SCREENING FOR ALCOHOL RELATED PROBLEMS IN DAY CARE CENTRES FOR THE ELDERLY

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BACKGROUND

The current demographic trend is the aging of population which is one of the world's most important sociological phenomena. Drug abuse is among the least studied health problem in this sector where youth seems to be especially linked. A low prevalence of these problems at these ages is supposed. However, scientific literature suggests that figures are varied. Interestingly the data collected from the few studies indicate that problems originating from alcohol consumption are important in this segment of the population and therefore tend to increase as this segment of the population also increases. Elderly people have more problems with low amounts of alcohol consumed, resulting in a higher morbidity rate. Nevertheless these problems are frequently disguised as other illnesses so are interpreted as side effects of them, making it difficult to diagnose by professional staff in the health sector. All this amounts to alcohol abuse being an important health problem in elderly age, which currently is practically ignored by the majority of professionals and health authorities who direct these efforts almost exclusively to the young generation.

OBJETIVES

- Describe and analyse alcohol consumption in a cross section sample of elderly people that attend public day centres in Cadiz (Spain).
- Establish links between above mentioned consumption and socio-demographic variables studied.
- Establish possible associations between alcohol consumption and tobacco, anxiolytics and hypnotics.

METHOD

Design: Transversal descriptive study.

Population and sample: The target population is the elderly people that attend public day care centres in Cadiz (Spain). In accordance with a probability, consecutive and non random sample, 300 elderly citizens are selected as a sample. Participation was voluntary and anonymous.

Data source: The data was collected in a questionnaire, adapted to that used by the Andalusian Drugs Action Plan, where participants are asked about demographic characteristics, alcoholic drinks consumption, tobacco and psychodrugs where questions were added extracted from SCID and the following detection instruments: Retrospective weekly self register of standard drinks, AUDIT, CAGE y S-MAST-G. When finalising the administration of the questionnaire an interview was carried out, using module E from SCID, to guarantee diagnostic reliability via the standardization of the evaluation process as well as boosting the diagnostic validity, faciliting the application of DSM IV diagnostic criteria and the systemic probing of symptoms that would otherwise be ignored. Those who have never consumed alcohol or that have done so only once or twice in their lifetime were not included in the SCID interview.

Data analysis: Once the questionnaires have been collected, those that were completed incorrectly were eliminated. Afterwards, all variables were coded with their answers introducing the results in a specially created data base in the SPSS v.18.0. statistics package. We used a variety of statistics for this analysis orientated to the objectives and characteristics of the variables collected.

RESULTS

Socio-demographic profile: The sample consisted of 91 women (30.6%) and 204 men (68.68%) with an average sample age of 70.23 years (SD 7.18). Most of the sample are married (64.3%), the widowed percentage is (24%). A large number of people in the sample do not have any kind of academic education (27%) or have only primary education (52%) which corresponds to the characteristics of a lower-middle social level. Only 5% of the sample had graduated from University. The most common professions are in the services sector (37%) or industry (24.2%) and housewives for women (19.4%). On the economic level of the sample, it is noteworthy that 43% of respondents receive less than 600 Euros a month.

Alcohol consumption: A 68.8% portion of the sample reported drinking alcohol in the past year. 9.3% have never drunk alcohol, 6.1% once or twice in their lifetimes. 67% of the sample reported drinking alcohol in the last month, of which 62.6% drink every day. The average drinking starting age is 16 years.

Alcohol related problems:

- AUDIT: 31 respondents, a 10.72% of the sample, were screened positive for alcohol problems on the AUDIT (Cut-off point: 7/8).
- CAGE: 6.8% of the sample, 20 people, was screened positive on this questionnaire (Cut-off point: 1/2). In which 10.9%, 32 people, alcohol dependence is suspected (Cut-off point: 0/1). In total, 17.7% have potential alcohol problems, 52 people.
- S-MAST-G: In this case, 25 have been tested positive, representing 8.86% of the sample (Cut-off point: 1/2).
- Standard Drinks: 18.51% present hazardous alcohol drinking, following the WHO criteria (14 Standard Drinks or more in women and 21 in men or more per week). According to the NIAAA criteria for elderly (over 7 Standard Drinks Weekly) 38.3% is risk population.
- SCID: 3% of sample have alcohol related problems and 4.7% have current alcohol dependence.

Other substances Use:

- Tobacco: 19.5% of respondents currently smoke, of whom 15.5% do daily. 40.7% smoked, but they have stopped.
- Anxiolytics: 30.6% of the sample had at some point and or regularly taken anti-anxiety drugs, of whom 50.7% use them on a daily basis.
- Hypnotics: 20,7% of the sample used sedative medication once in their lifetime of which 60.8% used this medication on a daily basis.

Associations: A significant statistical relationship exists between variable hazardous alcohol consumption, tobacco consumption, age, gender and civil status. Therefore anxiolytics use is associated with hazardous drinking, following World Health Organization criteria as well as NIAA.

DISCUSSION

We have found a high prevalence between alcohol consumption and other addictive substances.

A lot of variety exists in the results of detection instruments used, with the AUDIT detecting a major percentage. This can be explained because the tool includes a wider range of problems related to consumption, while CAGE and S-MAST-G detect abuse and addiction. On the other hand, the more accurate SCD interview for the diagnosis of abuse and addiction results in a lower prevalence of problems detected to those found in the questionnaires.

Hazardous drinking has a significant statistical connection with tobacco consumption, age, gender, civil status all of which we can say that the typical profile of risk drinker in the sample studied would be that of a man younger than 75 years old, a smoker, single, divorced or widowed. Furthermore alcohol consumption is also associated with anxiolytic drugs.

The elevated prevalence of hazardous drinking in the sample leads us to believe that, in an ever ageing society, it is more than ever important to redefine and refocus our understanding of problems related to alcohol consumption in this age group so that health services can adjust to this demographic change in trend. In order to do this we need to take into account the increase in vulnerability of elderly people exposed to the adverse effects of alcohol and the adequacy of diagnostic criteria and screening tools focused on this age group. This would facilitate early detection of these problems and the setting up of brief intervention programs would be positively beneficial.

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