



FAMILY

Aging and Alcohol Abuse

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Quick Facts...

As many as 3 million people 60 and over have a problem with alcohol. Nearly two-thirds of this group are early-onset alcoholics, having developed problems before age 50; one-third are late-onset.

Widowers over 75 have the highest rate of alcoholism in the country.

In 1991, an estimated 70 percent of hospital admissions of older people were for alcohol-related problems.

Physicians miss a diagnosis of alcoholism in the elderly up to one-third of the time.

Alcohol-related problems put more older Americans in the hospital than heart attacks.

A Hidden and Neglected Problem

Alcohol abuse among older adults is a more serious problem than many people realize. Alcohol abuse in later life often is hidden and, consequently, overlooked. For example, many older adults drink in the privacy of their homes and are less likely to be disruptive in public or arrested for driving while intoxicated.

Further, even when family, friends and professionals recognize an alcohol problem exists, they are reluctant to confront an older person. This reluctance may be related to fear of making the older person angry, lack of knowledge about alcohol problems in later life, or the older person's denial of drinking behavior.

Physical Effects of Alcohol

Alcohol slows down brain activity. It impairs mental alertness, judgment, physical coordination and reaction time — increasing the risk of falls and accidents. Over time, heavy drinking can cause permanent damage to the brain and central nervous system, as well as to the liver, heart, kidneys and stomach. Alcohol can affect the body in unusual ways, making some medical problems difficult to diagnose. For example, the effect of alcohol on the cardiovascular system (the heart and blood vessels) includes masking pain that might otherwise serve as a warning sign of heart attack. Alcoholism also can produce symptoms similar to those of dementia: forgetfulness, reduced attention and confusion.

When Does Alcohol Become a Problem?

The answer to this perplexing question may vary considerably from person to person. Many professionals claim alcohol becomes a problem when it changes the older person from the way he or she used to be. Sometimes the family “feels” something is wrong. Perhaps neighbors notice changes

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A “yes” to any of the following questions may suggest alcohol is a problem for the older person.

Yes No

___ ___ *Is the person drinking a larger quantity than previously?*

___ ___ *Is the person drinking more often than previously?*

___ ___ *Is the person drinking at different times or places?*

___ ___ *Is the person drinking in the morning?*

___ ___ *Is the person increasingly drinking alone?*

___ ___ *Does the person organize activities around drinking?*

___ ___ *Does the person seem preoccupied with drinking?*

___ ___ *Does the person make excuses about drinking?*

___ ___ *Do you smell alcohol on the person's breath or in the room?*

___ ___ *Is the person secretive or protective of the alcohol supply?*

___ ___ *Does the person sneak drinks or make drinks stronger?*

___ ___ *Does the person drink despite health problems?*

___ ___ *Does the person become visibly intoxicated?*

___ ___ *Does the person often regret or not remember things he or she said or did while drinking?*

___ ___ *Has the person switched what he or she drinks (for example, from liquor to beer or drinks vodka, which has less odor)?*

___ ___ *Is the person unwilling to talk about his or her drinking?*

___ ___ *Does the person make excuses to leave the house (to get liquor)?*

in the way the person behaves and bring these changes to the family’s attention.

Factors Contributing To Alcoholism

Each older person who develops an alcohol problem has a unique set of circumstances. It often is difficult to identify one event that led to the problem. However, excessive use of alcohol in later life often is triggered by changes in work status, family relationships and health. To the older person, these changes typically represent a loss that produces emotional and/or physical pain. People of all ages experience losses, but for older people, losses often are irretrievable and tend to “pile up.”

Retirement. Many people welcome retirement but for some individuals, work has been a primary source of identity. Work has given life purpose, structure and meaning. For people who have not developed other interests and relationships, retirement can usher in many losses: routine, co-workers, activity, income and feelings of productivity. Some older people drink in reaction to the loss of self-worth, responsibility and income following retirement. Others can’t adjust to the lack of structured activity and drink out of boredom. Still others may find themselves in new leisure situations where “social” drinking is expected.

Loss of relationships. Children leave home, a spouse dies, friends move away or die — the circle of relationships grows smaller. Physical problems may limit mobility. Soon, the sense of isolation and loneliness may become unbearable. Unlike younger people, who often begin drinking to be with friends, the older person drinks because they feel alone. Alcohol may become “the only friend.” People often are devastated by the loss of a spouse and sometimes turn to alcohol to block the pain of their bereavement. Widowers appear to be most vulnerable.

Poor health. Loss of physical health can be very stressful, limit mobility and lead to a negative self-image for some older adults. Alcohol may be used to block the emotional pain caused by the loss of physical capabilities. Other older people experience serious and chronic pain and sometimes use alcohol as a sedative to lessen the physical pain.

