

Intervention helps curb older adults' drinking but doesn't significantly lower drinking risks

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(PhysOrg.com) -- An intervention program aimed at curbing at-risk drinking among older adults succeeded in helping these individuals significantly reduce their overall alcohol consumption, according to a new UCLA study.

But while the multi-component intervention, which was administered through primary care settings, also helped participants reduce the risks their [drinking](#) posed when combined with medications, psychiatric or medical conditions, and other comorbidities common to older adults, the reduction was not much greater than that seen among other older adults who were provided with only general information on healthy behaviors.

At-risk drinking among older adults could potentially result in injury or even death.

Data from the study are published in the January issue of the journal *Addiction*.

"We have an [aging population](#) and more than half drink alcohol," said lead investigator Dr. Alison Moore, a professor of medicine in the division of geriatrics at the David Geffen School of Medicine at UCLA. "Older adults have additional risks compared with younger adults because of age-related physiological changes that increase the effect of a given dose of alcohol and because of the increase in medical and

[psychiatric conditions](#) and the use of medications that may interact negatively with alcohol.

"We wanted to test an intervention to reduce alcohol-related risks in primary care, where most older adults receive care," she said.

The findings were based on the Healthy Living as You Age study, a [randomized clinical trial](#) that tested a screening and multi-component intervention among older at-risk drinkers in primary care settings. The study included 631 adults aged 55 and older recruited between October 2004 and April 2007 from three primary care sites in Southern California.

Participants in the yearlong study were identified as being at-risk by the Comorbidity Alcohol Risk Evaluation Tool, which utilizes information on alcohol use, medications that can interact negatively with alcohol (such as those for ulcers, pain and sleeping) and medical and psychiatric conditions, and symptoms that could be caused or worsened by alcohol (such as hypertension, depression, abdominal pain and memory problems).

The study subjects were randomly assigned during a primary care office visit to either receive a booklet on general healthy behaviors for older adults, which including recommended drinking limits, or the intervention, which included a personalized report of their alcohol-related risks, a drinking diary to help them keep track of their consumption, a booklet on aging and drinking, and advice from a primary health care provider and telephone counseling from a health educator at two, four and eight weeks after the start of the study.

Participants in both groups consumed about 15 alcoholic drinks each week at the beginning of the study. All were identified as at-risk drinkers, and most were identified as at-risk for multiple reasons,

including drinking while taking medications (73 percent), symptoms (60 percent), medical or psychiatric conditions (50 percent) or simply their amount of drinking (47 percent).

At the three-month point, individuals in the intervention group had lowered their [alcohol consumption](#) to an average of nine drinks a week; those in the control arm had reduced their consumption to 11. These numbers remained roughly the same at the one-year point, a statistically significant difference between the groups.

At three months, only 40 percent of the intervention group and 61 percent of the control group were still at-risk drinkers, a statistically significant difference. At one year, however, the difference between the groups narrowed: 54 percent of the intervention arm was at-risk, compared with 60 percent of the control group, and the difference then was not statistically significant.

"One of the important messages here is that, for both groups, the amount of drinking declined by 30 to 40 percent and the proportions of those at-risk declined by 50 to 60 percent at three months and generally persisted at 12 months," Moore said. "Also older at-risk drinkers typically have multiple risks; most because of combined use of alcohol and medications or medical and psychiatric conditions. It may be that simply giving information on recommended drinking limits for [older adults](#) is enough to cause large reductions in at-risk drinking and amount of drinking."

The National Institute of [Alcohol](#) Abuse and Alcoholism, the National Institute on Aging, the National Institute of Mental Health, the John A. Hartford Foundation, and a Special Fellowship in Advanced Geriatrics from the Veterans Affairs Greater Los Angeles Healthcare System funded this study.

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