ARCADA

A general perspective of alcohol abuse among elderly

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A general perspective of alcohol abuse among elderly
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Foreword

We would like to thank our families for their support and guidance trough out this entire time. We would also like to thank our thesis supervisor Jari Savolainen for his support and perseverance during the whole process.

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This subject was chosen because alcohol abuse among elderly is a growing problem which is hidden and hasn't been given enough attention. The purpose is to provide essential information about alcohol problems amongst the elderly, theories about causes and based best practices in alcohol problem treatment and rehabilitation. The study is intended to be of help in highlighting a practical help model of treatment for alcohol abusers. Research questions were: Why do elderly abuse alcohol? What are the symptoms and signs of alcohol abuse? What are the effects of alcohol abuse? How can alcohol use and abuse be assessed in elderly? What help is available for the elderly? Theoretical frame of reference was composed of theories concerning our central themes. To get answers to the research questions a literary review and a content analysis study was done. Results show that elderly abuse alcohol due to many interconnected factors; genetics, one's upbringing, social environment, physical and emotional health. There are many signs and symptoms related to drinking problems; those who abuse alcohol may begin to show early signs of a problem, then progress to showing symptoms of alcohol abuse. Alcohol abuse affects all aspects of life. Long-term alcohol use causes health complications, affecting every organ in the body, including the brain. It also affects ones emotional stability, finances, career, and social life. Screening for problem drinking in the elderly is often underutilized and may not accurately reflect the nature and extent of the problem. Screening instrument used with the elderly are; CAGE questionnaire, Michigan Alcoholism Screening Test-Geriatric Version (MAST-G), and Alcohol Use Disorders Identification Test (AUDIT). AA is a good treatment model for alcohol abusers because it offers support and company. The authors hope that this study can be used to help elderly people with alcohol problems.

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Alkoholin väärinkäyttö vanhusten keskuudessa on kasvava ongelma jolle ei ole annettu tarpeeksi huomiota. Tarkoituksena on tarjota olennaista tietoa alkoholiongelmista vanhusten keskuudessa, teorioita syistä ja parhaimpia ohjelmia hoitoon ja kuntoutukseen. Lopputyön on tarkoitus auttaa parhaan hoitomuodon tarjoamisessa alkoholisteille. Tutkimuskysymyksemme olivat: Miksi vanhukset väärinkäyttävät alkoholia? Mitkä ovat alkoholin väärinkäytön oireet ja merkit? Mitkä ovat alkoholin väärinkäytön vaikutukset? Miten vanhusten alkoholinkäyttöä voidaan arvioida? Minkälaista apua vanhuksille on saatavilla? Lähteiden teoreettinen kehys koottiin teorioista jotka olivat lähellä työmme keskeisiä aiheita. Teimme kirjallisuus analyysin ja sisällön analyysin, jotta saimme vastaukset kysymyksiimme. Tulokset osoittivat, että vanhukset käyttävät alkoholia monista toisiinsa liittyvistä syistä: geenit, kasvatus, ympäristö ja fyysinen ja henkinen terveys kaikki vaikuttivat yhdessä alkoholin väärinkäyttöön. On olemassa monia merkkejä ja oireita liittyen ongelmajuomiseen; heillä jotka väärinkäyttävät alkoholia saattaa alkaa näkyä aikaisia merkkejä ongelmasta, jotka saattavat johtaa alkoholiongelmaan. Alkoholiongelma vaikuttaa kaikkiin elämänalueisiin. Pitkäaikainen alkoholinkäyttö johtaa terveysongelmiin, jotka vaikuttavat kaikkiin kehon elimiin sekä aivoihin. Se vaikuttaa myös henkiseen tasapainoon, taloudelliseen tilanteeseen, työhön, ja sosiaaliseen elämään. Vanhusten alkoholinongelmien tarkkailu jää usein paitsioon eikä täten kuvasta asian oikeaa tämänhetkistä tilaa. Työkaluja ongelman testaamiseen ovat: CAGE-kysely, Michigan Alcoholism Screening Test-Geriatric Version (MAST-G) ja Alcohol Use Disorders Identification Test (AUDIT). AA on myös hyvä hoitokeino alkoholin väärinkäyttäjille, sillä se tarjoaa tukea ja seuraa. Toivottavasti tulevaisuudessa tätä tutkimusta voidaan käyttää vanhusten alkoholiongelmien auttamiseen.

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Alkoholmissbruk bland äldre är ett växande problem som är dold och har inte fått tillräcklig uppmärksamhet. Studiets syfte är att ge grundläggande information om alkoholproblem bland äldre, teorier om orsaker och baserat bästa praxis alkoholproblem behandling och rehabilitering.
Studien är tänkt att vara till hjälp för att synliggöra en praktisk hjälp modell för behandling av alkoholmissbrukare. Frågeställningarna var: Varför äldre missbrukar alkohol? Vilka är symptomen och tecken på alkoholmissbruk? Vilka är effekterna av alkoholmissbruk? Hur kan alkohol bruk och missbruk bedömas hos äldre? Vilken hjälp finns för de äldre? Teoretisk referensram bestod av teorier om våra centrala teman. För att få svar på våra frågor gjorde vi litteraturstudie och en innehållsanalys studie. Resultaten visar att äldre missbrukar alkohol på grund av många samverkande faktorer, genetik, är en uppfostran, sociala miljö och fysiska och emotionella hälsa. Det finns många tecken och symtom relaterade till alkoholproblem, de som missbrukar alkohol får börja visa tidiga tecken på ett problem, sedan vidare till visar symptom på alkoholmissbruk. Alkoholmissbruk påverkar alla aspekter av livet. Långsiktig alkohol orsakar komplikationer, som påverkar alla organ i kroppen, inklusive hjärnan. Det påverkar också de känslomässiga stabilitet, ekonomi, karriär och socialt liv. Screening för problem dricka hos äldre är ofta underutnyttjade och överensstämmer inte alltid återspegla arten och omfattningen av problemet. Screening instrument används med de äldre, CAGE frågeformulär, Michigan alkoholism Screeningtest-Geriatriska Version (MAST-G), och alkohol Use Disorder Identification Test (AUDIT). AA är en bra behandling modell för alkoholmissbrukare eftersom det ger stöd och företag. Vi hoppas att denna studie kan användas för att hjälpa äldre personer med alkoholproblem

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1 INTRODUCTION

The use of alcohol amongst the elderly of late increased considerably according to the 2008 statistics from the Ministry of social affairs and health. According to the statistics results the annual alcohol consumption had risen to 8.5 liters of pure alcohol per individual. The amount has quintupled since the late 1950's. According to the ministry of social affairs and health in Finland, the proportion of men aged 65-84 who use alcohol has increased from 68 per cent in 1993 to 77 per cent in 2007. The corresponding figures for women were 37 and 54 per cent. (Ministry of social affairs and health, 2010)

The volume of alcohol consumed has grown amongst the elderly with estimates putting the level at 5-10% for individuals over the age of 64yrs old as having a serious hidden drinking problem. The number of alcohol-related deaths also continues to grow in Finland as indicated by a recent study that was published by Statistics Finland.

According to the study, the number of deaths of working-age people (persons aged 15 to 64) were 7,629 for men and 3,219 for women in 2007. The number is 218 times higher than in 2006. The leading cause of death for both working-age men and women was an alcohol-related disease or accidental alcohol poisoning. Alcohol became the leading cause of death for working-age Finns for the first time in 2004, while previously the greatest killers had been coronary disease and various cancers. (Statistics Finland, 2010)

Many and in fact majority of alcohol abuse related studies have been indicted to the prevalence of alcohol abuse in younger population whereas much of the treatment is also based on the same age group. However, far fewer studies and research have focused on elderly persons, even though in reality and in accordance to the current statistics, alcohol abuse and dependence is at an epidemic proportion among the elderly. Statistics on alcohol abuse and dependency by elderly remains far unreported, undiagnosed and ignored. (Dar, Vol. 12, 173-181, 2006)

The reasons that alcohol abuse and dependency by the elderly goes undetected are varied, but most have to do with the fact that they are no longer active in mainstream society and therefore are simply invisible. They are less likely to get in trouble with the law, stopped for driving under the influence, having a traffic accident, or causing problems in the community. Therefore they have little contact with the police or the criminal justice system. Since many are retired, there is very little chance their drinking will cause them to lose a job or career.

In accordance to Holtzer III et al. (1986), alcohol problem prevalence among the elderly is higher than statistics would indicate, but the elderly under-report alcohol problems or are under diagnosed. Furthermore, several methodological problems, including inappropriate definitions, may have resulted in low estimates. Studies using currently available diagnostic criteria for substance abuse are likely to significantly underestimate the prevalence of alcohol abuse among elderly persons because the criteria were developed and validated in young and middle-aged samples.

In earlier generations it was common not to drink at all, and women drank less than men. Today older people drink wine and spirits as often as the population as a whole. Older women have increased their consumption, mainly of wine, and fewer older people are total abstainers (Hallgren et al. 2009).

Death statistics state that in the year 2007, 20% of the people who died as a result of alcohol abuse were pensioners. The outcomes of drinking are different for the elderly as they often lead to serious health risk and even death. It’s estimated that 75% of older people of who have a drinking problem, have started using alcohol in their younger years. Later when retired as a result of changes, problems become more visible in their life. These aged People get through working life and retire despite of their problems. Causes for this are, loneliness, traumatic experiences, illness, disability and fears.

The individuals most at risk of developing drinking-related problems as older adults are male, the younger old (under 65), those with lower education and incomes, and those who have been divorced or separated. Widowhood also is related to drinking problems for men but not for women. (Carlsson, 1994)

Older adults who are able to cope well with life stresses are those who are aided with social supports by family and friends and are more likely to escape the problem of alcohol dependence. Elderly who have more chronic, ongoing stresses of life, coupled with a lack of social network supports and resources are more likely to belong to a group of excessive drinkers. The significance of social messages about drinking and social support for drinking is seen in the comparatively higher rates of consumption in retirement communities.

"In these settings, it is the most socially outgoing who are the heaviest drinkers, drinking increases for some people, and women also are likely to have higher rates of consumption. This responsiveness to social conditions suggests that the prevalence of problem drinking among the elderly may well increase with the aging of younger and more tolerant cohorts." (Carlson, 1994)

Division of work between the two respondents

The work was divided equally between the two authors. Both authors were involved with writing the study and with searching eligible material for the study. It is hard to say which author wrote what parts, because the authors worked very much together with all parts of the text.

