



Alcohol and Older People: Context, issues and the future?

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Aims

- Establish existing knowledge and practice
- Assess the need for a better response to alcohol use amongst the elderly
- Identify possible responses
- Examine the potential role of alcohol and older people's strategies in addressing these issues



Why look at this?

- An ageing population
- An under-recognised issue
- Alcohol interventions require targeted approaches
- Older people have the same right to services as others!
- Alcohol policy is ASB driven



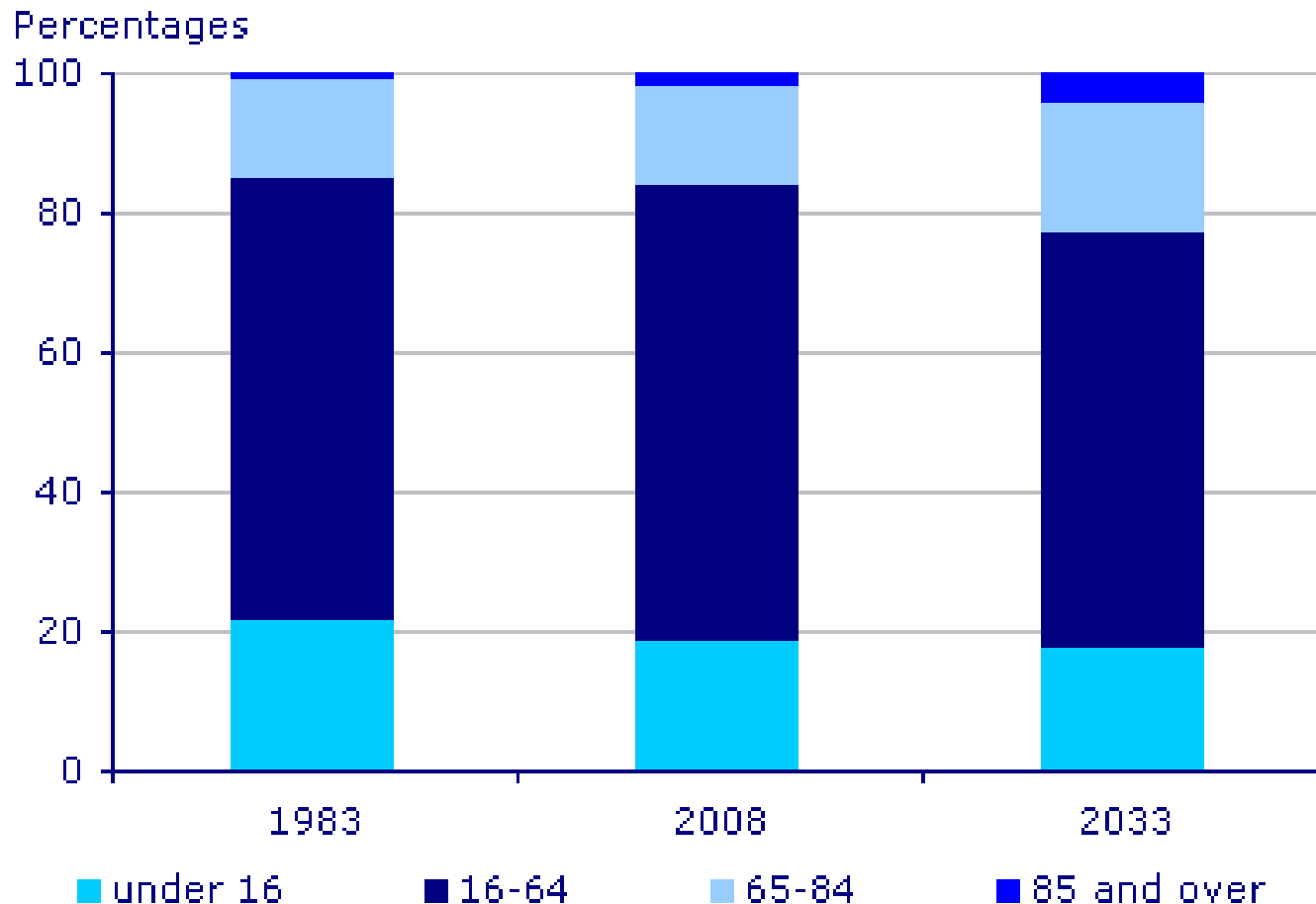
Why look at this?

- So people can have a dignified and healthy older life



Ageing population

- 2008 over 65s = 16% of the population
- 2033 projection = 23%



An under-recognised issue in policy terms

- Not much mention in alcohol or older people's strategy
- Limited specific research and development
- Alcohol problems not associated with the elderly:
 - Focus on 'binge-drinkers'/ASB
 - Alcohol use disorders only associated with 'dependence'
- Alcohol misuse or harm 'excused' or hidden



Under-recognised in practitioner terms

Box 3 Barriers to identification of alcohol misuse in elderly people

- Societal myths
- Health practitioners' awareness and attitudes
- Denial by the person
- Similarities between the symptoms of alcoholism and those of other conditions
- Unreliability of self-reports
- Screening instruments that are not designed to be used with elderly people

