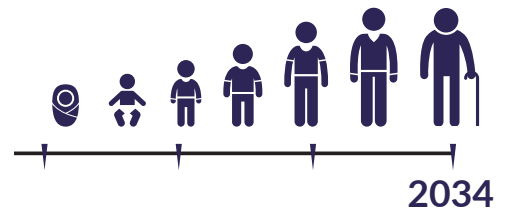


Alcohol Use and Older Adults

By the Numbers

By 2034, older adults (65+ years) will outnumber children in the United States (U.S.).¹



Heavy and Binge Drinking Trends

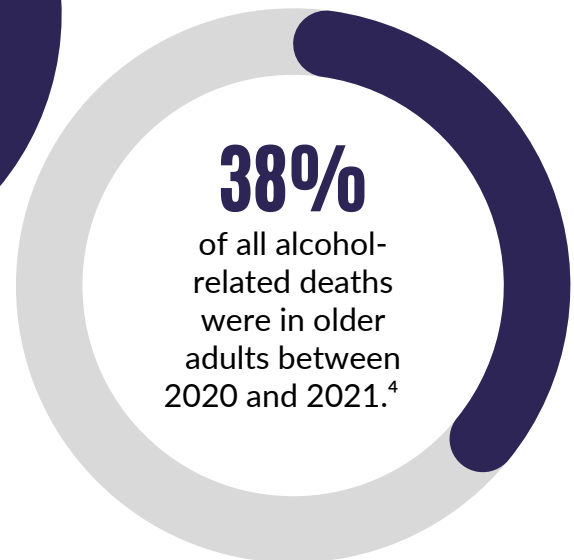
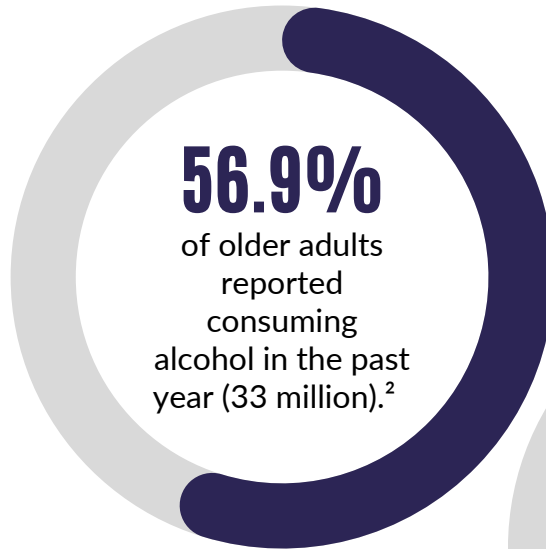
- 12.8% of adults 60+ years binge drank at least once in the prior month*.³

*binge drinking is defined as 4+ drinks on one occasion for women and 5+ drinks for men.⁵



- 3.2% of adults 60+ years drank heavily*.³

*heavy drinking is defined as 5+ binge drinking days per month.⁸



Increasing Trends

- Alcohol use among older adults is rising, especially among women.⁶



- COVID-19 isolation likely exacerbated alcohol use.⁷



- 2/3 of older adults with alcohol use disorder (AUD) began drinking heavily earlier in life.⁶



Screening, Assessment and Diagnosis



Annual screening for alcohol, and other substance use⁹

- More than recommended drink limits may indicate a risk for alcohol-related problems.³



Screening tools⁹

- AUDIT, AUDIT-C, NIAAA SASQ, SAMI, SMAST-G.



Challenges with screening⁹

- Hesitancy to admit use due to stigma, shame, or denial.
- Symptoms masked by other age-related conditions (e.g., sleep problems, pain).
- Standard diagnostic tools are not always validated in older populations.



Positive screen⁹

- Share screening results with clear recommendations and deliver a brief intervention using motivational interviewing.
- Review patient's medical history, physical exam findings, and assess alcohol use frequency, duration, and severity of alcohol-related problems.
- Conduct a comprehensive mental health and social history including work, financial, legal concerns, and identify co-occurring conditions (e.g., pain, sleep, mood disorders).
- Consider ordering metabolic labs, liver function tests, and alcohol-related markers (e.g., GGT, CDT, ETG) to assess underreported use and inform treatment decisions.

Alcohol's Effects on Health



Physiological Risks¹⁰

- Increased sensitivity to alcohol due to age-related changes.
- Greater risk of heart, liver, and renal disease.
- Weakened immune system.
- Age-related physiological changes can enhance the effects of tolerance and withdrawal, leading to protracted symptoms.
- Polypharmacy or multiple medications that may interact with alcohol can produce adverse health effects.



Safety Concerns¹¹

- Increased risk of falls and accidents.
- Cognitive and memory issues.
- Drug interactions with prescription medications.



Risk Factors for Alcohol-related Problems¹²



Physical



- Chronic pain or illness increases the chance of alcohol use.

Psychological



- Psychiatric comorbidities (e.g., depression, anxiety).

Social



- Isolation, bereavement, change in living situation or social roles.
- Retirement or economic changes.

