Alcohol Use and the Older Adult Woman

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ABSTRACT

Annual screening for risky alcohol use is key to the prevention of alcohol-related harm in the older adult women. Along with an increase in the number of older adult women is a parallel upward trend of alcohol use. Because adverse health effects from alcohol use are greater on the older woman, it is essential that nurse practitioners have the knowledge and competency to provide early intervention using the evidenced-based Screening, Brief Intervention, and Referral to Treatment approach. The purpose of this article is to provide an overview of the Screening, Brief Intervention, and Referral to Treatment approach as it applies to the older female.

Keywords: alcohol screening, brief intervention, older woman, referral to treatment

By 2050, it is projected that close to 1 in 5 Americans (19.3%) will be older than 65.[1] It is projected by 2040 there will be 127 women for every 100 men in this age category.[2] Along with the increasing numbers for women, there is a parallel upward trend of alcohol use in older adults from less than 40% in 2006 to greater than 55% in 2012.[3,4] The purpose of this article is to provide an overview of alcohol use among older women and adverse health outcomes associated with alcohol use across this continuum. Additionally, the advanced practice nurse (APN) is provided with a practical guide using the evidenced based Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach to prevent and reduce harm associated with alcohol use.

BACKGROUND

Alcohol use is part of the normative culture in the United States, with over 80% of the adult population reporting lifetime alcohol use and over 50% of those aged 12 and older reporting alcohol use in the past 30 days.[3] Among adults who consume alcohol in the United States, 38 million reported they drank too much, yet only 1 in 6 discussed their drinking with their health care provider.[5] Based on recent data from the Behavioral Risk Factor Surveillance System, 15.7% of adults talked with a health professional about alcohol use, with only 4.2% over the age of 65 reporting they had discussed alcohol use in the past year with a health care provider.[6]

Alcohol abuse in older women is often underdiagnosed and undertreated because it is often mistaken for other conditions related to aging. For example, a problem with balance may be attributed to frailty, increasing social isolation may be attributed to depressed mood, and confusion or memory changes may be attributed to a dementia syndrome.

For the older woman, having 2 or more drinks per day can increase the risk for traumatic injuries from motor vehicle crashes, falls, and illnesses (eg, liver disease, hypertension, stroke, and certain types of cancer).[5] Because of the health risks associated with alcohol use in older woman, it is important that APNs be familiar with SBIRT to help women reduce the risks associated with alcohol use.

LEVELS OF RISK

Between 50% and 60% of baby boomers who are not yet 65 currently consume alcohol. In the healthy adult, low-risk alcohol use is defined as drinking below the recommended limits (less than 4 [males] or 3 [females] drinks on 1 occasion AND no more than 14 [males] or 7 [females] drinks in a week).[7] For healthy older adults (over age 65), the recommended limits drop to no more than 3 drinks per occasion AND no more than 7 per week. These recommendations reflect that unhealthy alcohol use includes both binge drinking

(4 or more drinks on 1 occasion) and going over the recommended total amount consumed in a week (no more than 7 drinks).[7] Drinking above these quantity and frequency limits increases the risk for adverse health outcomes. Those with health problems or who take certain medications may need to drink less or not at all.[8]

When assessing alcohol use in women who are at least 65 years of age, it is important to include information on the quantity and frequency of use and also the pattern and duration of use. Of particular concern in older adult women is a binge pattern of use defined as 3 or more alcohol beverages on a single occasion. Close to 25% of adults 50 to 59 years old report binge drinking, and approximately 10% of those 65 or older report binge drinking.[9] Although the prevalence and intensity (number of drinks consumed in a single occasion) of binge drinking were higher for younger adults, the highest frequency of binge drinking (5.5 episodes a month) was among those who were 65 or older.[10] Binge drinking increases the risk for adverse health outcomes such as injury related to motor vehicle crashes or falls and contributes to 80,000 deaths annually. Most adults who binge drink do not have an alcohol use disorder[10] and therefore may not screen positive on screening tools that lack consumption variables.

The final factor assessed with older adult women at risk for alcohol use is the duration of use that may be early or late onset. Those who have used alcohol at levels above the recommended limits for many years without being diagnosed with an alcohol use disorder are often referred to as "hardy survivors."[10] Women who drink excessively over a long period of time are at increased risk for chronic diseases associated with alcohol use such as cardiovascular disease and cancer.[7,9] Those who begin drinking above the recommended limits later in life are referred to as late-onset at-risk users, typically after stressful life events such as widowhood.

ADVERSE OUTCOMES

Adverse outcomes are based on differences in body composition. Compared with men, women typically have less total body weight, decreased muscle-to-fat ratio, and less gastric alcohol dehydrogenase.[11] Decreased muscle-to-fat ratio and less total body weight mean less body water exists to distribute alcohol. Less gastric alcohol dehydrogenase means that alcohol's metabolic clearance in women is slower.[11] Compared with men, women become intoxicated at lower doses of alcohol consumption and experience physiologic problems sooner in their drinking history, an effect known as telescoping. With telescoping, women demonstrate both short- and long-term alcoholic effects that are more severe compared with men. Telescoping increases with age and results in mortality rates that are 50% to 100% higher for women than for men chiefly because of underdiagnosed liver and cardiovascular disorders.[11]

Compared with younger adults, older adults have reduced lean body mass, increased fatty tissue, and decreased total body water. Because alcohol is distributed in body water, higher blood alcohol concentrations occur in older versus younger women.[8,9] Other issues that contribute to the increased effect that alcohol use has in older women include metabolic changes, decreased physiologic reserve and reduced reaction time, effects magnified in the presence of comorbid physical, and/or mental health issues.[8]

Another physiological issue related to alcohol use is the increase in aromatization, the process by which the body converts steroids to estrogens and decreases estrogen metabolism.[11] In both instances, estrogen levels increase. Consumption of limited amounts of alcohol may be beneficial for select groups of women. There is some evidence that compared with women who abstain from alcohol, women who drink at low levels are at reduced risk of coronary heart disease and osteoporosis.[11] However, higher levels of alcohol consumption in older women are associated with increased risks for over 65 diseases including cardiovascular disease, osteoporosis, and cancer.[11]

However, adverse outcomes can occur across the continuum of alcohol use. Women with early onset alcohol use are at risk for adverse medical outcomes compared with those with later onset (Table 1).[4,11] Alcohol use can also lead to adverse psychosocial outcomes including social isolation, employment, legal problems, financial distress, and/or family or relationship problems.[4,12] Approximately 50% of drugs commonly taken by older adults can interact with alcohol.[5,7,13] Alcohol use can interact