‘Alcohol use disorders in elderly people: fact or fiction?’ Dar 2006

- Alcohol misuse is not always being detected or effectively treated
- Negative attitudes and inadequate training of healthcare professionals
- Better integrated and outreach services are needed
- Older people are as likely to benefit from treatment as younger people



'Alcohol consumption among elderly European Union citizens: Health effects, consumption trends and related issues'

- Elderly alcohol related deaths increasing over last 10 years – over 100% UK increase
- Linked to price and availability
- Lack of training to identify and address issues
- Only Italy has a consumption guideline (12 grams/day), though a complex idea
- Early identification and brief intervention programmes in primary care are especially important for the elderly



Main alcohol-related admissions for over-65s

	2002	2003	2004	2005	2006	2007	% increase 02-07
Malignant neoplasm of oesophagus	3665.8	3825	3828.7	4101.98	4119.4	3908.38	6.6
Fall injuries	6728.3	7031.2	7431	7874	7957	8026.96	19.3
Liver disease	4563	5105	5527	6044	6405	6657	45.9
Epilepsy and Status epilepticus	12900	13728.5	15361	17267.9	18583	19578.7	51.8
Cardiac arrhythmias	67637	74631	83320	95545.2	104449	115619	70.9
Mental / behavioural disorders	10733	12419	14254	16323	17255	18986	76.9
Hypertensive diseases	75124	88998.7	107593	128161	146911	164826	119.4
Sub total	181351	205738	237315	275317	305680	337603	86.2
Total admissions	197577	222601	254781	293744	323587	357294	80.8

Table 1: Changes in selected alcohol related hospital admissions age 65+ (2002–2007)

Source: Hospital Episode Statistics (HES), The British National Health Service (NHS) Information Centre for Health & Social Care



Institute of Alcohol studies (IAS) fact sheet: 'Alcohol and the Elderly' 2009

- **Early-Onset drinkers or 'Survivors'** those people who have a continuing problem with alcohol which developed in earlier life. Roughly 2/3rds of elderly alcohol misusers.
- **Late-Onset drinkers or 'Reactors'** begin problematic drinking later in life, often in response to traumatic life events such as the bereavement, loneliness, pain, insomnia, retirement etc.
- **Intermittent or Binge drinkers** – like 'late-onset drinkers' will be likely to respond well to alcohol treatment or interventions



IAS fact sheet continued

- Alcohol use rising amongst 'elderly' (including 45-65s)
- Reported health benefits of moderate drinking (such as CVD risk) would apply to the elderly the most
- Lower tolerance & drug interactions with alcohol amongst elderly is important
- Alcohol misuse masked physically and hidden socially



'Counselling people with dementia and alcohol problems' Fox 2008

- Particular risk of alcohol harm and problems amongst dementia sufferers
- Social isolation a significant factor
- Responses should include
 - Early identification
 - Individualised care and support strategy
 - Collaborative working essential
 - Innovative approaches recognising cognitive impairments



Best practice approaches?

- Need to collect, review and disseminate
- Lots of localised services not written about or reviewed?
- Hidden data?
- Silent helpers?
- Non-specific care approaches e.g healthy ageing programmes, falls services, support for dementia sufferers etc.



So, what does MoCAM say?

- *B4.8 "Community settings are preferred for the treatment of the majority of alcohol misusers, both because individuals need to learn how to change their drinking in their normal social environment and because it is cost-effective. Those individuals who are unable to leave the home or who would have difficulties attending a specialist agency – for example older people, disabled people and parents with childcare responsibilities – may need specialist alcohol treatment in their own homes or other community settings."*



Identified issues – briefing paper

- The need for better understanding of the prevalence of alcohol use and harms amongst the elderly
- The need for better understanding of effective alcohol interventions and treatment for the elderly
- Development of alcohol interventions for the elderly in Primary Care as a key setting (assessing screening tools – MAST-G and FAST have been suggested)



Identified issues continued

- How alcohol treatment and interventions can better reach older people
- Improved knowledge and sharing of existing best practice approaches
- Exploration of key issues e.g:
 - separate recommended consumption guideline?
 - the role of training for carers?
- A better policy recognition of alcohol issues amongst the elderly in both alcohol and older people's national strategy and related agendas



Local experts meeting (south of England) – February 2009

- The Academy recently facilitated a London roundtable discussion for experts to discuss what could be taken to policy makers to increase policy recognition
- Attendees included:
 - Dr Tony Rao – Southwark Older People's Dual Diagnosis service
 - Dr Karim Dar, Consultant Psychiatrist
 - Specialist alcohol and older people practitioners from Foundation 66 and CASA
 - Other specialist areas including housing, dementia, academia, alcohol strategy etc.



Local experts meeting – agreed key actions/issues

- That the inter-face and collaborative working between alcohol, elderly and other relevant services (statutory and not) needed improvement and increasing recognition
- A consensus on the best screening tools/approaches was needed, then adopted within specific cross-agency training
- Developing separate guidelines for the elderly should be investigated
- A specific approach may be required for ‘young olds’ ranging from 50-65
- Proposals will be taken to policy leads in March



Further info & contacts

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