Alcohol and Health

Alcohol and Seniors
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Introduction

People of any age can have problems with alcohol. Typically, older adults do not drink as much as younger people, but they can still experience alcohol-related problems, including dependency. As people age, their metabolism slows and they generally have more health problems. They are also the population that uses the most medications, both prescription and over-the-counter. Older people are also at a time in their lives where they may be experiencing significant transitions that may contribute to alcohol problems.

This resource provides an overview of the rate of drinking by Canadians aged 65 and older, what factors contribute to problem drinking, how to identify problems, and the recommended drinking limits for seniors.

Seniors

“Seniors” is a term with a broad definition. It represents a large age continuum and significant range of health. Generally speaking, the term “seniors” is used in this resource to refer to people 65 years of age and older. Since 1974, the number of seniors in Alberta has almost tripled. In 2009, 10.4% of Alberta’s population was over the age of 65. That proportion is expected to rise to 15% in 2021, 18% in 2026, and 22% in 2036.
Seniors and Alcohol

Seniors are not a homogeneous group. As with any age group, the effects of drinking on older people vary according to factors such as age, use of medications and physiological vulnerability. Household income levels also appear to play a role in alcohol use among seniors.

Age

According to the 2012 Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) of Canadians aged 65 and older, 72.1% drank alcohol in the 12 months preceding the survey (79.3% of men and 66.3% of women). Of those that indicated drinking, harmful use varied. In 2012, 8.4% of Canadian seniors 65 and older exceeded the limits recommended in Canada’s Low Risk Drinking Guidelines (LRDG) for chronic (long-term) health effects. Eleven percent of Canadians aged 65 to 74 exceeded the limits and 3.7% of Canadians aged 75 and older exceeded the limits.

Medication

Alcohol is contraindicated for many medications; this is of particular concern because seniors are more likely than other age groups to use medications. According to the Centre for Addiction and Mental Health, in 2009 Canadian seniors accounted for between 20% and 40% of prescription medication use and 25% of over-the-counter drug use.

Alcohol can heighten the sedative effect of medications like benzodiazepines and increase the risk of falls. When alcohol is taken with drugs prescribed for epilepsy, high blood pressure and even the common cold, it can cause drowsiness and confusion. Serious physical and psychological problems can occur when alcohol is combined with medication for rheumatism, arthritis, pain, infections and depression.

People are often unaware that even a low or moderate amount of alcohol can be dangerous when taken with some medications. Doctors may forget to warn patients of the risks of combining the two, or a patient may not understand or remember

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1 Moderate sampling variability, interpret with caution.
patients who have symptoms resulting from combining alcohol and medication may think the symptoms are part of the normal aging process and fail to inform their doctor, thinking that there is no remedy or that it is not worth “bothering” their doctor about the problem.

**Physiological Vulnerability**

All other things being equal, an older person who drinks the same amount as a younger person will have a higher blood-alcohol concentration (BAC). BAC is the amount of alcohol present in a person’s blood. For example, a BAC of 0.05% means 0.05 g (or 50 milligrams) of alcohol in 100 millilitres of blood.

As people age, the body’s fat-to-water ratio changes, with fat content increasing and water content decreasing. As water content decreases, the alcohol they consume is less diluted, yielding a higher BAC for the same amount of alcohol consumption.

Alcohol dehydrogenase, a critical enzyme involved in the metabolism of alcohol by the liver, becomes less efficient over time. An older person’s BAC thus stays higher for longer.

As the body ages, changes occur in the kidneys, the liver, the cardiovascular system and the brain. Alcohol is eliminated less efficiently, which can result in increased sensitivity to its effects. These changes become more noticeable over time, so that the effects of drinking become more pronounced and last longer.
Household Income Levels

Alcohol use by seniors categorized by income and summarized in the table, uses data from the 2012 CADUMS. This table outlines both the proportion of seniors 65 and older, who reported drinking alcohol, as well as the proportion of seniors who reported drinking alcohol and exceeding the chronic LRDG in the year preceding the survey. The results indicate that as household income increased, so did the proportion of seniors who drank. Also, of seniors who said they had consumed alcohol in the year preceding the survey, the percentage of seniors that exceeded the limits recommended by chronic LRDG by household income ranged from 12.4% to 19.3%.

<table>
<thead>
<tr>
<th>Household Income ($000s)</th>
<th>% report drinking</th>
<th>% report exceeding chronic LRDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 or more</td>
<td>87.3</td>
<td>19.3²</td>
</tr>
<tr>
<td>50 – 79</td>
<td>82.6</td>
<td>13.6³</td>
</tr>
<tr>
<td>30 – 49</td>
<td>72.2</td>
<td>13.6³</td>
</tr>
<tr>
<td>30 or less</td>
<td>65.8</td>
<td>12.4³</td>
</tr>
</tbody>
</table>

Note that there are no significant differences between groups as there is too much variability in estimate to make conclusions about differences.

Indicates moderate sampling variability, interpret with caution.

Problem Drinking

A growing number of researchers are studying drinking and seniors, particularly seniors who develop drinking problems after the age of 60. Studies on life changes have identified the social events likely to influence drinking in this age group. Social changes involving loss may well lead to drinking problems, but the relationship between the kinds of stress resulting from such loss and drinking behaviour is still not clearly understood. An older person’s overall physiological vulnerability and alcohol’s incompatibility with many of the medications taken by seniors increase the risk of harmful effects from excessive drinking.

