

*anemia*

### Liver

*cirrhosis and other liver diseases*

### Pancreas

*pancreatitis*

### Skeletal system

*decreased bone density*

## “CAGE”

- ◆ Have you ever felt you should **C**ut down on your drinking?
- ◆ Have people **A**nnoyed you by criticizing your drinking?
- ◆ Have you ever felt bad or **G**uilty about your drinking?
- ◆ Have you ever had a drink first thing in the morning as an **E**ye-opener to steady your nerves or get rid of a hangover?

*Early onset drinkers* tend to exhibit alcohol-related problems before age 40. Two-thirds of older adults with drinking problems fall into this category. These alcohol users often have a history of problems with work, family, and/or the law. They may also enter their later years with medical conditions caused or aggravated by long exposure to alcohol. In general, they are less amenable to treatment.

*Late onset drinkers* begin after age 40. Studies indicate that their drinking is precipitated by a crisis, such as death of spouse or change in role or status. They tend to have fewer physical ailments related to drinking, and they are often more willing to accept treatment. Family members and professionals should be aware that isolation, sadness, or depression may increase the likelihood of alcohol or other substance abuse.

## Underdiagnosed and Underreported

There are a number of reasons why alcohol abuse is often not recognized in older adults. It is *underdiagnosed* because it sometimes produces cognitive impairment that looks like dementia. It can also mimic depression. As advocates for their clients, social workers should be aware that medical

professionals often miss alcohol abuse in older clients. The social worker's role in assessing clients can be essential to proper diagnosis.

Alcohol abuse is also *underreported*. The National Council on the Aging's on-line article "Substance Abuse among Older Adults" (NCOA 1999) suggests that the criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* for identifying alcohol abuse are "largely irrelevant for this population and may lead to underclassification of drinking problems." Among the reasons for missed diagnoses are:

- ◆ Older adults may not be engaged in the types of activities—regular full-time work or daily family interactions—where dysfunctional behavior caused by alcohol abuse becomes apparent.
- ◆ Increasing tolerance for alcohol is one indicator of abuse in younger drinkers, but older people may show no increase in tolerance, yet still have a problem.
- ◆ As in any family system where substance abuse is an issue, *denial* by the older adult, family members, or caregivers is another key factor in masking recognition of the disease. The older person may minimize the amount of alcohol consumed and/or its effects: "I only have a couple of drinks and it doesn't give me any problems." Caregivers or family members may either turn a blind eye to the problem because they are unwilling to confront the older person, or they might say, "He (or she) is old. Why deprive him of his only pleasure? Certainly it can't hurt at this point."
- ◆ Human services professionals may not take the time to ask about alcohol use, and it is unlikely that clients and their families will volunteer the information. Additionally, the social worker's own experience with alcohol abuse may make it uncomfortable to inquire about alcohol use.

One of the best ways of addressing the problem is to include questions about alcohol use in every assessment and reassessment. The key to getting accurate answers is careful development of the relationship with the client and family to establish trust. A likely place to ask questions is after you have reviewed health conditions and medications. You might introduce the topic by saying, "Because alcohol sometimes affects your health conditions and medications, I'd like to ask you a few questions about drinking." Some information you want to gather will be:

- ◆ *What* does the client drink?
- ◆ *Where* does the client drink?

- ♦ When does client drink?
- ♦ How much at one time?
- ♦ What happens as a result?

Understanding the client's drinking pattern and amount will help you evaluate risk.

### What Is "Heavy Drinking"?

Generally speaking, men who drink more than 2 drinks per day and women who drink more than 1 may be considered heavy drinkers, according to the National Health and Nutrition Examination Study (Moore et al. 1999). In the general population, 16 percent of men and 15 percent of women who use alcohol may be considered heavy drinkers. Ten percent of people who use alcohol are considered *binge drinkers*, that is, they consume more than 5 drinks on a single occasion at least 12 times during a year (although they may not drink daily).

Women metabolize alcohol at a different rate than men because women tend to have more fat and less water in their systems. This is also the reason why older people respond to alcohol differently than they might have earlier in their lives. As people age, total body water decreases while fat increases. "This change in body water means that, for a given dose of alcohol, the concentration in the blood system is greater in an older person than in a younger person" (Blow, 1998).

Because of this change in metabolism, the National Institute on Alcohol Abuse and Alcoholism recommends that a lower standard be set for "healthy older people who do not have serious or unstable medical problems and are not taking psychoactive medications":

- ♦ no more than 1 drink per day
- ♦ no more than 2 drinks on a

"drinking occasion," such as New Year's Eve

- ♦ lower limits for women than men.

### Expensive Medical Care

Almost a quarter of Medicare hospital care costs are related to substance abuse ("Alcohol and the Elderly" 11/18/98, through About.com). Why is it so expensive? Long-term alcohol abuse produces irreversible damage in nearly every organ system of the body. It also produces complications or aggravates many of the chronic diseases that older people commonly develop. Instability from alcohol use, coupled with reduced bone density may produce more falls with fractures, and so, a higher risk of needing institutional care.

Alcohol use can produce dangerous interactions with drug therapies. Among the drugs that react badly with alcohol are: "nonsteroidal anti-inflammatory agents, aspirin, sedative-hypnotics, narcotics, antidepressants, antihypertensives, antacids, H2-receptor antagonists, warfarin, or medications for congestive heart failure, gout, or diabetes" (Lisi 1997). The type of interaction also can vary depending on whether the older person drinks daily or binges.

### How Will I Know There's a Problem?

The first thing is to ask about alcohol use and recognize a problem when you see it. There are two commonly used screening tools, the CAGE (see the box on p. 2) and the Michigan Alcoholism Screening Test—Geriatric version (MAST-G). Beyond this, however, other information you gather through assessment or at your regular monitoring visits may suggest there is a problem. If your client shows signs of self-neglect, has falls, complains of insomnia, or reports that

### What Is One Drink?

a 12-ounce beer or ale  
or  
a 1.5-ounce shot of hard liquor  
or  
a 5-ounce glass of wine  
or  
a 4-ounce glass of fortified wine  
(sherry, aperitif)

(according to the National Institute on Alcohol Abuse and Alcoholism, cited by NCOA)

prescriptions don't seem to be working or are producing odd symptoms, ask about increased alcohol use when you look for the cause of these problems. If there are recent social changes in your client's life—loss of a significant other, less engagement in previous activities, less money, loneliness, or boredom—these, too, may predispose the client to use more alcohol (Standridge 1994/98).

### Where Can My Client Get Help?

With permission, you may wish to talk first to your client's physician. Your area Mental Health Center's Substance Abuse Program can be another resource. Alcoholics Anonymous exists in most communities, is free, and helps many people stop drinking. Look for the Alcoholics Anonymous Hotline in your local telephone directory. Where there are multiple meetings in a community, some may be better suited to your client's needs than others. The NCADI web site lists treatment programs by city, state, and zip code. Finally, whenever possible help the client develop support for recovery from family, clergy, and community.

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Answers: 1. b; 2. b; 3. a; 4. c; 5. a

## Sources and Resources

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Visit ASPN at <http://ssw.unc.edu/cares/aspn/> for links to these sites and more.

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