



Full length article

Drinking patterns and adherence to “low-risk” guidelines among community-residing older adults

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ABSTRACT

Background: Older adults constitute a rapidly expanding proportion of the U.S. population. Contemporary studies note the increasing prevalence of alcohol consumption in this group. Thus, understanding alcohol effects, consumption patterns, and associated risks in aging populations constitute critical areas of study with increasing public health relevance.

Methods: Participants ($n = 643$; 292 women; ages 21–70) were community residing adult volunteers. Primary measures of interest included four patterns of alcohol consumption (average [oz./day]; typical quantity [oz./occasion]; frequency [% drinking days]; and maximal quantity [oz.]). Regression analyses explored associations between these measures, age, and relevant covariates. Subsequent between-group analyses investigated differences between two groups of older adults and a comparator group of younger adults, their adherence to “low-risk” guidelines, and whether alcohol-associated risks differed by age and adherence pattern.

Results: Average consumption did not vary by age or differ between age groups. In contrast, markedly higher frequencies and lower quantities of consumption were observed with increasing age. These differences persisted across adherence categories and were evident even in the oldest age group. Exceeding “low-risk” guidelines was associated with greater risk for alcohol-related problems among the older groups.

Conclusions: These results emphasize the utility of considering underlying constituent patterns of consumption in older drinkers. Findings highlight difficulties in identifying problem drinking among older adults and contribute to the few characterizations of “risky” drinking patterns in this group. Taken together, our data contribute to literatures of import for the design and enhancement of screening, prevention, and education initiatives directed toward aging adults.

1. Introduction

Older adults constitute a rapidly expanding proportion of the U.S. population. Current estimates predict that over the next two decades the proportion of the United States population aged 65+ will increase substantially, growing from less than 15% in 2015 to over 20% in 2030 (Ortman et al., 2014). Nearly half of persons 65+ report current alcohol use, and recent work suggests both drinking prevalence and incidence of heavy drinking are increasing among older adults (Dawson et al., 2015; Breslow et al., 2017). These trends contribute to growing public health concerns regarding alcohol use in older individuals, reflected in the current Strategic Plan of the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2017). Thus, understanding alcohol effects, consumption patterns, and associated risks in aging populations constitute critical areas of study. Despite their importance, research directed toward such investigation is largely lacking (but see Moos et al., 2009; Blow and Barry, 2000).

Epidemiological investigations provide substantial evidence regarding general age-related trends in drinking behaviors. Following early adulthood, rates of heavy drinking decrease (e.g., Naimi et al., 2003; Greenfield and Rogers, 1999; Shaw et al., 2011). Reductions in typically consumed quantities are common during middle age; however, ambiguity remains regarding consumption in older adulthood. For instance, Chan et al. (2007) report consumption per typical drinking occasion of 0.7 standard drinks among adults 65+. In contrast, Balsa et al. (2008) observed typical consumption of approximately 1.5 drinks. Both studies analyzed data from the first wave of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC), which highlights the ambiguity in this relatively small literature.

NIAAA provides evidence-based guidelines for low-risk drinking, including sex- and age-specific limits for average and single day consumption (NIAAA, 2016; described in methods). Examinations among older drinkers indicate that substantial proportions (50%+) adhere to these guidelines, but variations in method and samples challenge more

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precise determinations. In a large survey of Medicare beneficiaries, Merrick et al. (2008) observed adherence rates of approximately 80% among adults 65–70. However, in a similarly aged group (65–75), Moos et al. (2004) observed adherence rates of 55%–70%. Exceeding guidelines is predictive of higher incidence of alcohol use problems among older drinkers (e.g., Moos et al., 2004; Holahan et al., 2017). However, numerous studies have suggested some health benefits of alcohol consumption, even at levels exceeding low-risk guidelines. For instance, an investigation using NESARC data observed improved cardiovascular health and reduced rates of hospitalization among women aged 65+ (Balsa et al., 2008), even at levels exceeding 1 drink/day.

With growing attention to the import of understanding alcohol's affects and patterns of consumption in older drinkers, empirical investigations directed to this population are increasing. Whether community samples volunteering for participation in alcohol studies display drinking topographies and age-related differences consistent with those observed in population-based epidemiological investigations remains poorly characterized. Failure to appreciate these differences in the design, conduct, and interpretation of experimental work constrains scientific and clinical relevance and potentially results in unrecognized bias and inaccurate conclusions. Thus, there exists a current need to explore age-related differences in alcohol use within community samples serving as research participants.

