

Alcohol Use Disorder – A Growing Concern for Seniors

April is **Alcohol Awareness Month**. Please take this opportunity to increase awareness with staff in understanding alcohol misuse and its causes. **Alcohol Use Disorder (AUD)** is defined as a spectrum of behaviors, including risky (excessive) alcohol use, alcohol abuse, or alcohol dependence. Alcohol misuse is often overlooked among elderly adults, with nearly 50 percent of nursing home residents experiencing alcohol-related problems. In fact, alcohol and drug problems among older adults are the fastest growing health problems facing the country. Alcohol consumption during your golden years can trigger both [short- and long-term side effects](#). As a person gets older, their ability to metabolize alcohol at a normal rate decreases. The longer that alcohol stays in a person's system, the more damage it can cause. Even the smallest amount of alcohol can have serious consequences. Awareness, understanding and response to this health care problem are inadequate. Qsource encourages you to work with staff to decrease the stigma and misunderstandings, eliminate the barriers for treatment, and create an environment that promotes seeking available help for those who suffer from these behaviors.

What Do You Need To Be Aware Of In AUD?

Diagnosis may be difficult because symptoms of alcohol misuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among the elderly, such as diabetes, dementia, and depression. However, there are certain aspects of aging that can be triggers and common signs of alcohol use disorder. Some of the triggers and common signs are in the tables below.

Triggers

Loneliness	Grief	Retirement	Loss of mobility
Boredom	Depression	Worry/Anxiety	Physical pain

Common Signs of Alcohol Use Disorder

Loss of coordination/Balance	Memory loss	Unexplained bruises	Lack of interest in activities, family
Wants to be alone more often	Lying about their drinking	Irritability, unexplained pain and depression	Changes in sleeping habits and hygiene

Why Should Staff Be Concerned?

As people age, the amount of water stored in their bodies falls, which means that there is less water to dilute the alcohol, and so **its effects on the elderly are more significant** than on the young. Another issue specific to alcohol dependence and the elderly is that as we age so our **tolerance to alcohol falls** (reverse tolerance), so less is required to experience the adverse effects of alcohol. AUD puts the elderly adult at risk for the following.

1. High blood pressure
2. Alcoholic liver disease, including alcoholic cirrhosis
3. A higher risk of cancer in the head, neck and throat
4. Dangerous interactions with prescription drugs
5. A decline in the functioning of the brain. Accelerating brain impairment, dementia and wet brain syndrome

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6. Osteoporosis
7. Increased risk of falls, particularly hip fractures, which might need surgery and all the associated risks

Screen Residents for Alcohol Use Disorder

It is important to screen patients for alcohol use disorder upon admission or when there is significant cognitive impairment or concerns around alcohol use. The Substance Abuse and Mental Health Services Administration website has tools and education resources for nursing homes staff.

- Screening, Brief Intervention and Referral to Treatment: an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs
- AUDIT-C: a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol use disorders (a modified version of the 10 question AUDIT instrument).

Reach Out to QSOURCE for Assistance

The elderly recovering from AUD will require **a lot of support**. The fact is, although alcohol abuse is harmful at any age, it is never more harmful than on the elderly. Qsource can provide **best practices** for care of the resident with AUD. Please visit www.atomalliance.org for great educational tools and resources. Scott Gibson is a Qsource Quality Improvement Advisor for Kentucky. Scott is an expert on quality improvement and offers education on a wide variety of topics, as well as alcohol use disorder screen and care of residents. Please contact Scott by email at scott.gibson@area-G.hcqis.org or by phone at 502-680-2669 to receive free technical assistance.



Also available are past articles on other health care related issues, such as Composite Scores, pain management, and behavioral health strategies! Connect with Scott for copies of previous articles on these topics and more!

More on atom Alliance

Formed as a partnership between three leading healthcare consultancies, atom Alliance is working under contract to CMS throughout Alabama, Indiana, **Kentucky**, Mississippi and Tennessee to improve quality and achieve better outcomes in health and healthcare and at lower costs for the patients and communities. Through atom Alliance, AQAF in Alabama, IQH in Mississippi and Qsource in Indiana, Kentucky and Tennessee are carrying out an exciting strategic plan, with programs in place to convene, teach and inform healthcare providers, engage and empower patients, and inspire, share knowledge and spread best practices with communities across the entire healthcare continuum. Learn more at www.atomAlliance.org.

As always, please encourage your residents and staff to protect themselves and obtain tetanus and pneumococcal vaccines, as appropriate!

References:

1. <https://www.aafp.org/afp/2000/0315/p1710.html>
2. <https://www.the-alcoholism-guide.org/alcoholism-and-the-elderly.html>
3. <http://www.nursinghomeabusecenter.org/news/substance-abuse-nursing-homes-real-threat/>