



ALCOHOL AND AGING

America's elderly population is growing at a rapid rate. Between 1950 and 1980 it doubled in size. Today 11 percent of the population is over 60, and by the year 2030 one person in four will be over sixty.¹ Among that population, the problem of alcohol abuse is also growing. This impacts the aging person, as well as family members and friends involved in their care.

Frequently, the issue of alcohol abuse among aging adults has been underestimated or overlooked – due in part to their isolation and limited social contacts and in part to the fact that the symptoms of alcohol abuse (for instance, shaky hands and forgetfulness) resemble dementia or other age-related illness. However, overlooking the problem can have serious consequences.

Even slight alcohol abuse can be dangerous for older people. For one thing, alcohol can interact with other drugs they may be taking. For another, even routine physical activity like crossing a street or taking a bath can become hazardous. Finally, undiagnosed alcoholism can result in permanent physical damage to the brain, liver, heart, kidneys, stomach, and central nervous system. Experts now recommend that older men consume no more than one drink per day or two drinks on special occasions, such as New Year's Eve or weddings. Those same experts recommend even lower amounts for women.²

WHO IS AT RISK?

Anyone at any age can have a drinking problem, but among the over-65 age group two types appear: the Type I (or early-onset) alcoholic who has abused alcohol for many years, and the Type II (or late-onset) alcoholic, who was an infrequent or moderate drinker when young but started abusing alcohol in response to retirement, lowered income, poor health, or loss of a loved one. The National Institute on Aging estimates that two-thirds of all elderly alcoholics

fall into the first group.

Because of their shorter drinking history, late-onset alcoholics appear healthier than early-onset drinkers, but this fact may lead observers to overlook their drinking problem.

HOW TO HELP

The recovery rate for older alcoholics is the highest for any age group, although the recovery **process** may be slower.³ A trained professional can provide important information about options for intervention, assessment, counseling, and treatment. In addition, here are some tips to keep in mind if you are concerned about the alcohol use of an elderly person:

- Frequently, "gatekeepers" (apartment managers, bank tellers, postal carriers, meals-on-wheels deliverers) have more day-to-day interaction with the elderly than relatives or distant friends and can observe problem drinking behavior.
- While questions about alcohol use or abuse among older adults should be part of an annual physical, it's particularly appropriate to inquire about alcohol use after an older person undergoes a key life transition, such as moving out of his or her own home, retiring, or losing a loved one.
- When talking to an older person about drinking, avoid a confrontational style but be direct and specific. For instance, "I'm concerned that you're drinking more than you used to – particularly since Mom died. I'm worried that the drinking may interact with your heart medication, and I'd like you to see the doctor to discuss it."
- Frequently, an older person is more receptive when talking with a trusted physician or member of the clergy.

Recovery can make added years a joy rather than a burden, expanding the quality of life rather than

narrowing and shortening it. For more information, call an OAAP Program Attorney at 503-226-1057.

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1. *"Sixty-five Plus in the United States" May 1995 Economics and Statistics Administration, U.S. Department of Commerce.*
2. *"Substance Abuse Among Older Adults" Treatment Improvement and Protocol Series, US Dept. of Health and Human Services.*
3. *"How to Talk to an Older Person Who Has a Problem with Alcohol or Medications," Hazelden Foundation.*