Medical Xpress

Alcohol drinking in the elderly: Risks and benefits

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The Royal College of Psychiatrists of London has published a report related primarily to problems of unrecognized alcohol misuse among the elderly. The report provides guidelines for psychiatrists and family physicians on how to find and how to treat elderly people with misuse of alcohol and drugs. Forum members consider it very important to identify abusive drinking among the elderly and this report provides specific and very reasonable recommendations to assist practitioners in both the identification and treatment of such problems.

There is no question that, on average, very elderly people may be more sensitive to the effects of alcohol (especially those individuals with chronic diseases, lower muscle mass, a poor diet, etc.) It should be made clear, however, that 65-year-olds are healthier than people of that age a generation ago - age-specific disability rates are decreasing, not increasing.

The report also recommends lower "sensible limits" for older people in comparison with younger people The International Forum on Alcohol Research scientific reviewers point out inherent difficulties in providing guidelines for a very non-homogenous group of individuals whose only criterion for inclusion, in this paper, is being above the age of 65 years Such a group includes individuals varying from marathon runners to very sick, frail people.

The report was conspicuously lacking in a discussion of the important role that moderate drinking can play in reducing the risk of coronary

heart disease, ischemic stroke, diabetes, dementia, and osteoporosis. Advising healthy people aged 65 years or older who are moderate, responsible drinkers to stop drinking or to markedly reduce their intake would not be in their best health interests, especially in terms of their risk of cardiovascular diseases. Forum reviewers thought that advice to lower limits of drinking for everyone in this age group is not based on reliable research, and would certainly not apply to all in this age group. Of more importance, the absolute risk for cardiovascular diseases increases markedly with age, and therefore the beneficial or protective effect of light to moderate drinking on cardiovascular diseases is greater in the elderly than in younger people.

Evidence is also accumulating that shows that the risk of Alzheimer's disease and other types of dementia is lower among moderate drinkers than among abstainers. Neurodegenerative disorders are key causes of disability and death among elderly people. Epidemiological studies have suggested that moderate alcohol consumption, may reduce the incidence of certain age-related neurological disorders including Alzheimer's disease. Regular dietary intake of flavonoid-rich foods and/or beverages has been associated with 50% reduction in the risk of dementia, a preservation of cognitive performance with ageing,a delay in the onset of Alzheimer's disease and a reduction in the risk of developing Parkinson's disease.

Further, scientific data are consistent in demonstrating that quality of life is better and total mortality is lower among moderate drinkers than among abstainers. For example, analyses by Simons et al from a large population-based patient population in New South Wales demonstrated clearly that regular moderate alcohol consumption increases life span and quality of life for men up to 80 years of age and for women indefinitely.

In another paper, by Kirchner et al of almost 25,000 American adults

over age 65 seen in primary care, those reporting between 8 and 14 drinks/week (A US drink is 14g, against 8g in the UK) did not differ significantly in their characteristics from drinkers consuming 1-7 drinks/week.. Heavier drinkers and binge drinkers did not do as well.

A particular interesting paper by White et al showed a direct dose-response relation between alcohol consumption and risk of death in women aged 16-54 and in men aged 16-34, whereas at older ages the relation is U shaped. These investigators used statistical models relating alcohol consumption to the risk of death from single causes to estimate the all-cause mortality risk for men and women of different ages. The authors state that their data suggest that women should INCREASE their intake to 3 units a day over age 75, and men rise from 3 units a day up to age 54 to 4 units a day up to age 84.

Since the absolute effects of moderate drinking on cardiovascular disease are much greater in older people than in younger adults, the current limitations to intake for the elderly may not be appropriate. Attempting to persuade elderly people who currently drink moderately to decrease their current intake may not be advisable. For healthy moderate and responsible drinkers, advice to reduce or stop all alcoholic beverage intake would not be in the best health interests of such individuals.

More information: Royal College of Psychiatrists, London. Our invisible addicts. First Report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists, College Report CR165. June 2011. www.bu.edu/alcohol-forum/criti … nefits-26-june-2011/

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