2 AIM AND RESEARCH QUESTIONS

The aim of this study is to provide essential information about alcohol problems amongst the elderly, theories about causes and based best practices in alcohol problem treatment and rehabilitation. The study is also intended to be of some help in highlighting a practical help model of treatment for alcohol dependence individuals. The study's emphasizes are based on existing researched statistics and gives a wide variety of problems ranging from mild to severe problems that are attributable to alcohol abuse within the elderly.

In order to reach the aim of this study, the following research questions will be answered;

The following questions are to be answered using a content analysis method;

1. Why do elderly abuse alcohol?
2. What are the symptoms and signs of alcohol abuse?
3. What are the effects of alcohol abuse?

While the following questions are to be answered theoretically by literature review;

1. How can alcohol use and abuse be assessed in elderly?
2. How can alcohol abuse be treated?

3 GENERAL BACKGROUND OF ELDERLY AND ALCOHOL ABUSE

There is no clear single age in which the status of senior citizen occurs. The initial classification as elderly may be as young as 50 and go up to age 65. In most studies, the general use of the category "elderly" is confined to those 65 and older. This age is typically associated with retirement, fits most governmental statistics, and is the most common starting point for the research literature devoted to the elderly. (Carlson, 1994)

Even with such classification, this is not one uniform population but a group with a very broad social and physiological range, desires and needs. This range may be further differentiated by reference to the young-old - those at the beginning of the group - versus the "old-old" - those aged 80 or 85 and older. (Carlson, 1994)

Lamy (1985) points out that, in regard to physiological functioning, there are three stages of life after age 65. The first, between 65 and 74, involves few changes from middle age; the second, ages 75 to 84, is for most a continuation of previous functioning, but many in this age range begin to show signs of secondary and sociogenic aging even without overt disease. By the third stage, aged 85 and older, few individuals can maintain normal activities of daily living without some assistance.

These physiological changes are accompanied by social changes that are likely to the risks of involvement in alcohol abuse or misuse. The elderly have a relatively low prevalence rate for alcohol problems compared to younger adults. The reasons most often cited for this reduction are the consequences effects on this age group, which is presumed to reduce drinking. There is as well the perception that people tend to reduce their drinking as they age, and the reality that excessive drinking and alcoholism contribute to premature mortality and thus the heaviest drinkers in any cohort tend not to survive to old age. (Carlson, 1994)

In accordance with Maddox (1988), there is the sense that aging is a time of stress and loss, and the expectation that alcohol will be used inappropriately to cope with these. Perhaps the greatest significance for the prospects of prevention, at least one-third of the elderly who experience serious problems with alcohol first develop these problems in old age. (Moos and Finney, 1986).

“It is likely that the prevalence of drinking and alcohol abuse problems among the elderly will increase in the future with the aging of heavier drinking population cohorts (Akers and La Greca 1991). Some changes in the problems posed for society by elderly drinkers are already evident: there was a 200% increased between 1962-1984 in the proportion of persons aged 60 and older who were arrested for drunken driving. This increase is attributed to a healthier older population retaining the ability to drive and thus posing more driving risks, as well as to the related longer survival of problem drinkers.” (Carlson, 1994)

3.1 Alcoholism a Growing Problem

In Finland there are 427,000 people over the age of 75 and it’s estimated that the 75+ group will number over half a million by 2020.The increase in the percentage of elderly in the total population has been attributed to medical, economic, and social factors plus a decline in the birthrate. Alcohol abuse and dependence among the elderly is a growing problem for the healthcare industry. Most drinkers who started late are affected by social isolation and physical health problems. Many are affected by grief or loss, and others affected by housing, marital, and mental health problems. Many times the first indication of a problem of alcohol abuse with elderly is when family or friends visit, or are called due to a fall or other emergency. (THL)

According to the National Institute for Health and Welfare (THL), Finnish women drink six times more today than they did in 1970. The average Finnish woman consumes 6.5

litres of pure alcohol annually while; Finnish men drink twice as much as they did 40 years ago. Alcohol consumption by Finns has tripled over the past 40 years with women accounting for 26 percent of the consumption of alcohol in Finland. That's up from 12 percent 40 years ago.
The number of people who abstain from alcohol has fallen from 40 percent to 10 percent with Women between the ages of 50 and 69 being more likely to abuse alcohol According to the study by THL Finland.

The biggest problem of alcohol abuse by elderly is that it will go undetected by healthcare givers. Part of the problem is getting doctors and health care workers to accept that elderly with alcohol abuse and dependence problems do exist. There is usually denial that elderly patients have drinking problems and so the doctors and health care workers are reluctant to make a diagnosis. The community and care givers will often turn a blind eye to the problem and accept it as a condition of aging, a reaction to loss or grief, or it's "just the way they are" (Klein, Jess, Carol, 2002)

3.2 Drinking Prevalence among the Elderly

According to a research study done by *alcohol alert* contrast to most studies of the general population, survey found that 6 to 11 percent of elderly patients taken to hospitals showed symptoms of alcoholism, as did 20 percent of elderly patients in the psychiatric wards and 14 percent of elderly patients in the emergency rooms. (National institute of alcohol abuse and alcoholism, 1998)

"In acute-care hospitals, rates of alcohol-related admissions for the elderly are similar to those for heart attacks (i.e., myocardial infarction). Often even the hospital staffs are less likely to recognize alcoholism in an older patient than in a younger patient. Late-onset alcohol problems also occur in some retirement communities, where drinking at social gatherings is often the norm" (National institute of alcohol abuse and alcoholism, 1998)

There is no certain reason or age when elderly people start to abuse alcohol, which is why elderly alcohol abusers can be divided into two main categories: the early-onset drinkers and the late onset drinkers. (Menninger, 2002)

3.3 Early-onset drinkers

This group has a longstanding alcohol problem that usually begins in their 20s or 30s. They make up approximately two thirds of the elderly patients with an alcohol abuse problem. Early-onset drinkers tend to have a destructive or heavy drinking pattern as they age. Psychiatric problems tend to be the normal thing in this group, with major affective disorders and thought disorders being the most common. The group also tends to have severe medical complications caused by heavy alcohol use. (National Institute on Alcohol Abuse and Alcoholism, 1988)

3.4 Late-onset drinkers

This group comprises of the remaining one third of elderly patients with an alcohol abuse problem. They tend to be physically and psychologically healthier than the early-onset group. They also tend to have less alcoholism among family members, they are of a higher socioeconomic status, have less Psychiatric problems, and less alcohol-related chronic illness. Usually their alcohol problems tend to begin in response to a recent loss, such as the death of a spouse, loneliness, traumatic experiences, illness, disability or fears. (National Institute on Alcohol Abuse and Alcoholism, 1988)

Over time there has been evidence to suggest that some people increase their alcohol consumption as they age, this behaviour is usually prompted by age related stress such as loss of employment, widowhood or other bereavement.
Despite their differences, the groups are similar in that they can both benefit from treatment.

According to Karim Dar, doctors are usually the first medical contact with the elderly patients yet they are often reluctant to enquire about their alcohol consumption habits, some doctors may fail to diagnose elderly with alcohol abuse cases in a situation where there are other urgent medical matters and some believe that it may be better for the elderly to continue in their pattern of drinking as altering it could be harmful. (Dar, 2006)

4 THEORETICAL BACKGROUND

Alcohol abuse is a complex problem in the elderly population and alcohol use and abuse amongst older people has become increasingly important area to understand. In many western countries the proportion of older people has increased greatly and will continue to increase in the future. Availability of alcoholic beverages has increased and the social acceptability of women's drinking has increased in many societies. (Patterson, Jeste, 1999)

4.1 Alcohol dependency Theories

The huge size of the older population means that the potential problem of alcoholism will grow. Baby-boom generation has also had more access to alcohol and drugs than their previous generations which may have exposed them to use alcohol and drugs more in older age. (Levin, Kruger, 2000, Marks, Ondus, et al., 2002)

Over the years there have been different ideas suggested as to the causes of alcohol abuse, most of which say that the causes are incurable, progressive, primary disease and there are those who say that it is a behavior disorder that includes different kinds of problems.
Each suggested theory seems to make sense at some point but over the year they have been proven to be inadequate in explaining the process of alcohol abuse, according to (E.J. Khantzian 2001) the theories do not clearly explain or prove the process and duration of alcohol addiction and dependence. (Korhonen, 2004)

The three primary theories of causes:

1. Disease theory says alcohol problems show in people who have a disease that gets worse, which can make controlling their alcohol intake impossible.

2. Biological theory says that there are genetic and chemical factors that affect the alcohol problem.
3. Psychosocial theory says that trough learning, social, and environmental issues and personal psychological factors can lead to alcohol abuse. (Korhonen, 2004)

4.2 The theories of alcohol dependency in details

Researchers have no clear idea why some people develop alcohol abuse and dependence and others do not, even under similar circumstances. Human behavior and the reasons for behavior are complicated. Today, researchers and experts agree that, whether or not a disease is involved, alcohol abuse and dependency are based on biopsychosocial determinants—problems resulting from a complex interaction of an individual's biological, psychological, cognitive (beliefs, thoughts, learning), and environmental (social, cultural, economic etc.) factors. (Holtzer, p. 8-14, 1998)

4.2.1 Biological Theories

Research has been done saying that genetic and biological factors play a huge role in development of alcohol dependence. Evidence also shows that males who have dependent family members may be in more danger of developing problems. These people may have inherited genetic characteristics that put them at higher risk of developing alcohol dependency. (Korhonen, 2004)

There is also evidence that shows differences in the way people's body process alcohol. (Rotgers, Kern, and Hoeltzel, 2002). Example, women are likely to develop physical problems than men and sooner also some women can be deficient to a certain enzyme involved in the breakdown of alcohol. (Korhonen, 2004)

According to Marja Korhonen researchers don't fully understand the genetic and biological differences that can lead to alcohol dependence, or even if they definitely do lead to dependence. Marja Korhonen suggests that a variety of genes, biological charac-

teristics and different circumstances combined, may lead to alcohol dependence in a specific individual. Biology always combines with social, environmental, and individual psychological factors to produce behavior. (Korhonen, 2004)

4.2.2 Disease Theory

It is believed by medical practitioners that addiction is contributed primary (caused by an inborn physical abnormality, not by some other physical or psychological problem), chronic (ongoing, always present), progressive (gets worse), incurable, physical disease that can be fatal. The theory says those who have this innate disease cannot control their use of alcohol. When they first drink, the underlying disease is activated. The disease then leads them to drink more and more until it destroys them physically, emotionally, and spiritually. There is no cure, but the effects of the disease can be stopped if the person stops drinking.