Detecting Whether an Alcohol Problem Exists

Signs of an alcohol problem may show up as changes in drinking patterns, behavior or physical condition. Because physical and behavioral changes can have multiple causes, a thorough health assessment is essential.

Yes No

- ___ ___ *Neglects personal appearance.*
- ___ ___ *Neglects home, bills, pets.*
- ___ ___ *Cigarette burns on clothing, furniture or self.*
- ___ ___ *Excessive use of perfume, mouthwash, breath spray or breath mints.*
- ___ ___ *Erratic sleep patterns.*
- ___ ___ *Increased irritability, anxiety.*
- ___ ___ *Unreasonable resentments.*
- ___ ___ *Appears depressed.*
- ___ ___ *Loses interest in activities and people.*
- ___ ___ *Neglects eating.*
- ___ ___ *Withdraws, stays home.*
- ___ ___ *Calls at odd hours.*
- ___ ___ *Memory loss and confusion.*
- ___ ___ *Frequent, unusual or neglected injuries.*
- ___ ___ *Bruises, especially on arms and legs and at furniture height.*
- ___ ___ *Financial difficulties.*
- ___ ___ *Slowed thought processes.*
- ___ ___ *Withdraws from social relationships.*
- ___ ___ *Suicidal thoughts or attempts.*
- ___ ___ *Falls asleep during conversation.*
- ___ ___ *Frequent falls.*
- ___ ___ *Does not answer telephone or door, neglects mail/newspaper.*
- ___ ___ *Frequent car accidents or erratic driving.*
- ___ ___ *Personality changes.*
- ___ ___ *Nesting in front of TV with a bottle nearby.*

Recognize alcoholism as a “family illness.” Alcoholism often is called a “family disease” because it affects the entire family. It can be as damaging to the family as it is to the alcoholic.

Members of a family depend upon one another for mutual love, care, support and respect. An older person with an alcohol problem who exhibits forgetfulness, irritability or increased physical problems — any of the behavioral or physical changes resulting from abuse of alcohol — will disturb the normal, healthy emotional relationships within a family. A person who neglects home or self will usually neglect relationships.

Seek professional help. This is critical to ensure your behavior will encourage recovery and not contribute to the problem. Talk with medical practitioners, alcoholism counselors and treatment center staff, especially those familiar with older alcoholics.

Check your local library, community alcohol center, mental health clinic or senior services agency for literature on alcoholism. Read and learn as much as you can about the disease and treatment so you will understand how important you are to your loved one’s recovery.

Attend support groups. Al-Anon (for relatives and friends of alcoholics) or Adult Children of Alcoholics can be a valuable source of educational information and emotional support. They can help you understand and better deal with problems related to a person’s drinking.

Alcoholics Anonymous has open meetings that can be attended by the general public. (Closed meetings are limited to AA members.) Many communities also have programs designed specifically for women, “Women for Sobriety.” Check your local telephone book for addresses and telephone numbers. Also check the “community calendar” sections of local newspapers for notices of meetings.

Acknowledge and confront feelings and fears. Alcoholism triggers strong feelings in people. Helping an older person who has a drinking problem means being honest with yourself and with him or her. How you feel will determine how you interact with the older person and how helpful you can be.

Confronting myths about alcohol problems may help you clarify your feelings and fears. Misconceptions about alcohol can be destructive and prevent getting help for the person who has the problem with drinking — and help for yourself.

Take action. The right time to do something is when you suspect alcohol is a problem. It may take time to confirm this, to convince other family members, and to convince the older

Check the physical changes you have observed.

Yes No

- Physical deterioration
- Slurred speech
- Weight gains or losses
- Tremors
- Skin changes (becomes sallow or flushed)
- Yellow or bloodshot eyes
- Fatigue
- Leg cramps
- Malnutrition
- Blurred vision
- Edema (swelling of the hands, ankles or feet)
- Blackouts (can't recall what happened while drinking)
- Chronic gastric problems (e.g. heartburn, indigestion, ulcers or diarrhea)
- Hypertension (especially if no previous history)
- Heart arrhythmia (irregular heartbeat)
- Sexual impotence
- Urinary incontinence

person that a problem exists and to accept treatment. But the sooner treatment starts, the sooner life can begin to improve.

It's not easy to approach a loved one about an alcohol problem. You likely will feel uncomfortable. You may fear the person will become angry and hostile and will reject you. It may help to know the person who gets help usually does not turn against the person who led him or her into treatment.

