

Study finds high rates of at-risk drinking among elderly adults

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(PhysOrg.com) -- More than a third of drinkers over 60 consume amounts of alcohol that are excessive or that are potentially harmful in combination with certain diseases or medications.

A new study by researchers at the David Geffen School of Medicine at UCLA has found that more than a third of drinkers 60 years old and older consume amounts of alcohol that are excessive or that are potentially harmful in combination with certain diseases they may have or medications they may be taking.

Basing their research on data from 3,308 older patients accessing primary care clinics around Santa Barbara, Calif., the authors report that just as many individuals were at risk from [alcohol consumption](#) in combination with comorbidities or medication as from alcohol consumption alone.

The study, published in the [current online edition](#) of the [Journal of General Internal Medicine](#), also found that at-risk [drinking](#) was associated with being younger, white and less educated.

"Compared to the U.S. Census population over age 60, the sample studied was more likely to be white, married, well-educated and high-income," said lead study author Andrew Barnes, a researcher in the UCLA School of Public Health's department of health services.

"However, the adjusted associations of patient demographics with at-risk drinking found in our research should be more generalizable than the

descriptive data published previously."

At-risk drinking was assessed using the Comorbidity Alcohol Risk Evaluation Tool (CARET), which categorizes older adults as at risk if they display at least one of the following drinking behaviors: they consume more than two drinks on most days; they consume one to two drinks on most days and have certain comorbidities, such as gout, hepatitis or nausea; they consume one to two drinks on most days and take select medications, such as antidepressants or sedatives.

The specific findings include:

- 34.7 percent (1,147) of [older adults](#) were at risk due to drinking alone or to drinking in combination with comorbidities or medications, and 19.5 percent fell into multiple risk categories.
- Of those at risk, 56.1 percent fell into at least two risk categories, and 31 percent fell into all three.
- Participants who had not graduated from high school had 2.5 times the odds of at-risk drinking as those who had completed graduate school.
- Respondents with annual household incomes between \$80,000 and \$100,000 had 1.5 times the odds of being at-risk as those with incomes under \$30,000.
- Respondents who were 80 or older had half the odds of at-risk drinking as those between the ages of 60 and 64.
- Asians had less than half the odds of at-risk drinking as Caucasians.

Risk varied considerably, depending on patient characteristics. For example, a 62-year-old white male respondent who was married and had

an annual household income of \$90,000 was estimated to have a 57.1 percent adjusted probability of being an at-risk drinker, compared with an 8.1 percent adjusted probability for an 85-year-old Asian female patient who was widowed and had an annual income of \$35,000.

The study does have some limitations, the researchers noted. For instance, it relied on patients' self-reported drinking frequency and quantity, so some participants may have been misclassified. Also, the sample was more likely to be white, married, well-educated and higher income than the over-60 U.S. population as a whole.

"In summary, even among our relatively advantaged study patients, as many as one in three who continued to consume alcohol into older adulthood were at risk of harm from drinking," the researchers wrote. "Physicians may be less aware of other alcohol-related risk factors common among the elderly (e.g., interactions with select medications and comorbidities) than the risks associated with heavy drinking. Information suggesting which patients have the highest likelihood of at-risk drinking may assist physicians to better target patients for further screening and intervention."

The study was conducted through the Geffen School of Medicine's division of general internal medicine and health services research. Study co-authors are Alison A. Moore, Haiyong Xu, Alfonso Ang, Michelle Mirkin and Susan L. Ettner, all of UCLA, and Louise Tallen of the University of Southern California.

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Provided by University of California Los Angeles

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