"The concept of addiction as a primary disease developed mainly as a reaction to the belief that people who were frequently and troublesomely drunk were simply bad people. Drunkenness had generally been looked at as a moral problem, sin, vice, or personal failure. By the mid-1800s another view was developing. It saw alcohol as a highly dangerous substance, chronically drunken people as victims unable to control their drinking and abstinence as the only answer." (Korhonen, 2004)

The modern disease concept developed in the 1940s to 1960s. The description of the progressive disease of "alcoholism" that is most frequently used is the chart of stages and behaviors that was developed by Dr. E.M. Jellinek in 1952.

There are many who disagree with the disease model and many who say it has been damaging. Some of the main criticisms are:

- There is no scientific evidence of a primary disease, but there is evidence that people have a variety of problems with a variety of causes

- Many problem and dependent drinkers stop or control their drinking on their own, which indicates the problem is not an innate, uncontrollable, progressive disease
- The disease model encourages a belief in a lack of control and beliefs influence a person's behavior
- Drinking is a behavior with problems developing only when the person frequently overdoes that behavior
- Genetic evidence does not show a direct and inevitable link to addiction
- The disease model does not deal with variations in drinking behavior
- There is no definite model of the disease, but a variety of different, sometimes conflicting, views (e.g., primary disease vs. mental disorder).

Although alcohol addiction and abuse might not be a disease, the idea that it can be like a disease is helpful. This way of thinking helps to understand that people with alcohol problems should get help. It also helps them and other people around them to understand the behavior and to work towards change. (Korhonen, 2004)

4.2.3 Psychosocial Theories

All experts agree that psychological, social and environmental events are important elements in the development of problem drinking patterns. Research shows that harmful drinking is something that people learn when they grow up. Some people learn the healthy drinking rules and some the harmful ones. This is how some people drink to get intoxicated and how some people can drink in healthy limits. Drinking habits are learned. (Korhonen, 2004)

People are also shaped by the consequences of drinking. If the person gets more of good than bad experiences from the way they have been drinking, they are more likely to continue the way they have before. For example if social situations are easier to handle under the influence of alcohol, they are more likely to do so as long as the positive consequences conquer the negative ones such as hangovers. (Korhonen, 2004)

People develop habits when drinking. Habits can be good or bad, but equally difficult to get rid off, because it is something that you do without even thinking about it. This is one of the reasons why people tend to drink heavily because it becomes a habit. (Korhonen, 2004)

People tend to behave in a way they expect alcohol to affect, without realizing that our beliefs effect our behavior. If people think that intoxication is a normal part of drinking they will probably drink until they are intoxicated. Also if people expect that alcohol leads to aggression they will most likely act aggressively due to the fact that they think that it is all because of alcohol, when indeed studies show that most of the behavior in fact is learned. (Korhonen, 2004)

Friends, family, societies and cultures set the tone for alcohol use as well as for the expectations of effects about alcohol use and about ways of discouraging unacceptable use. Problems arise when heavy drinking and intoxication are considered in the society as acceptable behavior, which seems to be the problem trend of the 21st century. When drinking is encouraged people tend to drink more.

Some elderly people with certain characteristics and in certain environmental circumstances may be at greater risk of developing alcohol problems. For example:

- Elderly with certain mental disorders (e.g., anxiety, depression)
- Elderly people who have antisocial personalities (they are aggressive, do not follow the rules of society, do not take responsibility for what they do, do not relate well to other people, etc.)
- Elderly people associate themselves with people who drink heavily
- Elderly people with stressful life events such as isolation and violence

Research shows that frequent alcohol abuse occurs amongst people who are in economic disadvantage. It means that in situations of poverty and unemployment these people are more likely to turn to alcohol. The lack of resources and support makes the problem even worse. Alcohol is an easy escape from reality. (Korhonen, 2004)

5 ALCOHOL ABUSE IN ELDERLY PEOPLE

The elderly are soon going to become the biggest age group. Huge number of old people means a great deal of health problems. These include alcohol consumption, drinking patterns and the negative effects what comes with it. The number of elderly alcohol abusers may be underestimated because it is hard to detect a problem when it goes unnoticed; usually elderly drink home alone. Symptoms can be also confused with diseases that come with old age and aren’t treated in proper manor. (ICAP, Alcohol and the elderly, 2006)

5.1 Why do elderly abuse alcohol?

Most late-onset drinkers are affected by social isolation and physical health problems. They are affected by grief, loss, housing, marital and mental health problems. Many elderly people drink due to, loneliness, lack of social support and depression. Most alcohol abusers come from families that have a history of alcohol problems while others start abusing alcohol later in life due to social isolation and physical health problems as it has been mentioned above. (Smith, 2006)

During old age, elderly people usually look back at their life with a strong sense of life achievement, self-esteem and a good attitude. Many elderly people find happiness during this stage and achieve a sense of ego integrity which enables them to view their past history with a feeling of satisfaction. Successful aging means that one is able to cope with the loss of a spouse, significant relationships, retirement and reduced income; one is also able to cope with declining health and plan future living conditions.

On the other hand it’s important to remember that not all individuals age successfully, many elderly people who find themselves in this life situations look back at their life

history with regret and bitterness, they usually end up with a sense of despair and depression believing that it's too late to make any important changes in their lives. Many elderly people who find themselves in this situation find it hard to adjust to life changes like retirement, loss of spouse or love ones, depreciating health and physical changes. A lot of time this group of elderly people turns to alcohol as source of comfort and do not want to be in touch with reality. (Linsky, 1972)

Psychological, social and environmental events are some of the elements, which contribute to problematic drinking patterns in elderly individuals. Some elderly believe that by drinking alcohol they are able to cope better with their problems like grieving for the loss of a spouse, loss of employment and difficult health situations. This individuals use alcohol to cope with their problems and since the problems do not actually go away they end up being dependent on the alcohol. (Linsky, 1972)

Friends, family, societies and cultures contribute to alcohol use and abuse in that drinking and abuse of alcohol is openly accepted, some individuals are even given the heroism status due to their ability of drinking large volumes of alcohol, advertising of alcohol and selling of alcohol to minors is also another big problem that is allowed by the society only that this minors end up being addicted to alcohol and depend on for the rest of their life. (Korhonen, 2004)

According to researchers genetic and biological factors play a huge role in development of alcohol dependence and abuse. Evidence show that children born of parents how abuse alcohol or a family with a history of alcohol abuse, they may inherit the genes of alcohol dependence from their parents and so they tend to crave for alcohol which when they take they end up being dependent to it. (Korhonen, 2004)

Some researchers believe that some of the elderly people who have been abusing alcohol since they were young have a disease, which makes them dependent to alcohol. The disease theory states that those who have this innate disease cannot control their use

of alcohol. When they first drink, the underlying disease is activated. The disease then leads them to drink more and more until it destroys them physically, emotionally, and spiritually. There is no cure, but the effects of the disease can be stopped if the person stops drinking. (Niedermeyer, 1990)

Many of the elderly people who start to abuse alcohol during their old age due to one reason or another are called the late on-set drinkers, this type of alcohol abuse may go unrecognized for a long time but when recognized and diagnosed then they have a much greater chance of recovery. On the other hand the early onset alcoholics are those drinkers who have been drinking excessively for many years. As a result, they have more difficulty in recovering because of health complications from years of excessive alcohol abuse but treatment is also available for them. (Urell, 2011)

5.2 What are the Symptoms and signs of alcohol abuse?

There are many signs and symptoms related to drinking problems. As being a progressive disease, alcoholism causes more and more severe symptoms and signs over time. First they may show signs of a problem, then turning into abuse and finally alcoholism or alcohol dependence. (Smith, Robinson, and Segal, 2010)

There are two types of elderly drinkers. There are the “early-onset” drinkers who have been drinking for years and then there’s “late-onset” drinkers who begin abusing alcohol in later life. “Late-onset drinkers have never abused alcohol before but start abusing alcohol because of retirement, death of spouse, or because of health concerns.

Alcohol causes a higher absorption rate in the elderly, so the same amount for younger people can cause intoxication in the elderly. (Eade, 2008)

When the person gets to an alcohol dependence stage the person starts avoiding responsibilities and the whole world starts revolving around alcohol. Many symptoms of alcohol abuse, such as insomnia, depression, anxiety and loss of memory or other impairments, may be confused to being as simply conditions often seen among nonalcoholic older patients (Bienenfeld 1987). In older persons, symptoms such as these may be confused to dementia or other old age illnesses. (Smith, Robinson, and Segal, 2010)

Signs of alcohol abuse

Usually old people who show signs of alcoholism are in denial, but usually repeated falls show that they might have a drinking problem. Passing out, mood changes and health complications are the most commons signs of alcoholism in the elderly.

Some of the signs that may indicate an alcohol related problems in the elderly are:

- Memory trouble after having a drink
- Loss of coordination (walking unsteadily, frequent falls)
- Changes in sleeping habits
- Unexplained bruises
- Irritability, sadness, depression
- Unexplained chronic pain
- Changes in eating habits
- Wanting to stay alone most of the time
- Failing to bathe or keep clean
- Having trouble concentrating
- Difficulty staying in touch with family or friends
- Lack of interest in usual activities

The problem of alcohol abuse among elderly may be difficult to notice when the elderly usually lives alone. Family members and friends might be in denial of the problem as well and therefore don’t help to spot the problem. Considerations should be given to the problem if signs show continuous memory loss, depression, falls, malnutrition etc. (New York State Office of Alcoholism and Substance Abuse Services)

5.3 How can alcohol use and abuse be assessed in elderly?

It has been noticed that among elderly generation alcohol use, abuse and dependence have been identified as a problem, but the extent of it is yet unknown. Different studies show that elderly use alcohol to an extent but still problem drinking is an unrecognized problem among elderly. Studies estimate that the percentages of alcohol abuse and problem drinking for elderly lies between 2 to 20 percent. Assessing alcohol consumption among elderly is still a challenge for many professionals because of its difficult nature. (Menninger, 2002)

According to researchers the existing instruments for identifying and measuring alcohol abuse are inappropriate for use with elderly populations because of differences between the younger populations on which these measures were standardized and the elderly. Five domains are used in measuring alcohol abuse

- level of consumption
- alcohol related social and legal problems
- alcohol related health problems
- symptoms of drunkenness or dependence
- Self-recognition of the problem-and the extent to which these domains (as currently measured) apply to elderly populations are discussed. Some recommendations for developing instruments suitable for the elderly are made.

