

A collection of military medals and a pair of glasses on a wooden surface. The medals include a red ribbon with a circular emblem, a blue ribbon with a circular emblem, and two large silver star-shaped medals with intricate designs. A pair of gold-rimmed glasses with thin temples is positioned diagonally across the lower half of the image. In the bottom left corner, there is a circular compass rose with a needle pointing towards the top right. The background is a light-colored, textured wooden surface.

Seniors and Alcohol

*Understanding current trends,
making the most of public health
opportunities*



Presented by

- ❖ Charmaine Spencer, Gerontology Research Centre & Project S.E.A.G.U.L.L. (Seniors and Alcohol: Guidelines for Use in Later Life)
- ❖ Project SEAGULL was made possible through a contribution from the Public Health Agency of Canada.



Dramatic Demographic Change in Canada

- ◆ Or “Where did all the young people go?”
 - Median age of Canadian population was 27.2 years in 1956. Now its 39.5 years.
 - People aged 65+ increased from 7.7% of total pop in 1956 to 13.7% in 2006
 - Depending on province, % of seniors will range 19 to 27% of pop by 2026
 - % of people aged <15 years have decreased from 32.5% in 1956 to 17.7% in 2006

Source: Statistics Canada, censuses of population, 1956 to 2006.



Starting Points- Seniors

Who are we talking about?

“Young-old”	Aged 65-74, healthier, and more comparable to other middle aged
“Old-old”	Aged 75 +; some health changes, chronic conditions; more women
Those aged 85+	Mainly women; chronic health conditions much more common; 1/3 of the age group may have some cognitive impairment



Basic Figures

- ◆ In 2004 over three quarters (77%) of adults in Canada aged 65 to 74 consumed alcohol in the past year, as did about two thirds of adults aged 75 and over.
- ◆ There has been a 42% increase from 1989 to 2004 in the number of occasional or regular older drinkers;
 - Reflect demographic shift + greater percentage of older adults drinking
 - Largest population shift in consumption ever seen

Emerging Trends: Alcohol Use

- ◆ Reduction in the gender gap
- ◆ Drinking among 75+ year olds is increasingly commonplace
 - (2/3^{rds} consume); fewer lifetime abstainers
- ◆ Low level drinking is common, but 15% drinking at risk quantity wise





Canada: More Seniors now Regular Drinkers

- **1 in 5** (20.6%) aged 65+ are consuming alcohol on 4+ days a week;
- **1 in 4** (24.2%) aged 75+ drink 4+ days a week
- Another one quarter are drinking 1-3 days a week

Source: CAS Table, Table 3.2



Overall Percentages Can Hide Important Trends

- ◆ Multiple trajectories for older adults: abstainers, stable drinking, declining drinking, and curvilinear
- ◆ At transitions (unemployment, retirement, health changes)
 - percentage decreasing + percentage increasing consumption may yield an apparent net zero change

Older Adults' Views of Moderation

- ◆ Public health educators consider "moderate drinking" as 1 drink for women, 2 for men.
- ◆ In 2001 US study of over 900 middle aged and older adults,
 - 1 in 5 (19%) of adults aged 50-59 considered drinking 3-4 drinks/day as "moderate";
 - So did 1 in 7 (15%) adults aged 60-87
- ◆ Source: AARP, 2001



The Good News... In general moderation continues

- ◆ Over 85% of drinkers aged 65 years or older drink “moderately” (1-2 drinks on a typical drinking day). Rest are above.
- ◆ Which part of the glass do we focus on?



Risks for Older Adults



- ◆ Quantity is only one measure
- ◆ Physiological changes with age
- ◆ Circumstances of use
- ◆ Polypharmacy



A Special Risk for Older Adults

2003 Canada Community Health Survey

- ◆ Over 9 in 10 seniors in the community took at least one type of medication during the month prior to the survey.
- ◆ On average, seniors used three different types of medication. (5-6 medications commonplace)

~~

>150 medications commonly prescribed to older adults interact with alcohol. Wide ranging risks.