Seniors are more likely than younger adults to experience irreversible loss and the associated feelings of powerlessness. The vast majority of seniors will deal with the losses that come with aging without drinking: many, in fact, will respond by drinking less. For a minority of seniors, however, these stressors are significant risk factors for problem drinking.

It is estimated that, among seniors who engage in high-risk drinking, one-third developed a drinking problem after the age of 60, often because of difficulty adapting to life-changing events such as retirement, health issues, the need to rely on others for assistance, moving out of a family home and into supportive care, and the death of friends and spouses.

² Note that there are no significant differences between groups as there is too much variability in estimate to make conclusions about differences.
³ Indicates moderate sampling variability, interpret with caution.
Retirement

Some seniors welcome retirement gladly. However, for people who have never developed hobbies or interests or a network of friends outside of work, retirement entails a host of losses: for example, the loss of a routine, co-workers, something to do, a salary, and the sense of being useful. Work, for some, is what has given their lives meaning, goals and structure.

Some people begin drinking excessively in response to an overwhelming sense of loss. Some are simply unable to adjust to the loss of structure and drink to relieve the boredom. Others find themselves faced with an increasing number of social activities where alcohol is present.

Social and Family Ties

As people age, their children leave home, friends and spouses die, and social circles often become smaller. In addition, seniors often have physical problems that can limit their mobility and further reduce social interaction.

These factors all accentuate the sense of isolation and solitude, which may become intolerable. Unlike younger people, who tend to drink because they are among friends, seniors tend to drink because they are alone. The loss of a spouse can be particularly devastating, and lead a person to drink excessively in an attempt to manage their grief and loneliness.

Health

Losing one’s health can result in stress caused by limited mobility and a diminished sense of self. Some people may use alcohol to dull the pain associated with the loss of their physical capacity. Some seniors who live with severe chronic pain may use alcohol to relieve their discomfort.
Other Factors
There are a number of circumstances that increase the likelihood that seniors will turn to alcohol to deal with changes associated with aging. For example,

- the lack of coping mechanisms other than alcohol
- the absence of a good social network
- living alone and being isolated
- having had drinking problems in the past

Identifying Drinking Problems
As noted in the above section “Seniors and Alcohol,” 8.4% of Canadian seniors indicated drinking more than the limit recommended by the LRDG for chronic (long-term) effects in the year preceding the 2012 CADUMS survey. The United States and Europe show similar data for this age group: 15% of men and 12% of women drink more than the recommended low-risk limit. Further, according to the 2005 Canadian Addiction Survey, 2.8% of Canadian seniors indicated that they had at least one problem related to their drinking in the year preceding the survey. Again, the United States and Europe show similar data for this age group with 2% to 6% of seniors identified as problem drinkers. Studies also indicate that 6% to 11% of all seniors admitted to hospital in developed countries show signs of alcohol dependency.

Many experts believe that the number of seniors with alcohol-related problems is probably much higher than the research shows. Since we appear to underestimate the number of alcohol-related problems in all age groups, the same is likely to be true for seniors. In fact, underestimation may even be higher among seniors as the commonly used diagnostic tools fail to adequately address the health and social issues experienced by seniors.

Some of the symptoms of problem drinking resemble symptoms generally associated with aging, such as an overall decline in health, introversion, memory loss, depression, insomnia, and falls. Problem drinking by seniors may therefore go undetected or may be treated inappropriately.
Recommendations

The LRDG are primarily intended for 25- to 65-year-old adults and there is not a separate guideline provided for older Canadians. However, the major risk factors for seniors as a generalized population—being physically unwell, using medication and having reduced tolerance—put them at elevated risk. Seniors are therefore advised never to exceed the upper levels established in Guideline 2, and to pay particular attention to the interactions of medications and alcohol.

Guideline 2

If you choose to drink, reduce long-term health risks by staying within these average levels:

- **Women who want to drink moderately and avoid associated long-term health risks should have no more than 10 drinks a week, with no more than two drinks a day most days.**

- **Men who want to drink moderately and avoid associated long-term health risks should have no more than 15 drinks a week, with no more than three drinks a day most days.**

- **To avoid any kind of habituation or dependency, it is recommended that everyone—men and women—choose not to drink at all at least one or two days a week.**

Further, it is important to recognize that Guideline 2, like all of the guidelines, is a low-risk, not a no-risk, guideline and that it sets a limit, not a target, for alcohol consumption.

Conclusion

Albertans of any age can have problems with alcohol. For seniors, it is particularly important to be aware of drinking because of reduced tolerance and because they, typically, use more medications than the general public and alcohol’s incompatibility with many medications increases their risk of harmful effects.

Alberta Health Services offers a wide range of services for individuals looking for help for someone they care about, or for themselves. For more information, and to find an addictions services office near you, call the Addiction Helpline at 1-866-332-2322. It’s free, confidential and available 24 hours a day.
More information means informed decisions

Well-informed people will be more conscious of the harmful effects of excessive drinking, and will be aware that if they choose to drink alcohol, drinking in moderation is a healthier choice.

For copies:
AHS staff and allied health professionals can download digital copies from under the “Resources” tab at: www.albertahealthservices.ca/amhresources. Allied health professionals should contact their local Addiction and Mental Health office to access hard copies.

Thank you

AHS would like to thank our allied health professionals at Éduc’alcool for their contribution to this series.
Alberta Health Services offers a wide range of addiction and mental health services.

For individuals looking for information for someone they care about, or for themselves the Addiction Helpline and the Mental Health Helpline are available.

**Addiction Helpline**
1-866-332-2322

**Mental Health Helpline**
1-877-303-2642

Both helplines are free, confidential and available 24 hours a day.