

# Alcohol and Medication Issues for Older Adults

Alcohol and prescription drug problems affect up to 17% of older Americans and have become an “invisible epidemic.”<sup>1</sup> Health care professionals are in a powerful position to identify elder substance abuse. Many older people will adopt healthier behaviors simply upon receiving advice from a provider. Treatment is effective for elders with serious substance abuse problems.

<sup>1</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment

## WHAT OLDER ADULTS NEED TO KNOW ABOUT ALCOHOL AND MEDICATIONS

### PROVIDERS SHOULD SHARE THE FOLLOWING INFORMATION WITH THEIR OLDER PATIENTS:

- Medications should be taken only as directed and any negative effects discussed with a pharmacist or other health professional.
- Alcohol can interact negatively with some medications, so alcohol use should be discussed with a health care provider.
- Alcohol, even in small amounts, can make some health problems worse.
- Alcohol consumption should always be discussed with a health care professional.

### SOME PEOPLE SHOULD NOT USE ALCOHOL AT ALL, INCLUDING PEOPLE WHO:

- Have a contraindicated health condition.
- Are taking medications that interact with alcohol.
- Have a history of alcohol problems or dependency.

### MAXIMUM RECOMMENDED DRINKING LIMITS FOR OLDER ADULTS

(Based on average body size; limits are less for individuals with less body mass)

**MEN 65+ YEARS OF AGE:** No more than one drink per day

**WOMEN 65+ YEARS OF AGE:** Less than one drink per day

### A STANDARD DRINK IS:

- One can (12 oz.) beer or ale
- One glass (5 oz.) wine
- One single shot (1.5 oz.) hard liquor
- One small glass (4 oz.) sherry, liqueur, or aperitif

## WHAT PUTS OLDER ADULTS AT RISK FOR ALCOHOL AND MEDICATION MISUSE/ABUSE?

### AGING-RELATED PHYSIOLOGICAL CHANGES

- Increase in sensitivity and decrease in tolerance to alcohol and medications.
- A decrease in lean body mass and total body water results in a higher concentration of alcohol in the blood system than that of a younger person consuming the same amount of alcohol.
- A decrease in alcohol dehydrogenase enzyme slows metabolism of alcohol, resulting in blood alcohol levels that remain raised for longer periods of time.
- Greater likelihood of health problems adversely affected by alcohol (e.g., cardiac, gastrointestinal or neurological disorders, diabetes)
- Age-related changes in drug metabolism (slowed onset or increased duration of action).

### MEDICAL RISKS

- Use of medications, especially psychoactive medications, that interact adversely with alcohol.
- Previous or co-existing drug, alcohol, or mental health problems.
- Family history of alcohol or drug problems.
- Negative drug reactions and interactions; non-compliance with prescribed regimens.

## ALL PATIENTS, ESPECIALLY ADULTS 65 YEARS AND OLDER, SHOULD BE SCREENED FOR SUBSTANCE ABUSE:

- As part of every annual physical exam.
- When starting a new medication.
- When experiencing major stressful life changes (death of significant others, retirement, declining health, loss of social supports).
- When signs and symptoms of alcohol abuse are present, such as sleep complaints, injuries, depression, or self-neglect.
- When a patient has multiple physicians or uses more than one pharmacy.
- If a patient complains that a medication is less effective over time.

This Provider Update is adapted from Substance Abuse Among Older Adults, TIP 26, published by the Center for Substance Abuse Treatment. Providers are encouraged to request a free copy of TIP 26 for more information on these topics (available from the National Clearinghouse for Alcohol and Drug Information, 800/729-6686 or [www.health.org](http://www.health.org)).

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## SCREENING TECHNIQUES

### FOR ALCOHOL ISSUES

- Active listening and non-judgmental discussions can help individuals overcome shame or guilt in discussing their drinking habits.
- Link questions about alcohol with the person's health status, other health behaviors (exercise, weight, smoking), or medication use.
- Provide assurance of confidentiality. If concerned, ask permission to talk with family members or friends.

Review “standard drink” information (see sidebar on the front) with patient to encourage accurate reporting prior to posing the following questions.

