

# Improving quality of life for older adults with alcohol problems

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Wossenseged Birhane Jemberie, doctoral researcher at Department of Social Work and the Center for Demographic and Aging Research (CEDAR), Umeå University. Credit: Sofia Strömgren

Substance use problems, particularly alcohol problems, are "invisible epidemic" among older adults. In his thesis "Alcohol and aging: a multimethod study on heterogeneity and multidimensionality," Wossenseged Birhane Jemberie, doctoral researcher at Department of

Social Work and the Center for Demographic and Aging Research (CEDAR), Umeå University, investigates the dimensions of alcohol related problems and longitudinal health outcomes. He also explores older persons' experiences and perspectives on alcohol use, both in relation to their aging and to their personal goals regarding alcohol treatment and recovery.

In his studies, Wossenseged Jemberie has used Swedish data on older adults, aged 50+ years, who presented at addiction services within [social services](#) and healthcare. It was collected from 65 municipalities between 2003 and 2017 and was linked with the national patient register, cause of death register and national crime statistics. He also recruited [older patients](#) from a specialist outpatient clinic for alcohol treatment for in-depth interviews.

According to the study results, about 25% of municipal addiction service users are older adults. More than half of them have comorbid psychiatric problems and 70% live with physical comorbidities. Nearly three-fourth of older clients are hospitalized, often repeatedly, following their contact with municipal addiction services.

"Older people with alcohol problems are not a homogenous group. There are five distinct groups of older patients varying in onset age, prevalence of psychiatric comorbidities, polysubstance use, and social support." Wossenseged Jemberie says.

"Many men who started drinking at a later age had a better biopsychosocial functioning, while those with [early onset](#) drinking problem had high prevalence of psychiatric comorbidities, social isolation, legal problems and polydrug use problems. Older women mostly start drinking at a later age, however, in contrast to older men with late onset problem drinking, they report high prevalence of psychiatric comorbidity, history of trauma and feeling of loneliness."

## **Treatments that respect older adults' preference and experience are more likely to succeed**

Wossenseged Jemberie's research points out that by knowing more about the diverse needs of older adults with alcohol problems and streamlining data sharing, health and social care services could provide timely, equitable and integrated person-centered care.

"Older patients interviewed for one of the studies viewed healthy aging primarily as the ability to maintain their psychosocial well-being and preserving their autonomy. They viewed moderate drinking as part of healthy aging." Wossenseged Jemberie continues, "They were, however, living with alcohol problems for several years before seeking treatment due to ambivalence, stigma and perceived lack of treatment options, as the Swedish addiction services predominantly focus on total abstinence as treatment outcome.

"The study findings suggest that older adults can experience improved quality of life and biopsychosocial functioning by moderating their drinking. By accessing alcohol treatment programs which respected their preferences and autonomy, engaged them in [goal setting](#) and strengthened their agency the study participants reduced their alcohol use, and positive changes in their biopsychosocial functioning encouraged them to continue their recovery journey even in the presence of occasional return to heavy drinking."

"Many older adults with alcohol problems live with medical and psychiatric comorbidities indicating multiple care needs from health and social care services. A multidimensional identification of [alcohol use](#) profiles could improve treatment by establishing the variation in [alcohol problems](#) among older treatment seekers. Older adults stay engaged in alcohol treatment programs which value their experiences and expertise,

incorporate their personal treatment and life goals, respect their autonomy and agency, and involve them in decision making. Sensitizing service providers on old age substance use problems could provide multiple points of contact for screening of older adults and earlier referral to treatment."

**More information:** Thesis: [Alcohol and aging: A multimethod study on heterogeneity and multidimensionality](#)

Provided by Umea University

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