

# Older adults with alcohol use disorder need age-appropriate treatment interventions

March 6 2023

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Adults with alcohol use disorder (AUD) seeking to moderate their

drinking respond differently to interventions depending on their age, a new study suggests.

Older adults are experiencing rising rates of hazardous drinking and alcohol use disorder (AUD). A combination of biological changes, established habits, co-occurring [health issues](#), and life-stage events can mask the harms of drinking among [older adults](#); identifying effective outpatient interventions is a valuable public health goal.

Motivational interviewing (MI), an evidence-based treatment for AUD that targets motivation and self-efficacy (belief in one's ability to change), seems intuitively appropriate for older adults. But the evidence is scant. In previous studies, the benefits of MI appear less pronounced among older than younger adults, suggesting that life stage may affect treatment outcomes and that the mechanisms of behavior change may vary across the lifespan.

The new study, published in *Alcohol: Clinical & Experimental Research*, is believed to be the first to test the moderating effect of age group (younger vs. older adults on MI for alcohol use compared to another evidence-based treatment and a [control group](#) simultaneously).

The researchers analyzed data from two previous studies involving 228 adults (aged 20–73) with AUD who aimed to reduce their drinking. Participants underwent a baseline assessment that included a detailed interview about alcohol use and were randomly assigned to one of three groups. Those receiving either MI or NDL—psychotherapy focusing on emotions—had four [therapy sessions](#) over seven weeks. Those in the self-change (SC) group were encouraged to tackle their drinking on their own.

The participants kept diaries via voice recording or online surveys, tracking their alcohol use, their confidence in their ability to resist

drinking heavily, and their commitment to that goal. They were assessed mid-treatment and after eight weeks for changes in their alcohol consumption. Researchers used [statistical analysis](#) to compare [alcohol use](#), confidence, and commitment among participants aged up to 51 (younger adults, YA) and those aged 51+ (older [adults](#), OA).

Age and treatment approach significantly influenced outcomes. Both OA and YA reduced their drinking, but the effect was less pronounced among OA, and OAs' [alcohol consumption](#) remained at high-risk levels. YAs reduced their drinking in all three groups. While MI and SC appeared equivalently effective across age groups, NDL was helpful among YA and not OA. YA in the NDL group reported an average 46% greater reduction in drinking compared to OA, while OA undergoing NDL demonstrated the least amount of change. OA performed better in MI, though only slightly, achieving an 8% reduction in drinking overall, similar to outcomes in the OA SC group. This equivalency may be because both MI and SC promote self-awareness around drinking, a focus absent from NDL. Levels of commitment and confidence to change were similar across age groups. Possibly, the relatively robust commitment and confidence of OA in this MI group meant they hit a ceiling; improvement might have been more pronounced among OAs lacking confidence and commitment at baseline.

The study has important clinical implications, as MI proliferates in [treatment programs](#), and highlights the importance of understanding the impact of age on treatment effectiveness. Exploring emotions, especially related to changes in drinking, may be particularly powerful for YA with high confidence and commitment to change. Although MI may be slightly better than NDL among OA, the results are underwhelming. It is possible that with adaptations for age—a slower pace, longer sessions—MI may increase its effectiveness among OA, or that CBT (potentially combined with MI) may be a better match for OA with AUD. Perhaps the key to reducing drinking among OA is a keen

understanding of specific methods, particularly in the context of entrenched habits. Further research is needed to explore the effects of short-term treatments among OA compared to YA.

**More information:** Alexis Kuerbis et al, Age as a moderator of motivational interviewing and nondirective client-centered psychotherapy for alcohol use disorder: An exploratory study, *Alcohol: Clinical and Experimental Research* (2023). [DOI: 10.1111/acer.15015](https://doi.org/10.1111/acer.15015)

Provided by Research Society on Alcoholism

Citation: Older adults with alcohol use disorder need age-appropriate treatment interventions (2023, March 6) retrieved 6 May 2024 from <https://medicalxpress.com/news/2023-03-older-adults-alcohol-disorder-age-appropriate.html>

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