Classes of Prescription Medications that can Interact with Alcohol

- ◆ antibiotics,
- ◆ antidepressants,
- ◆ antihistamines,
- ◆ benzodiazepines,
- ◆ histamine H2 receptor antagonists,
- ◆ muscle relaxants,
- ◆ non-narcotic pain medications and anti-inflammatory agents,
- ◆ opioids, and
- ◆ warfarin.

Source: Weathermoon
& Crabb, 1999

Most Commonly Medications used by Seniors

- ◆ Non-narcotic pain relievers
- ◆ Blood pressure medication
- ◆ Heart medication
- ◆ Diuretics
- ◆ Stomach remedies.

Source: M. Rotterman (Statistics Canada), 2006.





What We Know about Seniors who Drink and Take Medications

- ◆ The most *commonly used* high-risk drugs for drinkers are
 - antihypertensives (drugs to lower high blood pressure),
 - aspirin and nonsteroidal anti-inflammatory drugs.

The *drugs with the highest risk for drinkers* may be those for pain relief or anxiety. Must address the pain or underlying condition though.



Examples of Alcohol/Medication Interactions

Source : National Consumer League	Alcohol Interaction	Harm reduction?
NSAIDs	Liver damage, stomach bleeding (hemorrhage, perforation); effect multiplicative, 3 drinks+ day. Risk within therapeutic use	Reduce alcohol; buffered medications, timing of alcohol use? Reduction of the amount of pain reliever? Adjunctive therapy?
Statins (cholesterol lowering drugs)	Increased risk of liver damage	Avoid large amounts of alcohol
High blood pressure medications, beta blockers, nitrates	Can lower blood pressure too much – falls risk	General education? Understanding the connection

OPHA, December 2008



Risk of Interactions

- ◆ 38% of senior drinkers report use alcohol and a high-risk medication in the previous 6 months

High risk medications used by

- ◆ 85% of those who consumed one to six drinks per week and 80% of those who consumed seven or more drinks weekly (Adams, 1995)
- ◆ *Need to separate single use risks from repeated use risks*



Risks for older adults depend on

- ◆ Health conditions
- ◆ Medications including over the counter drugs
- ◆ Quantity
- ◆ Chronicity
- ◆ Timing of consumption



Who is most at risk ?

Studies on co-occurring exposure to alcohol and alcohol interactive drugs vary somewhat. Pringle et al, 2005 says:

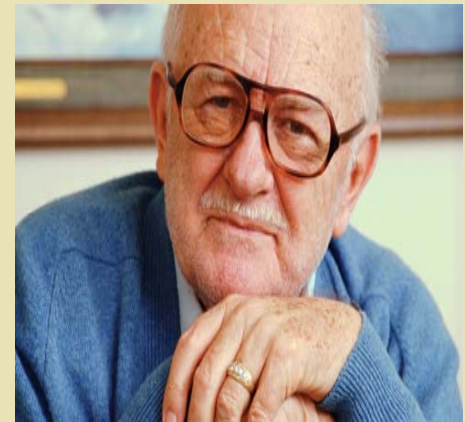
- ◆ younger seniors,
- ◆ men, and
- ◆ seniors with higher education

A collection of military medals and a pair of glasses is displayed on a light-colored, textured surface. On the left, a blue ribbon with a red star is visible. Below it, a silver star-shaped medal with a central emblem is shown. Further down, a larger silver star-shaped medal with a central emblem and a circular base is visible. A pair of gold-rimmed glasses with thin temples is positioned in the center. In the bottom left corner, a circular compass is partially visible. The background is a plain, light-colored surface.

Prevention in Later Life

The Need for Prevention

- ◆ One third of problem use among older adults develops in later life
- ◆ Even among people with early onset problems, new issues (and prevention opportunities) will arise





Two levels of prevention information needs

- ◆ **For service providers:**
 - To create a better understanding of
 - role of alcohol or other drugs in later life within the underlying determinants of health (e.g. income, health, supportive networks, biology, education)
 - key concepts of healthy aging and what being healthy means to older adults
 - diversity in aging
 - when alcohol or other drug use may become a negative outcome in later life



Two levels of prevention information needs

- ◆ For seniors:
 - To create information and supports at the individual level to aid individual behaviour change.
 - Better understanding of risks and benefits (general audience)
 - Alternatives to help reduce risks



We need to remember older adults

- ◆ Have a lifetime of decisionmaking experience
- ◆ Are capable of evaluating relative risks and benefits of moderate alcohol use when provide adequate information AND viable alternatives



Common Mistaken Beliefs & Attitudes

- ◆ There is no harm.
- ◆ The harm has already been done.
- ◆ Older people are unable to make changes.
- ◆ Seniors have limited potential
- ◆ That use/misuse is only based on individual choices.



