

# ALCOHOL AND OLDER PEOPLE

For many older people, drinking is an important and enjoyable part of a social life. However, older people who drink need to reassess their drinking regularly because the ageing process makes the body and its functioning more prone to the debilitating effects of alcohol.

## WHY ARE OLDER PEOPLE MORE AT RISK FROM ALCOHOL?

- When alcohol is absorbed, it is distributed throughout the body's total water content. The volume of total body water decreases with age, so a given amount of alcohol produces a higher blood alcohol concentration [BAC] and intoxication at lower amounts of alcohol (possibly from just one or two standard drinks). This effect is relevant to people aged over about 70 or 75 years, although there is considerable variation from person to person.
- The central nervous system may find it harder to tolerate alcohol with age, increasing the risk of all types of accidents, especially falls. Driving is influenced by the effects of ageing, particularly due to visual loss and slowed reaction time; alcohol will greatly increase psychomotor impairments and increase the chances of an accident.
- Older people often take regular medication, which may interact with alcohol to cause unpleasant or dangerous side effects. The risk is considerably greater when a number of medications are involved.
- Natural bone regeneration and regrowth after a fracture is impaired by heavy alcohol consumption.

Health care workers need to be aware that dependence on alcohol in older people can be mistaken for a number of medical or psychiatric conditions common among older people, such as depression, insomnia, poor nutrition and frequent falls. Consequently, alcohol-related problems may go undiagnosed or be treated inappropriately in this age group. Health care workers should therefore routinely discuss alcohol use with older patients. Alcohol can increase the risk of falls (two thirds of alcohol related admissions in those over 84 yrs is a consequence of falls after drinking) and motor vehicle accidents, and may also be associated with suicide in elderly people.

## ALCOHOL AND YOUR HEART – A COMPLEX RELATIONSHIP

There is some evidence that low risk drinking reduces the risk of heart disease and strokes in people from middle age onwards (from about 40–45 years of age for males and 45–50 for females—see the fact sheet Alcohol and Heart Disease for more information on the possible protective effects of alcohol on the heart and the limitations of the research). The greatest benefits appear to be associated with wine (particularly red wine), to a lesser extent with beer (and possibly not at all from spirits) at a low intake of around 1 standard drink a day on average (ideally consumed with food). However, drinking above the low-risk guidelines can increase the risk of illness and death from heart disease, strokes and many cancers. A heavy drinking session of 6 or more standard drinks significantly increases the risk of a heart attack within the next 24 hours in those over 65 years of age.

People who choose not to drink alcohol should not be encouraged to drink to gain any potential health benefit, as there are other ways of preventing heart disease, such as giving up smoking, regular exercise, a healthy diet, or taking small quantities of aspirin. A combination of these approaches achieves better results than any one strategy on its own.

## RECOMMENDED CONSUMPTION LEVELS FOR LOW-RISK DRINKING

For healthy men and women, drinking **no more than two standard drinks on any day** reduces the **lifetime risk of harm** from alcohol-related disease or injury.

Drinking **no more than four standard drinks on a single occasion** reduces the risk of alcohol-related **injury** arising from that occasion.

Further reductions in the lifetime risk of alcohol-related disease or injury can be achieved by reducing the number of occasions of drinking across a lifetime, for example through regular alcohol-free days.

Older people who drink alcohol are advised to:

- Consider drinking less than the levels set in the guidelines for the general population (four standard drinks in a session will likely pose an unacceptable risk in a frail elderly person); and
- Further reduce their drinking or stop it altogether, if they are taking medications, in order to avoid harmful interactions with those medications.

You can find more information on the recommended levels of alcohol consumption in the Guidelines for Alcohol Consumption Fact Sheet.

**Adapted from** Australian Department of Health and Ageing, Australian Alcohol Guidelines Fact Sheets [www.alcoholguidelines.gov.au](http://www.alcoholguidelines.gov.au)

**Guidelines source:** National Health and Medical Research Council (NHMRC) (2009). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Commonwealth of Australia, Canberra.

**Other sources:** Costanzo, S., et al (2011). Wine, beer and spirit drinking in relation to fatal and non-fatal cardiovascular events: A meta-analysis. *European Journal of Epidemiology*, v26, 833-850.

Fillmore, K. M., Stockwell, T., Chikritzhs, T., Bostrom, A., & Kerr, W. (2007). Moderate Alcohol Use and Reduced Mortality Risk: Systematic Error in Prospective Studies and New Hypotheses. *Annals of Epidemiology*, 17(5, Supplement 1), S16-S23.

Leong, D.P., et al. (2014). Patterns of alcohol consumption and myocardial infarction risk: Observations from 52 countries in the Interheart case control study, *Circulation*, 113:007 online

Ministerial Council on Drug Strategy (2006). *National Alcohol Strategy, 2006-2009, Towards Safer Drinking Cultures*. Commonwealth of Australia, Canberra.

Stockwell, T., Chikritzhs, T., Bostrom, A., Fillmore, K., Kerr, W., Rehm, J., et al. (2007). Alcohol-caused mortality in Australia and Canada: scenario analyses using different assumptions about cardiac benefit. *J Stud Alcohol Drugs*, 68(3), 345-352.

The body's tolerance for alcohol decreases with age.

## YOUR HEALTH AND ALCOHOL