Most tools used for assessing problem drinking don’t suite for everyone. Screening elderly people’s problem drinking has been an unrecognized problem partly because of this since tools used for screening all generations may not be adequate for using them among elderly. (Beullens & Aertgeerts, 2004, Nemes et al., 2004)

To identify problem drinkers, those with an alcohol abuse problem or dependence, the use of formal, standardized screening measures is more appropriate. Three screening instruments commonly used with the elderly population are the CAGE questionnaire, the Michi-

gan Alcoholism Screening Test-Geriatric Version (MAST-G), and the Alcohol Use Disorders Identification Test (AUDIT).

The CAGE questionnaire

The CAGE questionnaire is normally used in primary care settings and is very specific in identifying alcohol-related problems, especially related to more severe AUDs. Two or more positive answers are considered to indicate alcohol abuse or dependence, and even one affirmative response should be followed up. Especially with elderly people it is important to follow up because of their sensitivity to the effects of alcohol. (Ross, 2005)

Check appendixes, appendix 1 page 68.

The MAST-G questionnaire

"The MAST-G was specifically designed for elderly people and is both highly sensitive and specific in detecting AUDs in this population across a variety of screening settings." (Ross, 2005)

Check appendixes, appendix 2 page 68.

The AUDIT questionnaire

"The AUDIT was developed by the World Health Organization to identify individuals whose alcohol use has become harmful or hazardous to their health. It can be used in multiple settings, including primary care and psychiatric clinics. It has 10 questions that can help identify risky or problem drinkers, or those with alcohol abuse or dependence.

The length of the AUDIT may limit its use as compared to the CAGE, but its first three items have been helpful in identifying risky drinkers". (Ross, 2005)

Check appendixes, appendix 3 page 70.

Factors which make it difficult to identify alcohol abuse

The identification of older problem drinkers is difficult because of many reasons.

Social environment changes: for example after retiring there are no expectations of staying sober during weekdays; because there is no one to answer to anymore about their drinking, the problem might go undetected and can develop into abuse.

Alcohol abuse is hard to detect because the signs of aging are very similar; depression, dizziness, dementia and loss of hunger. This makes alcohol abuse very hard to detect for anyone even the health professionals. For many elderly alcoholism is a shameful matter and live in denial that they don't have a problem. Admitting to having a problem is very hard. That is one of the reasons why the problem is so hard to detect. (Googins, 1984, Ondus, Hujer, Mann, & Mion, 1999, Stewart & Oslin, 2001).

5.4 What are the Effects of alcohol abuse?

A lot of people drink without having any harmful effects. Developing drinking problem on the other hand has to do with many different reasons. Genetics, social environment, emotional health and upraising all have to do with developing or not developing a drinking problem. People also who have a family history of alcoholism or are in close relations with someone who has a drinking problem are in more danger of developing a drinking problem. Also those who suffer from a mental problem such as depression or anxiety are at risk because they might turn to alcohol to self-medicate. (Sedgwick County Government)

Alcoholism affects all aspects of life, mentally and physically. It causes serious health complications such as brain damage, liver damage, heart problems, memory problems, stomach cancer, and loss of muscle strength. Mentally is causes depression, delirium, confusion, aggression and loss of interest in things, but it also affects one's finance situation, ability to sustain meaningful relationships, family, friends and the community they live in. (Smith, Robinson, and Segal, 2010)

Elderly people are more sensitive to the negative effects of alcohol because their bodies change physically. With age the total body water decreases and fat in their body's increases. This causes higher blood alcohol concentrations. (Adams & Cox, 1995)

Elderly people cannot tolerate as much alcohol as a young person so the same amount of alcohol can be fatal. Since the alcohol causes greater effects on an elderly person, coordination and memory can be affected and can lead to falls and confusion.

Ageing hides a lot of underlying problems that elderly have. These problems may be left unnoticed because they are seen only as signs of ageing. Many elderly who are taken to hospital because of dizziness, falls, or heart failures may have a severe alcohol problem that will never get noticed because they merely seem like old ageing.

Drinking can increase the risk for accidents at home for the elderly. Car accidents will grow because by the year 2015 the number of driver over 70 years old will be 400 000 or twice as much as now. According to Liikenneturva, the central organisation for Finnish traffic safety, over 300,000 Finns over the age of 70 have driving licences and men have a harder time giving up their driving rights than women. The combination of elderly drivers on the road and alcohol abuse results to car crashes and road accidents, because of a bad reaction time and impaired judgement. (Koskinen, Aromaa, Huttunen and Teperi, 2006)

Alcohol abuse with time causes cancers, liver damage and brain damage. Alcohol can also make heart diseases hard to detect and it can also make old people confused and forgetful, which can be mistaken as Alzheimer's disease. (Alcohol and the elderly, 2006)

Mixing of alcohol and medication

Alcohol abuse can be complicated by using prescribed drugs; the combination of alcohol and drugs usually results in adverse reactions for the elderly. Taking of alcohol with drugs can result in severe liver damage, it can reduce the intended effect of the prescribed drug, increase sensitivity to drugs for the elderly who drink alcohol regularly and also decrease the rate of drug metabolism exaggerating the intended action of the drug, e.g. benzodiazipines. Elderly alcohol abusers who mix antidepressants with alcohol may worsen the level of their depression while those who mix alcohol with drugs

which act on the nervous system actually decrease the rate of alcohol breakdown increasing the effects of alcohol. Some drugs like chlordiazepoxide (Librium) and diazepam (Valium) often last for several days in the elderly after being ingested and when mixed with alcohol they prolong their sedation effect increasing the risk of falls and fractures for the elderly. Those who mix benzodiazepine and alcohol may become confused and end up taking an overdose causing death. (New York State Office of Alcoholism and Substance Abuse Services)

The table below shows the type of drugs, their prescribed purpose and the drugs interaction with alcohol.

Alcohol-Drug Interactions

Drug	Prescribed Purpose	Interaction
Anesthetics (ex: Diprivan, Ethrane, Fluothane)	Administered prior to surgery to render a patient unconscious and insensitive to pain	- increased amount of drug required to induce loss of consciousness - increased risk of liver damage
Antibiotics	Used to treat infectious diseases	- reduced drug effectiveness - nausea/vomiting - headache - convulsions
Antidepressants (ex: Elavil)	Used to treat depression and other forms of mental illness	- increased sedative effects - may decrease effectiveness of antidepressant - potential for dangerous rise in blood pressure
Antidiabetic medications	Used to help lower blood sugar levels in diabetic individuals	- reduced drug effectiveness - nausea - headache
Antihistamines (ex: Benadryl)	Used to treat allergic symptoms and insomnia	- intensified sedation - excessive dizziness
Antipsychotic medications (ex: Thorazine)	Used to diminish psychotic symptoms such as delusions and hallucinations	- intensified sedation - impaired coordination - potentially fatal breathing difficulties
Antiseizure medications (ex: Dilantin)	Used to treat epilepsy	- decreased protection against seizures - increased risk of drug-related side effects
Antiulcer medications (ex: Tagamet, Zantac)	Used to treat ulcers and other gastrointestinal problems	- increased presence of drug ⇒increased risk of side affects
Cardiovascular medications (ex: nitroglycerin, Apresoline, Ismelin, Inderal)	Wide variety of medications used to treat ailments of the heart and circulatory system	- extreme dizziness or fainting - reduced drug effectiveness
Narcotic pain relievers (morphine, codeine, Darvon, Demerol)	Used to alleviate moderate to severe pain	- intensified sedation - increased possibility of a fatal overdose
Nonnarcotic pain relievers (aspirin, ibuprofen, acetaminophen	Used to alleviate mild to moderate pain	- increased risk of stomach bleeding - increased risk of the inhibition of blood

		clotting - increased effects of consumed alcohol *acetaminophen (Tylenol) taken during or after drinking may significantly increase one's risk of liver damage
Sedatives and hypnotics (Valium, Dalmane, Ativan, sleeping pills)	Used to alleviate anxiety and insomnia	- severe drowsiness - depressed cardiac and respiratory functions - increased risk of coma or fatality
Adapted from the National Institute on Alcohol Abuse and Alcoholism		

Table 2- Alcohol-Drug Interactions table

5.5 The treatment of alcohol problems in elderly people

When elderly people are diagnosed with alcohol problems or when the problem has been discovered and they stop using it then they start having a sever body reaction which is caused by the decreasing levels of the chemicals in the body. This reaction is called withdrawal reaction.

The process of withdrawal can cause major changes for the elderly alcohol abusers due to their frail body state; during a withdrawal process they may experience symptoms such as increased blood pressure, increased heart rate, nausea, diarrhoea, vomiting, dizziness and seizures. Alcohol withdrawal usually occurs between 6 and 8 hours and up to 48hours after lack of alcohol in the body system.

It is during this withdrawal phase that proper treatment of the patient should be planned and considered. Treatment or counselling of elderly alcohol abusers should be carefully based on individual needs and depending on the available treatment and services. According to Stephen Ross it is imperative to be empathic, respectful, and straightforward, with attention given to simple and clear communications geared toward the elderly patient's slower informational processing abilities. (Ross, 2005)

Pharmacological treatment

Pharmacological treatment involves the use of various medications to help the elderly alcohol abusers manage with the alcohol withdrawal process. Benzodiazepines are mainly used by many health professionals to manage the withdrawal process due to their short acting process and less side effects. Diazepam and chlordiazepoxide are also used during treatment and they are well known for providing a smoother withdrawal course, it's important to be careful with these drugs because they also pose a risk of excess sedation in the elderly. (Enoch and Goldman, 2002)

Careful use of antipsychotic medication can be used to treat hallucinations which occur as a side effect of the withdrawal process. Usually low doses of neuroleptics are used.

Naltrexone can be used to reduce cravings in the treatment of elderly alcohol abusers. This medication has been known to be very effective in alcohol treatment.

Brief intervention

According to (Fleming, Barry 1997) a brief intervention for alcohol problems is more effective than no intervention and is as effective as more extensive intervention. Brief intervention usually consist of two to three 10-15 minutes counselling sessions, which include motivation for change strategies, patient education, assessment and direct feedback, constructing and goal setting behaviour modification techniques and the use of self-help books. Brief intervention process has been known to be very effective with reducing alcohol consumption, binge drinking and reducing excessive drinking in elderly alcohol abusers. (Barry 1997)

According to Fleming Manwell brief interventions with elderly alcohol abusers provide unique challenges related to the high degree of shame encountered during the process but it has been demonstrated to be effective in reducing alcohol use in the elderly. (Manwell, 1999)

Miller and Sanchez (1993) summarized the most important elements of a belief intervention using the acronym frames as; Feedbacks, responsibility, advice menu of strategies, empathy and self-efficacy. (Miller and Sanchez, 1993)

Individual feedback should be based on results from the screening questions about the patients drinking habits. The reasons for abusing alcohol should also be established and the role alcohol plays in the patient's life. Physical, psychological, social functioning and abnormal laboratory test results should be reviewed.