Explore treatment options. Treatment programs vary in their environment, methods and level of services. Treatment/recovery programs include long-term residential centers, short-term in-patient programs, out-patient programs and support groups. Programs are run by hospitals, including the Veterans' Administration, mental health clinics, private rehabilitation centers and self-help/support groups.

Long-term residential programs. The person is admitted to a specially designed program for 3 to 9 months or sometimes longer.

Short-term in-patient programs. The person is admitted to a hospital or clinic for 10 to 30 days.

Out-patient programs. The person lives at home but attends regularly scheduled activities, often daily.

Support groups. The person attends meetings with other people who have a similar problem for mutual education, information and support. Alcoholics Anonymous is the prime example of this approach. Unfortunately, few treatment programs deal specifically with older persons. More are being established, however, as professionals recognize how the physical, psychological and social needs of the older person may differ from younger drinkers.

Recognize the possibility of relapse. Sometimes relapses occur, even when a person is committed to recovery. A person may take a drink after being sober for several months, thinking he or she is cured or can now handle alcohol. Don't give up. More than ever the person will need support and encouragement. Condemning the person or feeling responsible for a relapse will not help.

Although it's discouraging to see a person return to drinking, such relapses are not necessarily repeated. They often serve as a valuable lesson and frequently help a person to accept that abstinence is necessary because of their powerlessness over alcohol.

Continued support. Continued support is essential and may be easy to provide if the older person is willing to enter a treatment program. You can attend group and family meetings and enjoy your new life as you all work together.

Resources

National Council on Alcoholism, 12 W. 21st St., 7th Floor, New York, NY 10010, 1-800-NCA-CALL.

National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852, 1-800-729-6686.

National Institute on Drug Abuse, Hotline: 1-800-662-HELP.

Al-Anon Family Groups, P.O. Box 862, Midtown Station, New York, NY 10018, 1-800-344-2666.

Look in the yellow pages under "Alcoholism Information and Treatment Centers" and in the white pages under "Alcoholism" in the section "Community Services" numbers.

Alcoholics Anonymous, Al-Anon, Al-Ateen, and Adult Children of Alcoholics, self-help support groups for people affected by alcohol, often list meeting times and places in the local newspaper.

Whenever drinking interferes with a person's daily life and relationships or creates difficulties within a family, there is a problem.

But if the person strongly denies a problem exists and resists seeking help or returns to previous drinking patterns, do not give up and do not ignore the problem. Support still is important. Continue to present facts in a caring, concerned way. Tell the person how you think the situation is affecting them and how it affects you. Let the person weigh the evidence.

Mixing Drugs

Mixing drugs — such as alcohol, tranquilizers, sleeping pills, pain killers and antihistamines — can be very dangerous. For example, aspirin in some people causes bleeding in the stomach and intestines. Alcohol also irritates the stomach and, when combined with aspirin, may increase the risk of bleeding. With advancing age, major changes occur in the body's ability to absorb and dispose of drugs and alcohol. Anyone who drinks, even moderately, should check with a doctor or pharmacist about possible drug interactions.

Drug/alcohol interactions can be prevented if you:

- always make sure you understand directions,
- ask the doctor to clarify anything confusing,
- ask your doctor or pharmacist if the prescribed drug will interact with alcohol,
- inform the doctor about all medications, including over-the-counter drugs you are taking,
- find out if you should avoid certain foods while taking the drug,
- use a single pharmacist,
- always store drugs in the original container,
- never change the dosage of a medication without checking with your doctor, and
- always read the label.

Ten Additional Things To Do

1. Don't regard this as a family disgrace. Recovery from an addiction can come about just as with other illnesses.
2. Don't nag, preach or lecture to the alcoholic. Chances are they already have told themselves everything you can tell them.
3. Guard against the "holier-than-thou" attitude.
4. Don't use the "if-you-love-me" appeal. Since the addict/alcoholic is compulsive and cannot be controlled by willpower, this approach only increases guilt. It is like saying, "If you love me, you will not have cancer."

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5. Avoid any threats, unless you think them through carefully and intend to carry them out.
6. Don't hide the alcohol or dispose of it. Usually, this only pushes the alcoholic into a state of desperation. In the end, they simply will find new ways of getting more liquor.
7. Don't let the alcoholic persuade you to drink with him or her on the grounds that it will encourage him or her use less. It rarely does.
8. Don't expect an immediate 100 percent recovery. In any illness, there is a period of convalescence. There may be relapses.
9. Don't try to protect the recovering person from drinking situations. It's one of the quickest ways to push one into relapse. He or she must learn to say no.
10. Don't do for the addict/alcoholic that which they can do for themselves. You cannot take the medicine for them. Don't remove the problem before the addict/alcoholic can face it, solve it or suffer the consequences.