

Seniors and Alcohol/Substance Use

Harmful use of alcohol and misuse of prescription (especially psychotropic) drugs often go undetected in seniors because of the stigma associated with such use and because health professionals may confuse symptoms of a substance use disorder with age-related changes or mental health problems common in the elderly.

Misuse of alcohol and medications is associated with poor health outcomes, higher health-care utilization, more complex course and prognosis of many illnesses, poor adherence to treatment and prevention for several chronic conditions, interactions with medications for chronic conditions, increased disability and impairment, compromised quality of life, increased caregiver stress, and higher risk of suicide or death.

Health professionals should regularly screen seniors for alcohol and other substance use and provide advice on the management of related disorders, alone or in combination with other chronic conditions. Public policies limiting access and availability of alcoholic beverages can have a beneficial impact on consumption, including among the elderly. While psychotropic drugs need to be accessible in appropriate amounts for seniors who need them (particularly for chronic pain control), over-prescription and nonmedical uses must be prevented. Information and education for seniors on the interactions between alcohol and other prescription drugs and the effects on their mental and physical health can also be effective.

Key facts

- Seniors as a group drink less than younger people, but as the population ages, the number of older drinkers will increase. Moreover, young people today tend to drink more than past generations and may continue to drink more as they age.
- Older adults are at particular risk for alcohol-related problems. As people age, they metabolize alcohol more slowly, and it therefore remains in the body longer, increasing the potential for harm.
- Seniors are more likely to have health conditions that can be exacerbated by alcohol, including stroke, hypertension, neurodegenerative diseases, memory loss, mood disorders, and cognitive or emotional problems.
- Older adults are more likely than younger people to take medications, putting them at risk of interactions that can be dangerous or even life-threatening. Alcohol also decreases the effectiveness of some medications.
- In the United States, people 65 and over comprise 13 percent of the population yet account for more than one-third of total outpatient spending on prescription medications.
- Seniors are more likely to be prescribed long-term and multiple prescriptions, and some experience cognitive decline that can lead to improper use of these prescriptions. In addition,

those on fixed incomes may abuse another person's remaining medication to save money. Higher rates of illness, age-related changes in drug metabolism, and the potential for drug interactions may make any of these practices more dangerous for seniors than for younger people.

 A large percentage of older adults use over-the-counter medicines and dietary supplements, which (in addition to alcohol) can compound adverse health effects resulting from prescription drug abuse.

Links

PAHO Alcohol and Substance Abuse program http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=1427&Itemid=1400

Information on alcohol from WHO: http://www.who.int/topics/alcohol drinking/en/

Information on substance abuse from WHO: http://www.who.int/topics/substance abuse/en/