



What does it mean for practice?

Strategies for working
with older people

Additional Resources

- To be read in conjunction with Talking Therapies for Older Adults. Te Pou 2010



Why is it different for the older person

The way we think about “problem” drinking in young people does not work well for understanding the range of alcohol problems that occur in later life



Thinking differently about what we know

While alcohol use itself is a problem for some older people, most of the problems we are talking about do not relate to the consequences of heavy drinking or the inability to stop. They relate to small amounts of alcohol that a person does not realise he or she has lost the capacity to tolerate



Physiological influences

In later life our bodies are made up of more fat, less lean body mass and less water than in younger years. Since we have less water in our bodies to dilute the alcohol we drink, one drink will cause a higher blood alcohol level than it would have in younger years



The influence of existing health conditions

We usually think of alcohol-related health problems as resulting from the *amount* of alcohol a person drinks. It is certainly true that the risk of alcohol-related problems is usually higher for people who drink larger amounts of alcohol. However, as we age, the health *conditions* under which we drink are just as important



Problems Caused or Worsened by Alcohol

- Accidents and falls
- Depression
- Gastrointestinal problems such as diarrhoea, nausea, vomiting
- Peptic ulcer
- Liver disease
- Heart disease (including congestive heart failure)
- High blood pressure
- Diabetes
- Stroke (haemorrhagic)
- Certain cancers (mouth, liver, oesophagus)
- Inadequate self-care or grooming
- Difficulty climbing stairs, walking a block
- Incontinence
- Memory loss
- Sleep disorders
- Violence (to self and others)



The concept of frailty

- A state in which a critical number of specific impairments occur in parallel:
- These include:
 - muscle weakness
 - bone fragility
 - very low body mass index
 - susceptibility to falling
 - vulnerability to trauma
 - vulnerability to infection
 - high risk for delirium
 - blood pressure instability
 - severely diminished physical capabilities



Health-wise or non-hazardous drinking?

If you are **female**, you can probably drink up to *one drink a day* if the following are all true:

- You are taking fewer than three medicines daily

AND

- You are not taking medicine that interacts with alcohol

AND

- You do not have a physical or emotional health problem that alcohol can worsen or make harder to treat



Advice to 'harmful' drinkers

- Stop drinking completely at least until the underlying health condition is resolved or the medication that is incompatible with alcohol use is no longer needed
- If your client has a serious health condition **quitting for good** is the preferred option
- You may need to focus on supporting a change in life-style to help with loneliness or social drinking situations



Advice to 'harmful' drinkers cont...

- Support with grief counselling if appropriate
- Suggest AOD counselling or AA meetings - the older person responds well to treatment
- If the person is not willing to consider abstinence advise:
 - Not to drink and drive (or ride a bicycle)
 - Avoid using electrical appliances and gas heaters



Strategies for wiser drinking in 'risky' drinkers

- Don't drink on an empty stomach
- Be careful about drinking alone at home:
 - Limit alcohol to an amount that will not intoxicate
 - Don't drink at all on top of medications that cause drowsiness - especially antihistamines
 - Don't drink at all if lonely or sad



Strategies for wiser drinking in 'risky' drinkers cont...

- **Plan** - which drink of the day is most satisfying and have just the one e.g. wine with dinner; a cocktail at bridge
- **Replace** drinks at other times with a non-alcoholic substitute
- **Start** with a real beer/spirit then **switch** to a non-alcoholic beer or mixer
- **Try non-alcoholic** beers, wines and ciders



Strategies for wiser drinking in 'risky' drinkers cont...

- Put non-alcoholic beverages into a fancy glass for social occasions
- Learn how to make non-alcoholic cocktails or order 'virgin' drinks at restaurants
- Add lots of fruit juice to alcoholic drinks
- Reserve champagne for special occasions. Mix with orange or grapefruit juice
- Stretch a glass of wine by having it as a spritzer
- Don't drive



Taking cognitive impairment into account

- Repetition
- One thing at a time and step by step
- Use memory aids (lists, diaries, calendars, timers)
- Structure and routine, eg scheduling appointments
- Manage impulsiveness or inappropriate behaviour with feedback
- Prompts, eg post-it notes
- Be patient



Problem Solving

- Using pen and paper:
 1. State the problem
 2. Brainstorm alternatives - ask others
 3. List advantages and disadvantages of each alternative
 4. Eliminate alternatives that are not realistic
 5. Choose the solution you think is best
 6. Evaluate the outcome.
 7. If it didn't work go back to step 3



If it worked well



Managing Change

- Change is stressful (particularly if the person is cognitively impaired)
- Avoid unnecessary change
- PLAN for changes that are necessary
- Allow time for adjustment
- Be practical - use SMART goals
- Establish new routines and redirect without fuss if the person reverts to old patterns or environments



Supporting the Supporters

- Where possible include supporters in the discussions you have with the client
- Acknowledge the stress on the support system
- Be realistic about the pace and degree of recovery
- Where can they get support?



Summary

- Most of the problems we are talking about do not relate to the consequences of heavy drinking or the inability to stop
- They relate to small amounts of alcohol that a person does not realize he or she has lost the capacity to tolerate
- Older people can and do respond well to treatment



Summary cont...

- The concept of 'problem drinking' does not work well for the older person.
- Drinking is either 'risky' (hazardous) or harmful
- Assessment must triangulate alcohol consumption with health status, medications and frailty



Summary cont...

- Use the skills you already have to work with older persons
- Intervention may need to be modified to take account of cognitive impairment
- Take a holistic approach and think about both the risk and protective factors
- Don't be afraid to raise the issue of abstinence from alcohol. People have the right to make informed choices and often 'small pleasures' can be lethal