Treatment Considerations

Alcohol use disorder treatment needs to account for age-friendly care, as represented by the 5Ms.¹³

1

Matters most

- Shared decision-making and involving patients and caregivers, as appropriate. Family and caregiver involvement may improve outcomes.¹⁴
- Tailor treatment to the level of severity of alcohol use, comorbidities, and patient preferences and goals.¹⁴

2

Medications

- Older adults respond well to medically-oriented and psychosocial treatments.¹¹
- Can prescribe any of the 3 FDA-approved medications for alcohol use disorder to reduce alcohol use and monitor outpatient.¹¹
- No contraindications simply based on age but do need to exercise caution and monitor closely.¹⁴

3

Mind

- Age-sensitive psychosocial treatment strategies, including cognitive behavioral therapy, motivational interviewing, case management, or intensive outpatient programs.¹⁴

4

Mobility

- Transportation to/from treatment and appointments, recent falls that may hinder ability to fully participate in treatment.¹³

5

Multicomplexity

- Treatment of co-occurring diagnoses that may affect treatment plans and medication options.¹³

Withdrawal Management¹⁵

- Hospital-based care is recommended for this population to ensure safety.
- Older adults are at higher risk of developing delirium, having protracted withdrawal, and exacerbating co-occurring conditions.

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References



1. United States Census Bureau. Older people projected to outnumber children for first time in U.S. history. March 13, 2018. Accessed October 22, 2024. <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>
2. Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. 2023 National Survey on Drug Use and Health. Table 2.8A—Alcohol use in lifetime, past year, and past month: among people aged 12 or older; by detailed age category, numbers in thousands, 2022 and 2023. Accessed January 28, 2025. <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>
3. Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. Behavioral health among older adults: Results from the 2021 and 2022 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP24-07-018). 2024. Accessed January 24, 2025. <https://www.samhsa.gov/data/report/older-adult-behavioral-health-report-2021-2022>
4. Centers for Disease Control and Prevention. Alcohol and public health: Alcohol-related disease impact. 2024. Accessed February 28, 2025. https://nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=F1F85724-AEC5-4421-BC88-3E8899866842&R=EACE3036-77C9-4893-9F93-17A5E1FEBE01&M=7F40785C-D481-440A-970F-50EFBD21B35B&L=&F=AAMCauseAgeGroupAllNew&D=H
5. Centers for Disease Control and Prevention. About moderate alcohol use. Alcohol use. January 14, 2025. Accessed January 24, 2025. <https://www.cdc.gov/alcohol/about-alcohol-use/moderate-alcohol-use.html>
6. Breslow RA, Castle IJP, Chen CM, Graubard BI. Trends in alcohol consumption among older Americans: National health interview surveys, 1997-2014. *Alcohol Clin Exp Res*. 2017;41(5):976-986. doi: 10.1111/acer.13365.
7. Satre DD, Hirschtritt ME, Silverberg MJ, Sterling SA. Addressing problems with alcohol and other substances among older adults during the COVID-19 pandemic. *Am J Geriatr Psychiatry*. 2020;28(7):780-783. doi:10.1016/j.jagp.2020.04.012.
8. Centers for Disease Control and Prevention. Facts about excessive drinking. Drink less, be your best. October 11, 2024. Accessed January 27, 2025. <https://www.cdc.gov/drink-less-be-your-best/facts-about-excessive-drinking/index.html>
9. Substance Abuse and Mental Health Services Administration. Treating substance use disorder in older adults. Treatment Improvement Protocol (TIP) Series 26. HHS Publication No. PEP20-02-01-011: Substance Abuse and Mental Health Services Administration; 2020. <https://library.samhsa.gov/product/tip-26-treating-substance-use-disorder-older-adults/pep20-02-01-011>
10. Alcohol and Public Health: Alcohol-related disease impact. [Table], Annual average for United States 2020-2021 alcohol-attributable deaths due to excessive alcohol use, all ages. Accessed October 22, 2024. Available from: https://nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=F1F85724-AEC5-4421-BC88-3E8899866842&R=EACE3036-77C9-4893-9F93-17A5E1FEBE01&M=7F40785C-D481-440A-970F-50EFBD21B35B&F=&D=
11. Satre DD. Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*. 2015;22(3):238-254. doi:10.1111/cpsp.12104.
12. Joshi P, Duong KT, Trevisan LA, Wilkins KM. Evaluation and management of alcohol use disorder among older adults. *Curr Geriatr Rep*. 2021;10(3):82-90. doi:10.1007/s13670-021-00359-5.
13. Jones KF, Beiting KJ, Ari M, et al. Age-friendly care for older adults with substance use disorder. *The Lancet Healthy Longevity*. 2023;4(10):e531-e532. doi:10.1016/S2666-7568(23)00174-5.
14. Oslin DW, Pettinati H, Volpicelli JR. Alcoholism treatment adherence: older age predicts adherence and drinking outcomes. *Am J Geriatr Psychiatry*. 2002;10(6):740-747. PMID12427583.
15. Schutte K, Lemke S, Moos RH, Brennan PL. Age-sensitive psychosocial treatment for older adults with substance abuse. In: Crome I, Wu L-T, Rao RT, Crome P, editors. *Substance use and older people*: Wiley-Blackwell; 2015:314-39. doi:10.1002/9781118430965.ch22.