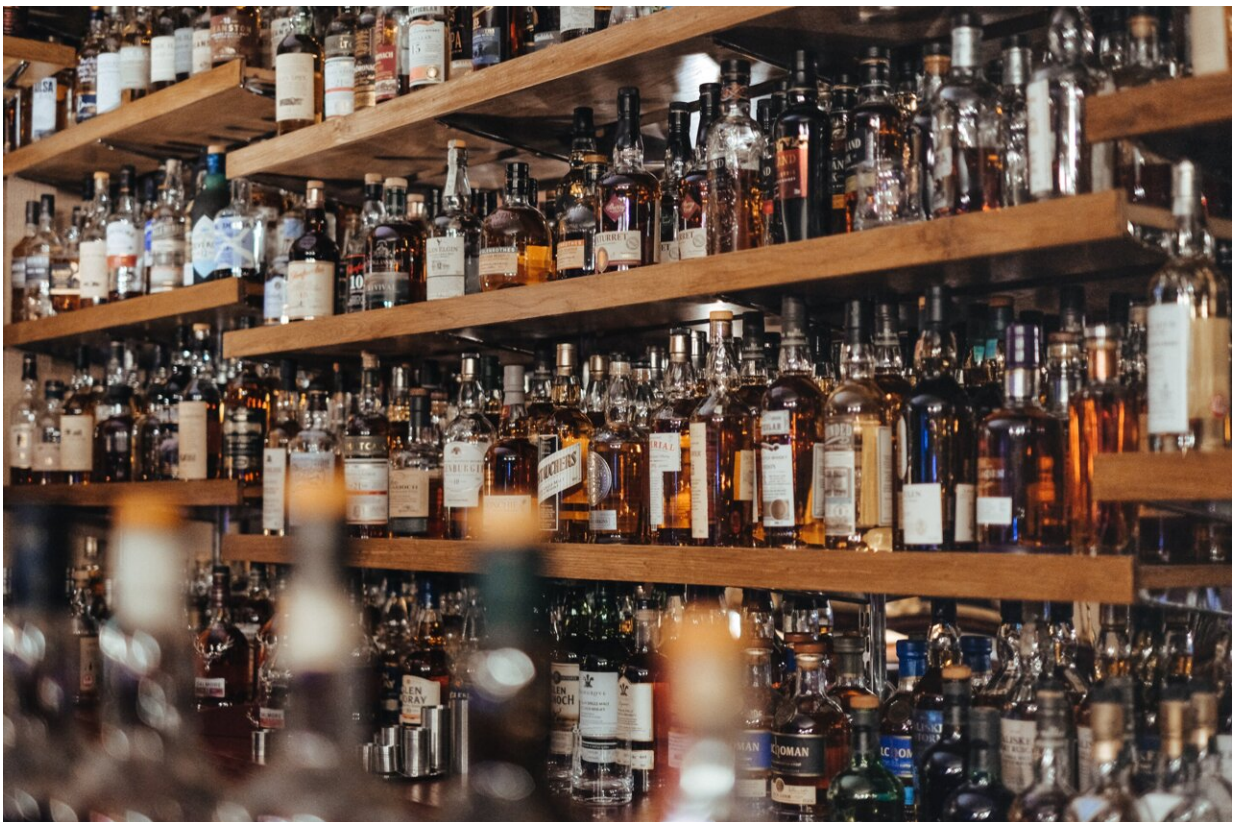


# Older patients who consume alcohol regularly report better quality of life before and after surgery

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Older adults (aged 60 or older) who consume potentially unhealthy amounts of alcohol report significantly better mobility, self-care and

fewer problems undertaking daily activities after surgery compared to their peers who abstain from alcohol or drink at very low levels.

The study by Vera Guttenthaler and Dr. Maria Wittmann from the University Hospital Bonn in Germany is being presented at this year's Euroanaesthesia Congress in Milan, Italy (4-6 June).

"Our study finds that [older patients](#) with potentially unhealthy alcohol intake report that some aspects of their quality of life are better compared to those who abstain from alcohol or drink at very low levels," says Guttenthaler. "One explanation may be that higher alcohol consumption may lead to elevated mood, enhanced sociability and reduced stress."

As people live longer, the number of older people having [elective surgery](#) is expected to increase. So understanding the impact of alcohol consumption on surgery outcomes is important.

For this study, researchers examined associations between pre-operative alcohol consumption and quality of life after surgery in 628 patients (231 female and 397 male) from the PROPDESC (Pre-operative Screening for Postoperative Delirium) trial, which includes adults aged 60 years or older undergoing elective surgeries lasting at least an hour at the University Hospital Bonn between 2018 and 2019.

Patients were asked to report their alcohol drinking habits at the start of the study using the Alcohol Use Disorder Identification Test for Consumption (AUDIT-C), that considers drinking frequency, amount of drinks consumed on each occasion, and occurrences of heavy drinking.

They also filled out a questionnaire about their quality of life, including questions on mobility, [self-care](#) tasks (eg, washing and, dressing), usual activities (ie, study, work, housework, family or [leisure activities](#)),

pain/discomfort and anxiety/depression during their pre-operative anaesthesia visit and again 180 days after surgery.

The researchers adjusted for a range of factors including age, ASA (American Society of Anaesthesia) physical status classification, [education level](#), and body mass index (BMI).

Participants were then divided into two groups based on their alcohol intake—no or low alcohol consumption (LAC), and medium to potentially hazardous alcohol consumption (HAC). Overall, 186 patients (30%) reported drinking potentially unhealthy amounts of alcohol—138 men (22%) and 48 women (8%).

The average BMI of LAC-patients was significantly higher than the BMI of HAC-patients ( $28 \text{ kg/m}^2$  vs  $27 \text{ kg/m}^2$ , respectively), particularly among [female patients](#) ( $29 \text{ kg/m}^2$  vs  $25 \text{ kg/m}^2$  respectively). HAC-patients were also significantly more likely to report higher education levels (more than 12 years of education).

Prior to surgery, patients in the HAC group reported substantially better overall health, less pain/discomfort, and were more likely to perform self-care and had a better ability to perform usual activities than those in the LAC group. Female HAC-patients found it easier to undertake usual activities and reported less pain/discomfort than female LAC-patients resulting in a significantly better pre-operative overall quality of life compared to LAC-women. However, there were no significant differences in pre-operative quality of life between male patients who consumed little or no alcohol and those drinking potentially unhealthy amounts of alcohol.

Post-surgery analyses found that overall, HAC-patients reported significantly better mobility, self-care and usual activities than LAC patients. Similarly, women in the HAC group reported less problems in

performing usual activities and rated their overall health status as significantly better than women who abstain from alcohol or drink at very low levels.

The authors acknowledge that their findings are observational and they only assessed patients undergoing surgery in one hospital in Germany. They also point out that the results are part of a trial conducted to evaluate a risk score for postoperative delirium and therefore additional confounders that might influence quality of life (including socioeconomic status, comorbidities, physical activity) were not assessed. In addition, they note that the cut-off values of the AUDIT-C test have not been validated in older hospital patients, so its sensitivity and specificity in this group is unknown.

"Therefore, only a tendency in the relationship of [alcohol](#) consumption and [quality of life](#) could be assumed", concludes Dr. Wittmann. "But this is an exciting topic for further studies."

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