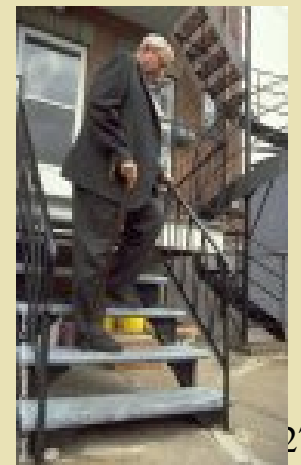
Prevention Challenges

- ◆ Key persons often least likely to recognize the problem/issue
- ◆ Lack of message consistency for public
 - Complexity of the alcohol/ health message
- ◆ Low health literacy; low media literacy
- ◆ Sources of endemic gentle persuasion

Who is or is not Doing “Prevention”?

- ◆ Great opportunities but relatively low priority to health promotion
- ◆ Few provinces mention alcohol in their health promotion strategies
- ◆ Media focus on potential substance misuse, abuse or dependency is youth focussed
- ◆ **Plus:** Stereotypes, Ageism, Stigma

OPHA, December 2008





The SODDI defense in prevention

- ◆ “Some other dude is doing it” (e.g. alcohol treatment services). But they typically aren’t.

Prevention work for middle aged and older adults still uncommon in public health, acute care, pharmacy, addictions, or mental health.



Reaching At Risk Seniors

- ◆ Alcohol & Health
 - What really causes good health in later life
 - Absence of disease is not the same as being healthy
- ◆ Alcohol & Chronic Pain
- ◆ Alcohol & Sleep
- ◆ Alcohol & High Risk Medications
- ◆ Alcohol, Chronic Disease and Depression

The message is awareness and harm reduction



Messages that make sense

- ◆ Understanding the range of circumstances for older adults use- social, health change and health management, loneliness, habit
- ◆ Opportunities in injury prevention



Like a good golf score, keep it low.

More than 2 standard drinks a day significantly increases your risk of health problems

... including high blood pressure, stroke and cancer.

Know the Hidden Hazards

OPHA, December 2008



Special Notes

Alcohol and Health Paradox

- ◆ Levels of drinking promoted to reduce CHD are the same dose levels at which risk of other important diseases increases
 - Especially for older adults
 - E.g. breast cancer risk at age 80 is 1 in 11, each additional drink increases the risk
- ◆ Understanding reasons for use of alcohol by those with chronic conditions
- ◆ Understand the limitations of the research



Special Notes

- ◆ Important limitations of the epidemiological information on moderate alcohol use and health in later life
 - may include socio-economic characteristics,
 - but typically fails to take income into account
 - or it uses broad non-discriminative income categories
- Also typically fails to take social determinants underlying specific disease risk, CHD into account



Mental Health

65+ risk factors

- ◆ *Loss of a partner*
- ◆ *Social isolation*
- ◆ *Reduced social support*

Protective factors

- ◆ *Stable supportive relationships*



Common and Emerging Mental Health Issues in Later Life

- ◆ Anxiety affects 1 in 10 older adults
 - feeling anxious most of the time to the point that it is interfering with sleep or normal functioning.
- ◆ Depression – 15-20 % of older persons, experience clinical levels of depression, more common among those with chronic diseases, especially those conditions causing pain, disrupting sleep

A collection of historical artifacts is arranged on a light-colored surface. On the left, a portion of a wooden chessboard with a checkered pattern and several chess pieces is visible. Next to it are two ornate medals: one with a red ribbon and a white star, and another with a blue ribbon and a white star. A silver compass with a black face and white markings is positioned at the bottom left. A quill pen with a red wax seal is placed diagonally across the center. The background is a plain, light-colored surface.