The patient's responsibility is to reduce the level of alcohol intake and make significant changes towards recovery. Motivating behaviour change is very important, promoting self-independence, physical health, financial security and mental capacity.

Advice should be given on how to change and reduce the patients drinking pattern and eventually how to cope with life without alcohol.

A strategic menu on how to reduce drinking levels and sensible drinking limits should be made available, how to cope without alcohol and confronting the initial problems leading to alcoholism should be illustrated, may it be social isolation, boredom or negative family interaction. Developing social activities for the elderly is one way of keeping them away from alcohol or getting them requited with their hobbies and interests from earlier in life.

Empathy should be emphasized, in a warm, understanding and reflective manner which makes the patient comfortable and willing to open up and talk about their problems.

Self-efficacy is the reliance of one's own resources to bring about change and optimism. This should be encouraged so that the patients can make positive changes about their drinking habits and patterns.

An establishment of a sensible drinking agreement should be made in the form of a prescription, on-going follow-ups and support, the appropriate time of the intervention to the patient's willingness to change. (Menninger, 2002)

Alcoholics Anonymous (AA)

AA is one of the best and most effective methods to treat alcoholics. The program is based on principles of submission to a higher power, then asking of forgiveness for things that they have done wrong, and efforts to make amends for wrong doing. AA is mostly based on Christian beliefs and finding yourself again. "The main understanding is that most alcohol abusers loose in touch with themselves and reality. Since the AA is based on team interactions and support network, this makes the program very good that has helped millions of people who are alcohol dependant by trying to connect individuals back to reality."

"AA is based on twelve steps towards alcoholism recovery. The twelve steps are based in Christian concepts of sin and repentance. The reason as to why the program is most effective is because it is practical; it works to help sustain abstinence and to promote healing and recovery." (**Addictions: Alcohol and substance abuse, 2005)**

The 12 steps recovery program

1. To admit that one is powerless over alcohol—that their lives have become unmanageable.

2. To believe that there is a Power greater than them to restore them to sanity.

3. They should make a decision to turn their will and their lives over to the care of God as they understand Him.

4. They should make a searching and fearless moral inventory of themselves.

5. They ought to Admit to God, to themselves, and to other human being the exact nature of their wrongs.

6. Admit that they are entirely ready to have God remove all the defects of character.

7. Humbly ask God to remove their shortcomings.

8. They should make a list of all the people they had harmed, and became willing to make amends to them all.

9. To make a direct amend to such people wherever possible, accepting that doing so would injure them or others.

10. Continue to take personal inventory and when wrong to promptly admit it.

11. Sought through prayer and meditation to improve their conscious contact with God as they understand Him, praying only for knowledge of His will for them and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, they should try to reach and help other alcoholics, and to practice these principles in all their affairs.

The 12-step program has been helpful for many people who have struggled with alcohol problems, because studies have shown repeatedly that people who attend AA-meetings have an easier time while managing with alcohol problems.

A study showed that 38 % of people who transferred from open care to AA were still involved in a peer support group even after two years. 81 % of those still involved had been sober for the past six months, but those who didn't participate in AA- meetings only 26 % stayed sober.

Another study showed also similar results. Two thirds of people who participated in AA-meetings for at least six months had none or very little alcohol abuse while people who didn't participate in AA-meetings only one third had got rid of their alcohol problem.

The study showed that the longer the patient stays in AA the better he usually survives. It also showed that people who visited AA-meetings for at least two years drank and suffered less from alcohol's side effects and are more likely to stay sober.

Patients, who went to AA-meetings for only two months or so, were as likely to drink as those who didn't participate at all in the meetings. Patients who stopped going to the AA-meetings after their first year had more difficulty with drinking than actually those who didn't participate at all.

Study also showed that people, who had gone through all the steps up to the12th step where they were supposed to support other people, were more sober.

Another study made in the Veteran Affairs hospital showed that men who went to AA-meetings often in the first year gained new friends from AA. Having new friends and social support made them drink less.

Alcoholism is a chronic disease that demands long term care. AA is a good way to treat alcohol problems because it offers support and company in a way that no other drug can. (Näin toimii AA-kerho, 2008)

Motivation Enhancement Therapy

Another common treatment is the motivation enhancement therapy, wherein the focus is to give patient the motivation to stop drinking by showing patients how their lives would be better if they were alcohol-free. A qualified psychologist usually leads this type of treatment and the focus is on helping the patient find a reason to stop drinking by encouragement. This is very powerful because one of the main problems that alcoholics face is having enough and strong enough motivation to be sober. (National Institute on Alcohol Abuse and Alcoholism, 2000)

Cognitive Behaviour Therapy

The other common method of treatment is the cognitive-behaviour therapy, wherein patients are encouraged to modify their behaviour and how they perceive stresses so that they would be able to avoid instances where they would be tempted to drink alcohol. This type of therapy is focused on finding the root cause of the problem and dealing with it there. Since drinking is usually the result of some other problem, it can be very effective to deal with this cause as a way of stopping.

The high incidence of alcoholism among the elderly has prompted experts to formulate different treatment programs that can help in attaining long term sobriety. However, the success and the effectiveness of these new programs have not been fully determined and more studies need to be done to assess their long-term effects. Given this, employing proven modes of treatment would be the best route that alcoholics can take. With alcohol abuse intervention, treatment and support, many persons are able to remain sober and rebuild their lives. If you are concerned about the addiction of a loved one, doing nothing may be the worst thing to do. It's advisable that an alcoholic individual to con-

sider using a structured alcoholism intervention program with the experience and assistance of qualified professionals. (National Institute on Alcohol Abuse and Alcoholism, 2000)

5.6 Rehabilitation model

Recovery starts from a decision to stop drinking even though the idea of it might feel scary; with help and support it is possible to recover from the worst possible form of alcohol addiction. The First step is admitting that the problem does actually exist. Second step is getting help and support. Treatment doesn't have to happen in an institution, but in most cases professional help and support is needed. With the combination of help and determination it is possible to stop drinking for good.

Step 1. Commitment

Some people decide to stop drinking overnight, but for most the recovery process is gradual. Denial is one of the biggest obstacles to overcome in the beginning of the whole process. Even after admitting the problem, the denial doesn't go away immediately. Excuses are made to keep on abusing alcohol. If committing to working on the problem feels like it's too much, thinking about the benefits and costs of drinking might help.

Step 2. Setting goals and making a change

Once the decision to change is made, the next step is establishing clear drinking goals. The more specific, realistic, and clear the goals are the better. For example setting a date for quitting drinking is good. After setting some goals it is good to write down ideas on how to accomplish these goals and be successful on the road to recovery.

A part of making a change is good to get rid of all the alcohol and everything that's related to drinking. Bad influences also need to go such as people who don't support the recovery process towards sobriety. If there is indeed a problem of alcohol abuse, the safest way to stay sober is abstinence. Alcoholics cannot control their drinking so even if they try moderate drinking it might turn quickly into problem drinking again.

Step 3. Support and safety

Whatever treatment the alcohol abuser chooses, support is the key. Very rarely anyone makes it alone. Support is crucial when the person needs encouragement, comfort or advice. Family, friends, co-workers, councillors, other recovering alcoholics, nurses or anyone that is trustworthy can be used as support. If the symptoms of withdrawal get too much to handle, like shaking, nausea, headaches, and anxiety doctor should be advised.

Step 4. Finding new meaning to life

After alcohol being the biggest part of the recovering alcoholic's life for a long time, there becomes a need to occupy them with something. A new meaningful life without alcohol should be the new goal for every recovering alcoholic.

Taking care of oneself is very important. Eating right, getting enough sleep and exercising keep the recovering alcoholics well balanced and prevents from craving alcohol. Also building a good support group is important.

Fishing, volunteering for different tasks or finding a new job that has meaning and keeps motivated is the key; by doing these things it will keep life more fulfilled and balanced. New hobbies and tasks will also give meaning and self-appreciation into everyday life.

Continuing with the sobriety program is important. Seeing a support group or someone who can support sobriety is important. It is important not to forget that old alcoholics are always recovering alcoholics for the rest of their lives.

Step 5. Don't give up

Recovering from alcohol abuse is a long process that involves often some setbacks. Feelings of giving up are a part of the process but in case of thinking about relapsing it is important to remember to call a sponsor or someone who can give support immediately. (Smith, Saisan, and Segal, 2010)

6 METHODOLOGY

A literature review was conducted of published materials concerning alcohol abuse/dependence theories, research, evaluation studies, current best practices and recommendations. Information gathered included research-based books and articles, historical documents, government reports, publications, and information/discussion papers by reliable agencies and associations.

The study is based on qualitative research of social factors that affect the elderly. The literature review for the study is based on researched and published topics by accredited scholars and researchers. Literature on the factors affecting the elderly in terms of alcohol intake were searched and reviewed. In writing the literature review, the main purpose is to convey the idea that the study is based on established topic, and what their strengths and weaknesses are known. It is not just a descriptive list of the material available, or a set of summaries.

Qualitative research method was used in data collection whereby the method permits the evaluator to study selected issues, cases, or events in depth and details; the fact that data collection is not constrained by pre-determined categories of analysis contributes to the depth and detail of qualitative data. (Patton, p.9, 1987)

When collecting data the use of content analysis was the basis on how the research articles were going to be conducted.
According to Patton's (1987 p.149) content analysis involves identifying coherent and important examples, themes and patterns in the data. The analyst looks for quotations or observations that go together, that are the examples of the same underlying ideas, issues or concepts. Sometimes this involves pulling together all the data that address a particular subject matter, for example a subject matter might concern the effects of alcohol abuse on elderly. The author first pulls together all the data related to this issue and then subdivides that data into coherent categories, patterns and themes.

During this study, published studies related to alcohol abuse were targeted. Due to the fact that the study is based on elderly people the age targeted was people over the age of 65years.
A systematic search of electronic database EBSCO, GOOGLE host was conducted using the following subject terms or keywords, of alcohol abuse* alcohol dependence* alcoholism* elderly*

6.1 Problems encountered in the study

Finding eligible and up to date articles was difficult and took the authors a lot of time. Another hurdle was finding enough time for the authors to work together on the research due to personal lives and busy work schedules.