### SHORT MICHIGAN ALCOHOLISM SCREENING TEST-GERIATRIC VERSION (S-MAST-G)

1. WHEN TALKING WITH OTHERS, DO YOU EVER UNDERESTIMATE HOW MUCH YOU ACTUALLY DRINK?
2. AFTER A FEW DRINKS, HAVE YOU SOMETIMES NOT EATEN OR BEEN ABLE TO SKIP A MEAL BECAUSE YOU DIDN'T FEEL HUNGRY?
3. DOES HAVING A FEW DRINKS HELP DECREASE YOUR SHAKINESS OR TREMORS?
4. DOES ALCOHOL SOMETIMES MAKE IT HARD FOR YOU TO REMEMBER PARTS OF THE DAY OR NIGHT?
5. DO YOU USUALLY TAKE A DRINK TO RELAX OR CALM YOUR NERVES?
6. DO YOU DRINK TO TAKE YOUR MIND OFF YOUR PROBLEMS?
7. HAVE YOU EVER INCREASED YOUR DRINKING AFTER EXPERIENCING A LOSS IN YOUR LIFE?
8. HAS A DOCTOR OR NURSE EVER SAID THEY WERE WORRIED OR CONCERNED ABOUT YOUR DRINKING?
9. HAVE YOU EVER MADE RULES TO MANAGE YOUR DRINKING?
10. WHEN YOU FEEL LONELY, DOES HAVING A DRINK HELP?

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**SCORING:** 2 or more “yes” responses is indicative of an alcohol problem.

If an alcohol problem is indicated, further assessment is recommended.

### FOR MEDICATION INTERACTION OR MISUSE

- Does the person take prescription or over-the-counter medications? Herbal or dietary supplements?
- Does the person take psychoactive drugs?
- Do any of the medicines interact with alcohol or with other drugs being used?
- Is more than one health care provider prescribing medications?
- Does the person use more than one pharmacy?
- Does the person follow the directions for all drugs?

### BRIEF INTERVENTION

Research shows that many non-dependent problem drinkers reduce their drinking to moderate levels following a brief intervention by a physician or other clinician.

- Provide specific feedback based on the screening.
- Affirm the person's ability to adopt healthier behaviors.
- Provide specific recommendations (a weekly or daily limit, abstinence, treatment).
- Offer options if medically appropriate (reduction versus cessation) and a specific time for follow-up.
- Provide patient education materials (available at [www.maclearinghouse.com](http://www.maclearinghouse.com)).

### RESOURCES FOR PROVIDERS

#### REFERRAL FOR TREATMENT

- **Massachusetts Substance Abuse Information and Education Helpline**  
800/327-5050 • 24-hour referral information on treatment programs and support services  
[www.helpline-online.com](http://www.helpline-online.com) • Statewide searchable database of substance abuse services
- **Massachusetts Substance Abuse Prevention and Treatment Directory** Massachusetts Department of Public Health  
617/624-5109

#### DRUG INFORMATION

- National Library of Medicine Medline Plus  
<http://www.nlm.nih.gov/medlineplus/druginformation.html>
- MassMedLine: 866/633-1617

#### SUBSTANCE ABUSE AMONG OLDER ADULTS

- Substance Abuse and Mental Health Services Administration (SAMHSA) • 800/729-6686 • <http://www.samhsa.gov>
- National Council on Alcoholism and Drug Dependence (NCADD) 212/269-7797 • [www.ncadd.org](http://www.ncadd.org)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) 301/443-3860 • [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Administration on Aging 202/619-7501 • [www.aoa.dhhs.gov](http://www.aoa.dhhs.gov)

### INFORMATION FOR CONSUMERS

- **Information and referrals:** Massachusetts Substance Abuse Information and Education Helpline • 800/327-5050  
[www.helpline-online.com](http://www.helpline-online.com)
- **Brochures:** Massachusetts Health Promotion Clearinghouse 800/952-6637 • [www.maclearinghouse.com](http://www.maclearinghouse.com)
- **On-line brochures:** [www.niaaa.nih.gov/publications/brochures.htm](http://www.niaaa.nih.gov/publications/brochures.htm)