Promising Opportunities



3 Possible Strategies

1. Alcohol focus only- with age relevant information
2. Integrate into other prevention opportunities relevant to older adults: falls/ injury prevention, driving, sleep, pain control, mental health


.....**Both strategies needed**

3. Information tailored to the individual




The Risk of Vague Messages

- ◆ What we are telling them, vs. what they want to hear
 - Generic information – Avoid alcohol, “certain medications”
 - Not sufficiently clear so that they can make informed decisions
 - How does this apply to me and what are the alternatives

A collection of military medals and a pair of glasses on a wooden surface. The medals include a red ribbon with a circular emblem, a blue ribbon with a circular emblem, and two silver Maltese crosses with central emblems. A pair of gold-rimmed glasses with thin temples is positioned diagonally across the lower half of the image. In the bottom left corner, there is a circular compass rose. The background is a light-colored wooden surface.

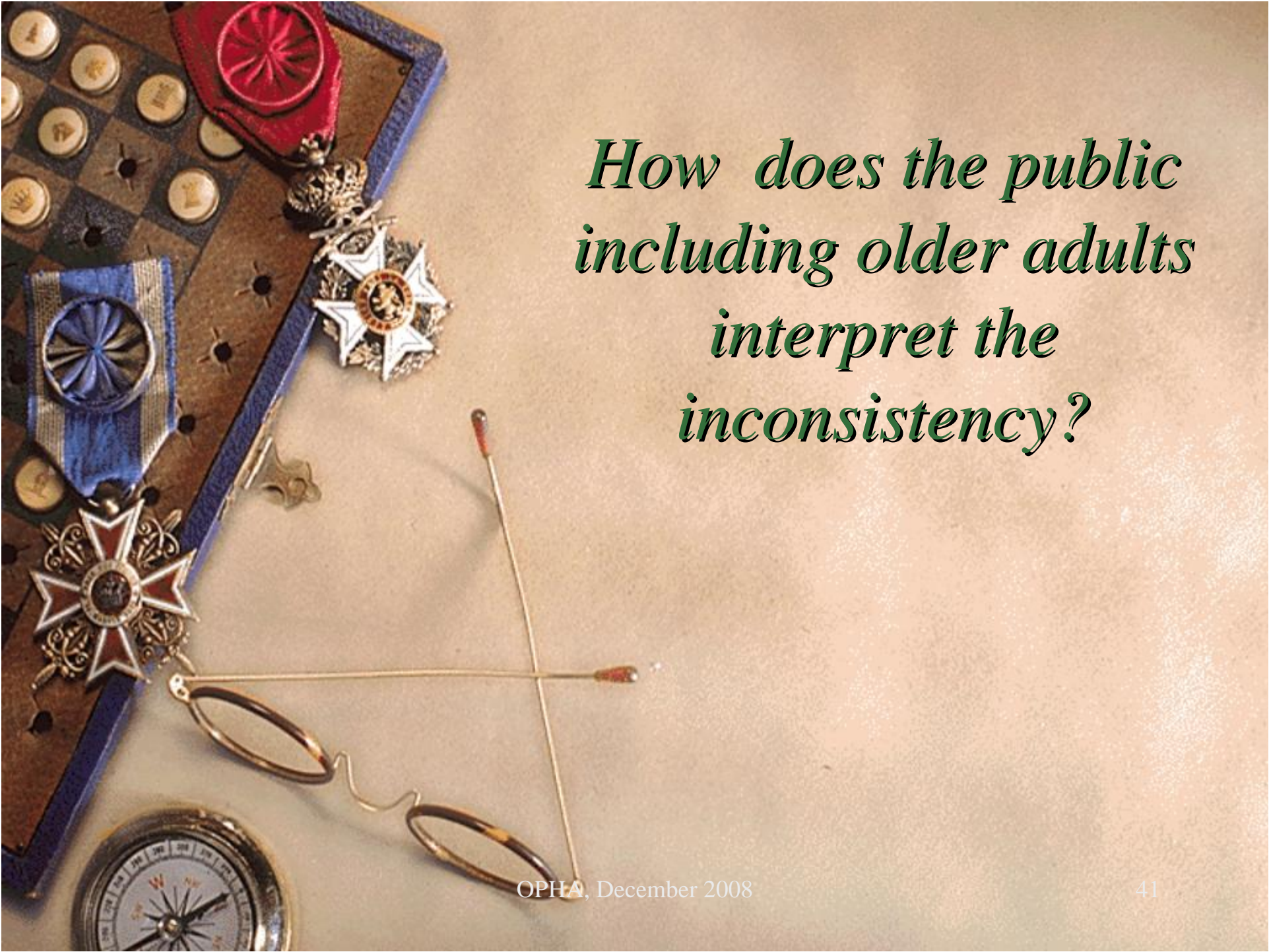
Youth's alcohol caution, is older adults' alcohol promotion?