Initially this study was supposed to be based on interviews collected from service homes, home care personnel and personal experiences from elderly themselves, but due to the sensitive nature of the topic and the fact that alcoholism is still a hidden problem the authors were not able to use the methodology. It would have been interesting to hear from the elderly and the caregivers about their experiences and opinions on the subject.
The study is based on content analysis and qualitatively analyzing the published literature already undertaken over a period of time. This may not give the true picture since it's a social study and most of the studies already undertaken generalize the issue of alcoholism amongst the elderly and therefore there lacks adequate information of the research topic. Much of the past studies have been based on alcoholism amongst young adults.

6.2 Ethical consideration

Prior to writing the study the authors studied thoroughly and understood the Helsinki Declaration. The scientific published articles that were used as the basis for this study were reported in truth throughout the study.
The research process and study itself is conducted keeping in mind the maintenance of high standards of professional and academic conduct, adherence to ethical principles of justice, and of respect for people and their privacy and avoidance of harm to others, as well as respect for non-human subjects of research. Undertaking the research ensuring personal biases and opinions do not get in the way of our research and that fair considerations are given in all sides of research.

6.3 Sample process

At the beginning of the search a trial was made to find data about elderly and alcohol abuse. EBSCO database was used to find out the number of articles there was to use. The subject term Alcohol abuse* produced a total of 6288 hits. Limited to full text articles this yielded to 2915 hits. The authors were interested in recent articles and therefore restricted the search to the past ten years that was 2000 to 2010, which gave the authors 1997 hits. The authors restricted the search to subject term elderly to stand for older people who are above 65 years old and got a hit of 16 articles. From these 16 articles the authors were only interested in articles with a social perspective rather than a medical perspective. This finally cut the articles to two useful articles. From these articles the authors used 6 articles.

The authors used Google search engine with the subject term words of alcohol abuse* alcohol dependence*alcoholism* elderly* and got a hit of 677 000. The authors limited the search Google scholar from the years 2000 to 2010 and got a hit of 17 400 articles. The articles were restricted to full text with a social perspective based in Europe. From these articles the authors got 30 articles of which 14 were selected.

In total the authors ended up using 21 articles which they got during the search, the articles are described in the table below; the table also shows where the articles have been used in the work.

6.4 Article List

Where used	Name of article	Author	Year of publication	Content of the article
Background	Alcohol and the elderly	Institute of Alcohol Studies	2010	The article talks about the size of the problem, benefits of alcohol consumption, the different types of elderly drinkers, reasons and consequences for drinking
Background	Alcoholism in Older Persons: A Review of the Literature	Joseph G. Liberto, David W.Oslin, Paul E.Ruskin	1992	The article compares the consumption of alcohol in different stages in life. Between men and woman and between late-onset drinkers and early-onset drinkers

Background	Alcohol in Finland in the early 2000s: consumption, harm and policy	Thomas Karlsson	2009	The article talks about Finland's alcohol consumption and drinking habits and harmful effects of alcohol
Background	Health in Finland	Heli Mustonen, Jussi Simpura	2006 p. 42-43	The article talks about changing the alcohol consumption in Finland in relation to health problems
Background	Alcohol Issues in Finland after Accession to the EU, Consumtion, Harm and Policy Framework 1990-2005	Ministry of Social Affairs and health	2006	The article is about alcohol consumption and adverse effects of alcohol in Finland

Theories	Theories of Behaviour and the Social Control of Alcoholism	A.S Linsky	1972	This article is based on the research of etiological theories of alcoholism with the method of treatment or control advocated. A community survey of attitudes and benefits on alcohol and alcoholism was done. Content analysis of articles written on alcoholism during the

				20th century was also done.
Theories	Critical Steps to Developing a Unified Theory of Alcohol use in Latin America	Caleb Holtzer	1998 p. 8-14	This article looks at different theories of alcoholism in details such as socio-cultural theories and psychological theories.
Theories	The Disease Model of Alcoholism Revisited: Why people drink	Daryle Niedermeyer	1990	This article critically looks at the disease model of alcoholism exploring new theoretical perspectives like genetic, cultural and unalterable predisposing factors
Content Analysis **(Effects)**	Health Risks and Benefits of Alcohol Consumption	Unknown	Vol. 24, No. 1, 2000	The article talks about consequences of alcohol consumption to those who drink and to those who live around them
Content Analysis **(Effects)**	Aging, Drugs and Alcohol	James T. Mcdonough		This article describes how ageing affects drug- and alcohol intake among the elderly.
Content Analysis **(Effects)**	Alcohol Use Disorders in the Elderly	Stephen Ross	2005	The article talks about various reasons why elderly develop alcohol use disorders.

Content Analysis (Effects)	Alcohol use and problems among older women and men: A review	Salme Ahlström	2008	This article describes the elderly people's drinking patterns, vulnerability to the effects of alcohol and benefits associated with alcohol.
Content Analysis (Effects)	Alcohol use disorders in elderly people: fact or fiction?	Karim Dar	2006 vol.12, p.173-181	The article talks about patterns of alcohol use, key factors associated with heavy drinking, alcohol related health problems, sensible drinking, assessment and screening of alcohol problems among elderly and treatment available.
Content Analysis (Effects)	Alcohol use disorders in elderly people-redefining an age old problem in old age	Henry O'Connell, Ai-Vyrn Chin, Conal Cunningham, Brian Lawlor	2003	This article talks about alcohol use disorders among the elderly which are under detected and misdiagnosed due to various reasons, the use of abstinence medications in elderly people, Alcohol treatment for elderly people, Recommended limits for intake, Screening instruments, and diagnostic criteria for elderly people
Content Analysis (Why elderly people drink)	Alcoholism in the Elderly	Sally K. Rigler	2000	The author of this article looks at the extent of alcohol abuse among the elderly and defines alcohol related

				problems, identification of alcohol problems among elderly, clinical management and treatment options for the elderly.
Content Analysis (Assessment)	Assessment and treatment of alcoholism and substance-related disorders in the elderly	John A. Menninger	2002	The article talks about the prevalence of alcohol problems among the elderly, diagnostic issues, risk factors, assessment and barriers to identification, screening instruments and treatment of alcohol withdrawal.
Content Analysis (Assessment)	Integrated assessment of older adults who misuse alcohol	Wallace C et al	2010	This article talks about how to integrate assessment into care for elderly who abuse alcohol and how to improve services for older adults.
Content Analysis (Assessment)	Hazardous and harmful drinking: a comparison of the AUDIT and CAGE screening questionnaires	M.T McCusker, J. Basuille, M. Khwaja, I.M Murray-Lyon, J. Katalan	2002	The idea of this study was to compare the AUDIT and CAGE questionnaires and see how they work in comparison to each other. AUDIT got better results in finding problem drinkers.
Content Analysis (Treatment)	Alcohol and other substance use withdrawal	Best Practises	2004	This article describes what withdrawal symptoms are and how they should be treated.

Content Analysis (Treatment)	Care or treatment – home care services for older people with alcohol misuse.	Evy Gunnarsson	2010	This article talks about the difficulty of assessing drinking problems and about getting treatment for those who need it.
Content Analysis (Treatment)	New Advances in Alcohol Treatment	National Institute on Alcohol Abuse and Alcoholism	2000	This articles talks about various ways of treating alcohol problem such as couples therapy, 12-step program and brief interventions.
Content Analysis (Treatment)	Problem Drinking and Alcoholism: Diagnosis and Treatment	Mary-Anne Enoch	2002	The article talks about the etiology of alcoholism, comorbidity, symptoms and signs, screening instruments to identify problem drinking and alcoholism, and treatment.

6.5 Content analysis

Content analysis is a research technique for making replicable and valid inferences from text to the contexts of their use (Krippendorf, 2004)

Content analysis usually refers to analyzing text (interview, scripts, diaries, articles, journals, or documents) rather than observation-based field notes (Patton, 1990). More generally content analysis is used to refer to any qualitative data reduction and sense making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings (Patton, 1990). The meanings found through the content

analysis are often called patterns or themes. Alternatively the process of searching for patterns or themes may be distinguished, respectively as patter analysis or theme analysis. (Patton, 1990)

"With the qualitative content analysis the author wanted to describe procedures of systematic text analysis, which try to preserve the strengths of content analysis in communication science (theory reference, step models, category development, summarizing, context analysis, deductive category application) which are methodological controlled. Those procedures allow a connection to quantitative steps of analysis if it seems meaningful for the analyst." (Degree Thesis, Carare, 2000)

The author used three steps according to Kumar (1999):

- "Rules on analysis: The material is to be analyzed step by step, following rules of procedure, devising the material into content analytical units.
- Categories in the centre of analysis: The aspects of text interpretation, following the research questions, are putted into categories, which were carefully founded and revised within the process of analysis.
- Criteria of reliability and validity: The procedure has the pretension to be intersubjectively comprehensible, to compare the results with other."

(Degree Thesis, Carare, 2000)

6.5.1 Reasons for elderly people's alcohol abuse

Question 1. Why do elderly people abuse alcohol?

Researchers have not been able to identify a particular cause of alcoholism or alcohol abuse as per say but these problems can be attributed to many causes depending on an individual and the environment surrounding. Reasons for elderly people's alcohol abuse can be divided into three different categories: social losses, medical problems and personal losses. Causes of alcohol abuse in elderly have been sub-divided into categories and sub-categories as illustrated below.

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Causes of alcohol abuse in elderly people	Social losses	Loss of job, friends and loved ones, hobbies, reduced self-esteem, family conflicts, loss of social status

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Causes of alcohol abuse in elderly people	Medical problems	Physical disabilities, Chronic pain, insomnia, sensory deficits, reduced mobility, cognitive im-

		pairment

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Causes of alcohol abuse in elderly people	Personal losses	Impaired self-care, reduced coping skills, altered financial circumstances, dislocation from previous accommodation

Table 1: Reasons for elderly people's alcohol abuse

6.5.2 Symptoms and signs of alcohol abuse

Question 2. What are the symptoms and signs of alcohol abuse?

Symptoms and signs for elderly alcohol abusers can be difficult to recognize in that they are similar to signs of ageing. These symptoms and signs of alcohol abuse can be divided into six categories: biological symptoms, personal problems, emotional problems, social and self-withdrawal, acute symptom and chronic symptoms.

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Signs of alcohol abuse	Biological symptoms	Weight loss, loss of appetite, confusion, alcohol dementia

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Signs of alcohol abuse	Personal problems	Not attending to your personal duties, missing appointments, avoiding family duties, having financial problems, getting into fights with other people over alcohol, getting arrested for being intoxicated in public, lying about your drinking habits, being in denial of having a problem

MAIN CATEGORY CATEGORY SUBCATEGORY

Signs of alcohol abuse	Emotional problems	Feelings of sadness, loneliness, depression, uselessness, and confusion. Lack of a sense of accomplishment

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Signs of alcohol abuse	Social and self-withdrawal	Withdrawal from society, reduction in performance in activities of daily living

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Signs of alcohol abuse	Acute symptoms	Recurrent intoxication, amnesic episodes, nausea, sweating, tachycardia, tremor, fatigue, hallucinations

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Signs of alcohol abuse	Chronic symptoms	Mood swings, depression, anxiety, insomnia, diarrhea, bloating, memory loss

Table 2: Symptoms and signs of alcohol abuse

6.5.3 Effects of alcohol abuse

Question 3. What are the effects of alcohol abuse?