The current study leverages data collected from an ongoing program of clinical research investigating alcohol effects and consequences. Observations reported here provide insight into drinking behaviors among community-residing older drinkers as well as considerations critical to improving generalizability of future empirical research utilizing similar samples. We characterized age effects in a sample of current drinkers volunteering to take part in alcohol studies using regression and between-group analyses. Regression analyses explored relationships between drinking behaviors and age across the entire sample (aged 21–70) with attention to relevant covariates. Based on the current literature, we hypothesized overall levels of alcohol consumption would evince a negative relationship with age; of greater interest was exploring the extent to which component drinking behaviors, including frequency of drinking occasions, quantity consumed during typical occasions, and maximal consumption levels, varied with age.

Subsequent between-group analyses examined differences in drinking behaviors among three age groups: 1) older adults with potential age-related vulnerabilities to alcohol-associated consequences (age 65+), 2) older adults below this age-related threshold (ages 55–64), and 3) a comparator group of younger participants (25–35). These analyses sought to (a) describe age differences in patterns of adherence to NIAAA guidelines for low-risk consumption, (b) describe differences in drinking behavior as a function of guideline adherence across age groups, and (c) investigate age differences in the degree to which adherence patterns were predictive of alcohol-associated problems.

2. Methods

Institutional Review Boards at the University of Florida and University of Kentucky approved all procedures. Data were gathered in the context of screening procedures for ongoing research studies (e.g., Lewis et al., 2016; Boissoneault et al., 2014; Sklar et al., 2014; Gilbertson et al., 2010). Participants were adult, community-residing drinkers, recruited through a variety of local print and radio advertisements, who provided written informed consent and were compensated for their time. Eligibility for participation included endorsement of current drinking (at least one drink in the last 6 months), being in good physical health, and having no history of treatment for alcohol or other substance abuse.

2.1. Affective and demographic measures

Participants provided demographic information and completed inventories of depressive symptoms (Beck Depression Inventory [BDI-II] for individuals aged 21–54 (Beck et al., 1996); Geriatric Depression Scale [GDS] for individuals ≥ 55 (Yesavage et al., 1982)), and state anxiety (Anxiety Inventory [AI]; Spielberger, 1983).

2.2. Alcohol consumption measures

Recent (6-month) alcohol consumption was collected using four measures. Average daily consumption (oz. absolute alcohol/day) was quantified using a quantity-frequency index (QFI; Cahalan et al., 1969). Maximal quantity reflected the largest volume (oz. absolute alcohol) of single day consumption. These measures were recorded for all participants. Frequency was calculated as the proportion of drinking to non-drinking days in a typical week. Quantity was calculated as ounces of absolute alcohol consumed during typical drinking occasions. Alcohol use histories, including ages at several drinking “milestones”, were collected. Age at first alcohol intoxication was incorporated as a covariate in regression models.

2.3. NIAAA guidelines

Recent drinking patterns were characterized according to NIAAA guidelines for “low-risk” drinking, which define a standard drink as containing 14 g or 0.6 fluid ounces of absolute alcohol (NIAAA, 2016). Low-risk drinking patterns were defined according to average and single day limits. Guidelines for average consumption limit men aged 21–64 to ≤ 14 standard drinks/week (≤ 2 drinks/day). Men over 65 and women over 21 are limited to ≤ 7 drinks/week (≤ 1 drink/day). Single day guidelines further stipulate no more than 4 drinks in any single day for men 21–64 and no more than 3 for women over 21 or men over 65. Weekly guideline adherence was determined using QFI; single day guideline adherence was determined using Maximal Quantity. Adherence patterns were categorized as follows: 1) neither guideline exceeded (“low-risk drinkers”), 2) only one guideline exceeded, or 3) both guidelines exceeded.

2.4. Michigan Alcoholism Screening Test (MAST/MAST-G)

Participants completed structured screening instruments to characterize alcohol use problems. Participants aged ≤ 54 completed the MAST (Selzer, 1971); participants ≥ 55 completed the MAST-G (Blow, 1991), a version validated for use among older adults. Consistent with standard scoring guidelines, participant scores of ≥ 5 in these instruments were considered indicative of potential drinking problems (Selzer, 1971; Blow et al., 1992).

2.5. Analysis

All analyses were conducted with SAS (9.4). Data were gathered across several studies; variation between protocols resulted in incomplete data for two relevant measures: MAST/MAST-G ($n = 408$ available) and drinking quantity/frequency ($n = 481$ available).

Regression analyses examined age as a continuous measure in models of average consumption and component behaviors (i.e., typical quantity, frequency, maximal quantity). Given literature describing relationships between drinking behaviors and sex, education, and age of first intoxication, these measures were included as covariates. No interactions between age and either education or intoxication age were detected in preliminary analyses; thus, these interaction terms were omitted from final models. Age by sex interactions were included in all models; this is consistent with the extant epidemiological literature.

Between-group analyses examined adults aged 55–64 ($n = 178$; 50% women), older adults aged 65–70 (“65+”; $n = 81$; 49% women),

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