Avoiding ambiguity
and potentially
harmful messages for
older persons



Message Consistency & Low Risk Drinking Guidelines

- ◆ In 1998, Walsh, Bondy & Rehm identified 18 guidelines in use in Canada
- ◆ Today, still a variety of guidelines in use
 - **Ontario (CAM-H)** 2 per day; weekly 9 for women, 14 for men, mentions avoid if have liver disease, cancer mental health problems, medications
 - **British Columbia (CARBC):** daily limit: 4 drinks for men, 3 for women; weekly limit 20 for men, 10 for women; 1-2 days a week drink free; mentions avoid if physical or mental health problems.

A collection of military medals and a pair of glasses are arranged on a wooden surface. The medals include a red ribbon with a circular emblem, a blue ribbon with a circular emblem, and two large silver star-shaped medals with intricate designs. A pair of gold-rimmed glasses with thin temples is placed in the foreground. In the bottom left corner, a small circular compass is visible. The background is a light-colored, textured surface.

*How does the public
including older adults
interpret the
inconsistency?*



Public Health Opportunities and Recommendations

- ◆ Need for development and promotion of *national* low risk drinking guidelines that can apply to all ages,
 - recognize different populations face different risks



Public Health Opportunities and Recommendations

- ◆ Think seniors!
 - Alcohol- medications in the context of injury prevention and mental wellbeing can be useful starting points for public health education for older adults (e.g. confusion, falls, hospitalization, driving)

A collection of military medals and a compass are arranged on a wooden surface. The items include a red ribbon with a circular emblem, a blue ribbon with a circular emblem, two silver Maltese crosses with central medallions, a pair of gold-rimmed glasses, and a circular compass with a white face and black markings. The background is a light-colored, textured surface.

Thank you



References

- ◆ **Adams, W.** (Sept 1995). Potential for adverse drug-alcohol interactions among retirement community residents. *Journal of the American Geriatrics Society*, 43 (9), 1021-1025. AARP, 2001
- ◆ **Breslow, R.A.** (2004). Drinking patterns of older Americans: National Health Interview Surveys, 1997-2001. *Journal of Studies on Alcohol*, 65 (2), 232-240.
- ◆ Canadian Addiction Survey
- ◆ **CAMH** Low Risk Drinking Guidelines.
- ◆ **Centre for Addiction Research BC** Low Risk Drinking Guidelines.



References

- ◆ **National Consumer League.** Food and Drug Interactions. Online : <http://www.nclnet.org/Food%20&%20Drug.pdf>
- ◆ **Onder, G., Landi, F., Vedova, C.S., Atkinson, H., et al.** (2002). Moderate alcohol consumption and adverse drug reactions among older adults. *Pharmacology and Drug Safety*, 11(5), 385-392.
- ◆ **Pringle, K.E., Ahern, F.M., Heller, D.A., Gold, C.H. et al.** (Nov. 2005). Potential for alcohol and prescription drug interactions in older people. *Journal of the American Geriatrics Society*, 53 (11). 1930-1936.
- ◆ **Walsh G.W., Bondy, S.J., & Rehm, J.** (1998) Review of Canadian low-risk drinking guidelines and their effectiveness. *Can J Public Health*. Jul-Aug, 89(4),241-7.
- ◆ **Weathermon, R. & Crabb, D. W.** (1999). Alcohol and medication interactions. *Alcohol Health and Research World*, 23 (1), 40-54. <http://pubs.niaaa.nih.gov/publications/arh23-1/40-54.pdf>