The effects of alcohol abuse are severe for the elderly due to their frail body state. These effects do not only affect the elderly individual who abuse alcohol but also their families, loved ones and the society they live in. The effects of alcohol abuse can be divided into three different categories; physical effects, social and psychological.

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Effects of alcohol abuse	Physical effects	Weight loss, loss of appetite, alcohol dementia, heart problems, stomach cancer, liver damage, pancreas infection, loss of muscle strength

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Effects of alcohol abuse	Social effects	Loosing close relationships, decrease in social skills

MAIN CATEGORY	CATEGORY	SUBCATEGORY
Effects of alcohol abuse	Psychological effects	Depression, delirium, con-

		fusion, aggression, loss of interest in things

Table 3: Effects of alcohol abuse

7 RESULTS

Why do elderly abuse alcohol?

Psychological, social and environmental events are some of the elements, which contribute to problematic drinking patterns in elderly individuals. Some elderly believe that by drinking alcohol they are able to cope better with their problems or at least forget. Loneliness, depression, loss of a spouse or lack of social support is the biggest reasons why elderly abuse alcohol. Also some elderly find it hard to cope with physical changes that come with age and this leads to excessive drinking and alcoholism. This group of elderly problematic drinkers is made up the late-onset drinkers who age successfully but somewhere in between, due to life related stresses they start abusing alcohol. For many this problem occurs with older age, which means that the problem may go unrecognized due to the fact that the symptoms are similar to those of aging.

Researchers also believe that alcohol abuse is caused by a disease that one is born with and when the individual tastes alcohol for the first time then the disease is triggered and they become dependent on alcohol. According to researchers people coming from families with a history of alcohol abuse are likely to inherit genes that would make them dependent on alcohol, this people usually have a craving for alcohol even though they may not have tasted alcohol yet. This group of elderly alcohol abusers is made up of the early-onset drinkers who start abusing alcohol at a very young age and continue with a destructive drinking pattern till old age.

What are the symptoms and signs of alcohol abuse?

The symptoms and effects become increasingly severe over time when alcohol is being used for a longer period of time. First you start to see early signs of a problem, then abuse, which maybe then lead to alcoholism or alcohol dependence.

Some of the symptoms are: frequent excessive drinking, interpersonal difficulties with family, friends and other people, continuous drinking even though the drinking reaches a level that causes recurrent problems.

At alcohol dependence stage the person neglects responsibilities, uses alcohol excessively, uses a lot of time planning alcohol-related activities, experiences withdrawal symptoms and tolerance of alcohol. Because many of the symptoms of alcohol abuse such as musculoskeletal pain, insomnia, loss of libido, depression, anxiety and loss of memory or other cognitive impairment are often seen as conditions of an elderly patient, it is hard to detect a drinking problem. Often amongst older patients these symptoms were confused with dementia or other age related illnesses rather than alcoholism.

First signs of alcoholism in elderly are falls, passing out, mood changes, confusion and self-neglect. Also irritability, depression, chronic pain, changes in eating habits and lack of interest in usual activities.

The effects of alcohol abuse

Every individual reacts differently to the effects of alcohol depending on the gender, age and social environment. The effects of alcohol abuse can be severe for the elderly due to their declining physical ability. Alcoholism affects all aspects of an individual's life, mentally and physically. It causes serious health complications such as brain damage, liver damage, heart problems, memory problems, stomach cancer, and loss of muscle strength. Mentally it causes depression, delirium, confusion, aggression and loss of interest in things, but it also affects one's finance situation, ability to sustain meaningful relationships, family, friends and the community they live in. Alcohol has also been known to play a big role in aggression, domestic and street violence and making people behave irresponsible.

When used moderately, alcohol can have some positive effects in that it can make a person liverier, eases tension, relieve pain and makes one relax. According to research the moderate use of alcohol can protect an individual from cardiovascular diseases. Moderate use of alcohol has been known to have positive effects socially, in terms of socialization, providing employment in production plants, catering and retailing of products.

Alcohol is better known as a social lubricant due to its acceptance by the society during social affairs.

How can alcohol use and abuse be assessed in elderly?

Many scales used to diagnose alcohol abuse measure the prevalence of social, legal, and job-related problems. However, such scales were often validated with younger patients and may be inappropriate for the elderly, who are likely to be more socially isolated, no longer driving, retired and, therefore, not subject to many social, legal, and job related consequences of drinking.

Self-reports of consumption may not be accurate because of memory problems, difficulties in mental averaging, and higher levels of denial of unfavourable characteristics among older persons. In addition, the traditional cut off points used to define heavier drinking may be inappropriate for older persons because of increased sensitivity to alcohol.

While there may be an increase in drinking among the elderly overall, there appears to be a hidden alcohol problem in this group. Why do alcohol problems among the elderly elude identification? According to Bienenfeld (1987), most elderly drinkers come to medical attention for treatment of problems apparently not related to alcohol. It has been suggested (Graham, 1986) that many criteria used in screening and diagnosis of alcohol abuse and alcoholism are inappropriate for elderly, leading to underestimates of the scope of the problem.

To identify elderly problem drinkers, those with an alcohol abuse problem or dependence, the use of formal, standardized screening measures is more appropriate. Three screening instruments commonly used with the elderly population are the CAGE questionnaire, the Michigan Alcoholism Screening Test-Geriatric Version (MAST-G ;), and the Alcohol Use Disorders Identification Test (AUDIT). Over time such structured questionnaires and programs that can aid in assessment of alcohol abuse in elderly have been developed and been tested to be successful and very effective.

How can alcohol abuse be treated?

The treatment and counseling of elderly alcohol abusers needs to be organized and tailored depending on the individual and the problems involved. It's very important for the healthcare professionals to get to the root of the problem or the main cause of the alcohol abuse in the individual otherwise the problem of alcohol abuse will not be solved completely. While treating the elderly it's important to be empathic, respectful and straightforward with attention given in simple and clear ways.

Pharmacological treatment involves the use of various medications to help the elderly alcohol abusers manage with the alcohol withdrawal process. Benzodiazepines, Diazepam and chlordiazepoxide are used to help ease the withdrawal process. Antipsychotic medication is used to treat hallucinations occurring as a side effect of the withdrawal process. Naltrexone is used to reduce the cravings for alcohol during treatment.

The brief intervention process is a simple but very successful process, it usually consist of two to three 10-15 minutes counseling sessions, which include motivation for change strategies, patient education, assessment and direct feedback, constructing and goal setting behavior modification techniques and the use of self-help books. Brief intervention process has been known to be very effective with reducing alcohol consumption, binge drinking and reducing excessive drinking in elderly alcohol abusers.
Alcoholics Anonymous (AA) is one of the best and most effective methods to treat alcoholics. The program is based on principles of Christian beliefs. It's also based on a twelve steps program towards alcoholism recovery. The twelve steps are based in Christian concepts of sin and repentance. The reason as to why the program is most effective is because it is practical; it works to help sustain abstinence and to promote healing and recovery. Most elderly people are known to be religious and so this program is known to be very helpful for them.

Motivation enhancement therapy form of treatment is where the focus is to give the patient the motivation to stop drinking by showing patients how their lives would be better if they were alcohol-free. This basically involves motivating the elderly to change their drinking patterns and live a better alcohol free life.

The cognitive-behavior therapy form of treatment on the other hand, encourages patients to modify their behavior and how they perceive stresses so that can be able to avoid instances where they would be tempted to drink alcohol. This type of therapy is focused on finding the root cause of the problem and dealing with it there. Since drinking is usually the result of some other problem, it can be very effective to deal with this cause as a way of stopping alcohol abuse.

8 DISCUSSION, CONCLUSION AND SUGGESTIONS

The number of people over 65 is bigger than ever and the number is still rising. Gerontology has become a great area of interest since the number of elderly has risen dramatically. At the present the idea of gerontology is not to increase the life-span but to increase the wellbeing and the quality of life for the elderly. As elderly become older most of them experience loss, isolation and health problems, for some these new challenges are too much to handle and they turn to alcohol. Even though the problem of alcoholism amongst elderly has existed for a long time, just recently the problem of alcoholism and drug abuse has been recognized as a problem.
As Finland's population gets older the problem gets bigger since there are a lot of elderly over 65. Deaths related to alcohol have risen and the diseases related to alcohol are growing in fast rate due to the high alcohol consumption rate. Every year about a thousand people die of alcohol related liver diseases and some die of stomach cancer.

"The Finnish Centre of Health Promotion says that not nearly enough is being done to get help to those with the most serious alcoholism problems. In its annual report on alcohol abuse, it cites that the unavailability of detoxification and recovery programs as one critical problem." The distances in Finland are long so for some it's hard to get help. In other cases the long waiting list causes problems. Even though the number of people in need of intensive care has risen there are no treatment places available since the lack of funds from the government. Especially elderly would need long-term intensive care.
Even though the government doesn't have funds to help all those who are in the worst condition some programs are working well for others who are not in such bad condition. Some researchers and municipal also believe that raising the alcohol price would help to reduce alcoholism.
"Alcoholism's impact on health and social services is clear. Alcohol-related accidents as well as physical and mental illnesses have increased in recent years, and are expected to continue to rise." Research also says that alcohol consumption among people over 50 year olds has increased by 25 % in last 10 years. Consumption of all spirits and wines has increased. Research also shows that people with a lower education level tend to drink more than those who have a higher education level.

Conclusion

This general study concerning alcohol consumption by the elderly shows the extent of the problem and the current situation of elderly people who abuse alcohol, why they abuse alcohol, the symptoms and signs of alcohol abuse, effects of alcohol abuse on elderly alcohol abusers, how to assess alcohol use and abuse among the elderly and the treatment options available for the elderly alcohol abusers.

