Harmful Drinking in the Elderly

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DRINKING & BEHAVIOR
A CONTINUUM OF USE & ABUSE

NO DRINKING
Drinks less than once a month.
Limits drinking to 1-3 drinks.
Drunk only a few times in life.

SOCIAL
Has "sauces" drink several times a week.
Drinks until "buzzed" weekly.
Drunk once a month.

IMMODERATE
Light
Drinks 1-4 times a month.
1-3 drinks at a time.
Occasionally tipsy.
Drunk a few times a year.

CARELESS DRINKING
Drinking-related problems tend to increase over time (and increased use) and may include arrests and legal difficulties; family and relationship problems; missed work or lost jobs; money problems and unpaid bills; interpersonal issues (arguments, injuries); sexual dysfunction (impotence, frigidity); and health problems.

HEAVY DRINKING
ALCOHOLISM

PROBLEM DRINKING
When you drink, you often drink too much. Problems can include:
- Family (quarrels, arguments)
- Job (misses work occasionally)
- Money (insurance rate increases)
- Law (crimes or litigation)
- Sex (impotence or promiscuity)

UNAble to predict the amount, frequency, duration, or effects of drinking. Symptoms include:
- Changes in tolerance
- Withdrawal effects
- Frequent blackouts
- Serious health problems

Bottom line: You don’t have to be an alcoholic to have a drinking problem.
(And you don’t have to create more problems for yourself before you do something about it.)
Elderly Problematic Drinkers

• 2/3 - Early Onset drinkers

• 1/3 – Late Onset drinkers

• Hidden and Increasing problem
Why is It Hidden?

- Low index of Suspicion
- Elderly more likely under report their drinking
- Alcohol Mimics / competes other medical conditions
- Beliefs and myths
- Shame and discomfort
Screening Tools

- MAST-G
- 24-yes /No Questions
- Age Specific
- High Sensitivity 91-93%, specificity 65-84%

- THE 4 L's
  - L=Lover
  - L=Liver
  - L=Legal
  - L=Livelihood
Treatment Approaches

• Education – Re Safe Use

• Brief Interventions, mental health assessment/treatment

• Family Work

• Motivational Counselling

• Cognitive Behavioural Approaches

• Group Support Work
Effects of Alcohol in Resthomes

- Delirium/cognitive Impairment (4-10% Dementias Alcohol related)
- Disinhibition/ Disruptive to other residents…staff resources
- Safety Issues…(often smoking within the complex)
- Falls…RH duty of Care
- Value Judgements, family Involvement, supply issues
- Lack of other care options
Family Issues

- Acknowledging the problem, Where to get help, Safety issues
- Getting Accurate Information and Appropriate Support
- Other substance use within the family
- Embarrassment, Guilt and Shame
- Management Strategies for Family eg enabling
- Crisis management, Treatment sabotage, Neglect, Elder Abuse
In Conclusion

- Recognition of the problem is difficult
- Treatment is Effective
- Treatment Should be tailored to suit the Older Person
- The problem will increase in the Future, by 2020 numbers estimated to double
Brief Case Study ; Jan

- 72 yr old European, Divorced female, 3 Adult children and Grandchilden

- Currently lives in a serviced apartment within a Resthome complex (Aug 2015)

- Approx 30yr History of heavy Alcohol use

- Meets dependence criteria DSM4.7-7 , with multiple past admissions for severe Alcoholism and medical detox

- A number past AoD residential treaements , mostly residential.

- Severest period last 12-13years

- Non smoker, no other drug use
Past 2 Years

- July 2015-Admitted ADHB-Older Persons Health, following a fall, when heavily intoxicated
  - Jan has a history of Osteoporosis and spinal scoliosis
- A History of Major Depressive Disorder pre-dating her drinking
- Resthome Life for Jan, as she continued drinking
Making Decisions for Change

- MDT meeting with resthome management, Jan and her family, and GP

- Outcome of Meeting and Plan

- Interventions

- Current-3 month Plan- Jan, Family, Resthome Staff