Over the years alcohol consumption among the elderly has increased considerately at an alarming late. In Finland the ministry of social affairs and health is trying to bring this situation in the open by reporting that the number of men aged 65-84 who use alcohol has increased from 68 percent in 1993 to 77 percent in 2007 with the corresponding figures for women being from 37 to 54 percent. In a country like Finland where the elderly make up a large number of the population and the remaining population turning grey everyday then this situation can only foretell a catastrophe for the health care system. The effects of alcohol are not only felt by the elderly who abuse alcohol but also by their family member, their loved ones, friends, and the society they live in and finally when the health care professionals are involved the whole situation affects the economy of the country. The number of injuries and deaths caused by alcohol directly or indirectly for example accidents caused by drivers driving under the influence of alcohol in Finland is also a great concern to the ministry of social affairs and health.

According to the literature review it would be correct to state that elderly alcohol; abusers can be divided into two groups, although more studies and research need to be done in the classification of elderly alcohol drinkers these groups have been proven to exist, the groups include the Early-onset drinkers and the late-onset drinkers.

The early-onset drinkers are those who started drinking alcohol during their teens or from their 20s or 30s, of the two groups the early –onset drinkers are the biggest in numbers, they usually tend to have a destructive drinking pattern as they age. Due to the fact

that they start abusing alcohol at a young age their body becomes used to alcohol as they age and they need to drink more and more alcohol to get drunk. At old age this group tends to have severe medical complications due to the heavy drinking pattern. The main cause for alcohol abuse in this group is psychiatric problems and major effective and thoughts disorders. The disease theory state that some people are just born with the alcohol disease and so they end up abusing alcohol like most people in this group, some of the elderly in this group come from families with a long history of alcohol abuse and so the genes are believed to have been passed from generation to generation

The late-onset drinkers group is made up of a small group of elderly people who abuse alcohol. This group is usually made up of elderly who have aged successfully but due to age related stress at a certain point of their lives they start to abuse alcohol. The alcohol problem in this group is usually prompted by loss of employment, a spouse or loved one, loneliness, traumatic experiences, illness or disability.

Despite the differences in this group it important to keep in mind that treatment is available and they can both benefit from it.

It's difficult to identify the signs and symptoms of an elderly abusing alcohol especially if they are in denial and they do not want to be identified as alcohol abusers or alcoholics. In most cases the discovery that alcohol is being abused is usually made when a problem arises or when it's too late for any appropriate action to be taken like when an individual dies due to alcohol abuse. Some of the signs that may indicate an alcohol related problem in the elderly are: biological symptoms which include; weight loss, loss of appetite, confusion and alcohol dementia. Personal problems which include; not attending to your personal duties, missing appointments, avoiding family duties, having financial problems, getting into fights with other people over alcohol, getting arrested for being intoxicated in public, lying about your drinking habits and being in denial of having a problem. Emotional problems like feelings of sadness, loneliness, depression, uselessness, confusion and lack of a sense of accomplishment. Social and self-withdrawal, withdrawal from society, reduction in performance in activities of daily living, acute symptoms like recurrent intoxication, amnesic episodes, nausea, sweating, tachycardia, tremor, fatigue and hallucinations.; chronic symptoms like mood swings, depression,

anxiety, insomnia, diarrhea, bloating and memory loss. It’s usually difficult to identify this signs when elderly live alone but with help from family members and healthcare professionals then it’s possible.

The assessment of alcohol use and abuse among the elderly is a problematic issue among the healthcare professionals, some studies have been done in this area but more research need to be done and researchers need to come up with easy to use and more appropriate screening tools for the elderly. At the moment there are three screening instruments commonly used with the elderly population they include the CAGE questionnaire, the Michigan Alcoholism Screening Test-Geriatric Version (MAST-G), and the Alcohol Use Disorders Identification Test (AUDIT). The identification of elderly alcohol abusers is made difficult due to, Social environment changes, the fact that Alcohol abuse is hard to detect in that most of the signs of aging are very similar and keeping in mind that alcoholism is viewed by the society as a shameful matter and so most of the elderly opt to live in denial that they don’t have a problem.

The effects of alcohol abuse can be classified as physical, social and psychological. Alcoholism affects all aspects of life, mentally and physically. It causes serious health complications such as brain damage, liver damage and memory problems but it also affects one’s finance situation, ability to sustain meaningful relationships, family, friends and the community the individuals live in. The most significant effect for elderly alcohol abuser is the physical changes in terms of their health. Physical effects can include; Weight loss, loss of appetite, alcohol dementia, heart problems, stomach cancer, liver damage, pancreas infection, loss of muscle strength. The Social effects include; Loosing close relationships, decrease in social skills. The Psychological effects includes; Depression, delirium, confusion, aggression, loss of interest in events and hobbies. Most of the physical effects of alcohol abuse are very similar to those of old age and so the problem of alcohol abuse stays unrecognized for many elderly people. Some positive effects of alcohol include; it can make a person liverier, eases tension, relieve pain and makes one relax; protect an individual from cardiovascular diseases, positive effects socially, in terms of socialization, providing employment in production plants, catering and retailing of products

The mixing of prescribed drugs with alcohol by the elderly is another issue that has sever effects on the health of the elderly and in most cases the intended reaction of the drug is never achieved and so advancing any disease the patient has. In serious cases the mixing of drugs and alcohol has been known to cause death.

Treatment of alcohol use disorders among the elderly can be divided into the physical, medical and the psychological treatments. The use of medications to promote abstinence is extensively being used with varying effectiveness. Psychological treatments that include education, counselling, and motivation are encouraged since a large percentage of the problem is caused by social factors. It has been implied that older people may derive more benefit from such treatments.

Considering drinking problem as a factor when treating an elderly patient for falls, appetite and memory problems among other problems are the first step towards treatment. Interactions between alcohol and prescribed drugs should be carefully examined. Studies have shown that the elderly have high success rate of completing treatment and remaining sobriety. The problem is getting the older person into treatment. It's also important that the close member of the family receive counselling on how to deal with issues concerning person's alcoholism.

Usually the problem of alcoholism is in fact that it is seldom identified, diagnosed or treated. In most cases alcoholism is rarely the diagnosis and that is why the elderly won't get the right treatment. Elderly people are also usually on heavy medications for many physiological conditions caused by aging. Alcohol can create bad affects when combined with most medications. Mixing alcohol with some medications can even cause death.

Suggestions

New prevention programs for elderly should be developed and get health care centers and other organizations involved in preventing alcoholism amongst elderly. Informational brochure could be made and distributed in health care centers and places where elderly people spend time. The idea of this is to inform and educate other people, elderly and their relatives about alcohol abuse and alcoholism and how it can be treated.

A more careful follow up program would be good with regular health checkups. These checkups would also include information about alcoholism, so that the elderly can under-

stand better what they are going through. Government should be committed in improving the situation of elderly alcoholics and the prevention and health care in the future.
More attention should be put into drug and alcohol abuse and to what effects they have if used together. Labels in medicine bottles should be printed in bigger letters for elderly to read and doctors should also be more careful with describing drugs to elderly who might have a drinking problem. To find out if they have a problem or not, a screening test should be made for every elderly who is coming to see a doctor to prevent alcohol and prescription drugs mixing together. Doctors are encouraged to do this because even elderly people can be successfully treated.
Awareness of the problem of alcohol abuse in the elderly population must be increased through education of both professionals and the public in general.

9 APPENDIXES

9.1 Appendix 1: CAGE-Questionnaire

The CAGE questions are as follows:

1. Have you ever felt you ought to **cut** down on your drinking?
2. Have people **annoyed** you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning (**E**ye opener) to steady your nerves or get rid of a hangover?

9.2 Appendix 2: Mast-G

The **mast-g** questions are as follows:

Question	**Yes or No**	**Points**
Do you enjoy a drink now and then?		1 for Yes
Do you feel you are a normal drinker (drink less than or as much as others)?		2 for No
Have you ever awakened in the morning after some drinking the night before and found that you could not remember a part of the evening?		2 for Yes
Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?		1 for Yes

Can you stop drinking without a struggle after one or two drinks?		2 for No
Do you ever feel guilty about your drinking?		1 for Yes
Do friends or relatives think you are a normal drinker?		2 for No
Are you able to stop drinking when you want to?		2 for No
Have you ever attended a meeting of Alcoholics Anonymous (AA)?		5 for Yes
Have you ever gotten into physical fights when drinking?		1 for Yes
Has your drinking ever created problem between you and your wife, husband, a parent, or other relative?		2 for Yes
Has your wife or husband (or other family members) ever gone to anyone for help about your drinking?		2 for Yes
Have you ever lost friends because of drinking?		2 for Yes
Have you gotten into trouble at work or school because of drinking?		2 for Yes
Have you ever lost a job because of drinking?		2 for Yes
Have you ever neglected your obligations, your family, or your work for two or more days in a row because of drinking?		2 for Yes
Do you drink before noon fairly often?		1 for Yes
Have you ever been told you have liver trouble? Cirrhosis?		2 for Yes
After heavy drinking, have you ever had delirium tremens (DTs) or severe shaking, or heard voices or seen things that weren't really there?		2 for Yes (5 for DTs)
Have you ever gone to anyone for help about your drinking?		5 for Yes
Have you ever been in a hospital because of drinking?		2 for Yes
Have you ever been a patient in a psychiatric hospital or on a psy-chiatric ward of a general hospital where drinking was a part of the		2 for Yes

problem that resulted in hospitalization?		
Have you ever been at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problems, where drinking was part of the problem?		2 for Yes
Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (If "yes," how many times?)		2 for each arrest
Have you ever been arrested or taken into custody for a few hours because of other drunken behavior?		2 for each arrest
Total points		

9.3 Appendix 3: AUDIT

Alcohol Use Disorders Identification Test (AUDIT)

Please circle the answer that is correct for you.

1. **How often do you have a drink containing alcohol?**

   Never monthly or less 2–4 times per month 2–3 times per week 4 or more times per week

2. **How many drinks containing alcohol do you have on a typical day when you are drinking?**

   1 or 2 3 or 4 5 or 6 7, 8 or 9 10 or more

3. **How often do you have six or more drinks on one occasion?**

   Never Less than monthly Monthly Weekly Daily or almost daily

4. **How often during the last year have you found that you were not able to stop drinking once you had started?**

   Never Less than monthly Monthly Weekly Daily or almost daily

5. **How often during the last year have you failed to do what was normally expected from you because of drinking?**

   Never Less than monthly Monthly Weekly Daily or almost daily

6. **How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

   Never Less than monthly Monthly Weekly Daily or almost daily

7. **How often during the last year have you had a feeling of guilt or remorse after drinking?**

   Never Less than monthly Monthly Weekly Daily or almost daily

8. **How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

   Never Less than monthly Monthly Weekly Daily or almost daily

9. **Have you or someone else been injured as a result of your drinking?**

   No Yes, but not in the last year Yes, during the last year

10. **Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

    No Yes, but not in the last year Yes, during the last year

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