Nursing Older People
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How can nurses support older adults who misuse alcohol?

Abstract

Older adulthood is a unique time of transition often referred to as the 'golden years'. It is characterised by positive life experiences such as retirement, but also by a loss of routine and familiarity. Literature identifies alcohol misuse as a growing issue in this population, yet the stigma, narratives, and patterns of drinking can be a barrier to health. This article identifies that older adulthood is a period where nurses can offer health education and support into the later years, using their unique relationship with patients to support healthy behaviours.

Keywords

alcohol misuse, alcohol harm, healthy ageing, older people, nurses, patients, professional.

Aim and intended learning outcomes

The aim of this article is to enable nurses to use their skills to encourage older people to achieve and maintain healthier drinking, and to promote well-being more generally. After reading this article and completing the time out activities you should be able to:

- Understand terminology around alcohol use and misuse
- Support people to cut down their drinking to healthier levels and be aware of the challenges to offering this support
- Have an awareness of the ageist, gender and ethnic stereotypes that surround alcohol misuse.
- Recognise the importance of nurse patient relationships in promoting informed autonomy in older people who drink.

Introduction

Drinking alcohol is a common social behaviour worldwide. Yet, alcohol use is documented to have negative implications for both physical and mental health such that the World Health Organisation (WHO) devised a policy to reduce drinking related harm (Rekve et al. 2019). The combination of both social use and harm poses challenges for healthcare services, in terms of a balance of respecting patient choice but also highlighting health risks and harms. This is also timely, since the Covid-19 pandemic created difficult conditions for older people-such as isolation-which may relate to alcohol use and mental health difficulties (Satre et al., 2020).

Specifically, older adults are considered in health and policy to be aged 65 and over (Age UK 2019), with this group forming 19% of the UK population (Centre for Aging Better 2022). However, for the purpose of this article, ‘older adult’ will refer to persons over the age of 60, since this is a fundamental life stage associated with numerous changes regarding working, socializing, and health.

Language around drinking varies and is important to define. Chief Medical Officer guidelines for alcohol consumption refer to low-risk drinking advise: “To keep health risks from alcohol to a low level it's safest not to drink more than 14 units a week on a regular basis. If you regularly drink as much as 14 units per week, it's best to spread your drinking over three or more days” (Department of Health [DH], 2016a). Therefore, moderate drinking would

generally be considered to occur within the low-risk levels, with there being no safe levels of drinking overall.

Alcohol misuse is a common term, and can be explained as ‘pattern of alcohol consumption causing health problems directly related to alcohol’ (National Institute for Health and Care Excellence [NICE] 2011a). Other terms used in literature and policy include, but are not limited to, hazardous or harmful drinking, problem or binge drinking, or alcohol dependence. Yet overall terminology is vague, and alludes to the idea that “moderation” is not harmful, when in fact moderate use of alcohol is linked to many health conditions, and particularly in older adults who experience co-morbidities and may require treatment. Therefore, this article examines alcohol (mis)use in the older adult population, and examines the narratives and messaging around drinking at this life stage.

Time out 1

Pause now to reflect on how older people that you have cared for have conceived of alcohol consumption. Is it a pleasure to be savoured now they are retired and do not have to commute, for instance? Is alcohol a social consumption or a private one? Summarise how they characterise alcohol consumption.

Alcohol misuse in older adults

Whilst the focus of this article is alcohol misuse, it is important to recognise the wider context. Alcohol use is a contentious issue evoking strong reactions from society. This can occur in response to consumption levels (e.g. units), regularity (e.g. days per week), but also in patterns (with meals, alone, when socialising). Therefore when working with people who drink, it may not be helpful to view their drinking through a lens of “misuse”, but rather through trying to understand their individual beliefs and behaviours towards alcohol.

A growing public health concern?

Alcohol consumption in older adults has been described as an increasing public health concern (Lindström et al. 2019). This is supported by data demonstrating that alcohol specific deaths in older people aged 55-79 have increased considerably since 2001 (Office for National Statistics [ONS] 2019). This has implications for the NHS, given the older population is one which is growing, presenting a future challenge for healthcare services and funding.

Despite this for the older adult, this may not translate to personal concerns. One reason for this is that alcohol guidelines were changed following a review in 2016, based on new evidence around alcohol related harms and collaboration with other countries (DH, 2016b). Thus, the older generation may be familiar with earlier drinking guidance, which included higher levels of alcohol intake in men. This may support their decisions to drink, and reduce the impact of new health information on their consumption, particularly around the period of retirement.

Older adulthood as a unique life experience

Older adulthood is a unique period of the lifespan which can be described as a window between working adulthood and old age, the so-called ‘golden years’. Typically, this is a time when many people retire perhaps hoping to enjoy the fruits of their previous labour, hopefully with financial stability and grown up children. Yet, retirement is a prolonged period of adjustment and transition (Cassanet et al. 2023). It does have positive benefits, marked by increased satisfaction during and after retirement (Prakesh et al. 2022), and a reduction in distress- particularly when leaving poor working conditions (Lahdenpera et al. 2022), but well-being remains dependent on good health.

For older adults who have retired, having a healthy functioning body is reported to be a strong contributor to their perception of well-being (Bauger et al. 2016). Simultaneously, during this time, alcohol use also facilitates social interaction in older people, and is involved in their ‘social functioning and routines’ (Royal College of Psychiatrists 2018; p42).

Accordingly, based on the knowledge that alcohol use has negative health consequences, the older adult population living in the unique period of retirement transition and post-retirement, are at a life stage where they appreciate good health but may also be engaging in drinking behaviours which are detrimental to this. Therefore, nurses have both the opportunity and the professional skill to support older adults in this area.

Risks, harms, and older age drinking

Currently, it is advised that drinking under 14 units per week, over three days or more, minimises harm from drinking (DH 2016a). Yet, for older adults, the Royal College of Psychiatrists (2018) suggest that this is too high based on physical issues of ageing and tolerance. A particular issue is around the frequency of drinking, which occurs much more often in older adults in comparison with younger adults (Institute for Alcohol Studies [IAS] 2013), perhaps given that working restricts the opportunity for frequent drinking.

One factor supporting the need for reduced drinking levels is around the time it takes for the body to process alcohol, with Lindström et al. (2019) noting that alcohol levels remain more concentrated in the bloodstream in older people. Tolerance is reduced in numerous ways, including poorer liver and kidney function, reduced fat to water ratio, and the fact that alcohol affects older brains more rapidly (IAS 2013). Therefore, in comparison to many younger adults, older people have increased vulnerability to the effects of alcohol. Moreover, the effects of alcohol have the potential be cumulative, so longer term drinkers may suffer increased risk of harm in older adulthood. Alcohol can also affect regular medications.

Regarding risk, alcohol ‘depresses the brain function to a greater extent in older people, impairing coordination and memory, and raising the likelihood of incontinence, hypothermia, injury by accident, and self-neglect’ (IAS 2013). Heavy alcohol intake is also related to brain structural changes, increased risk of dementia, and impaired cognition and executive function [EF] (Rehm et al. 2019). Executive functioning relates to brain function and is responsible for “high-order cognitive abilities such as working memory, inhibitory control,

cognitive flexibility, planning, reasoning, and problem solving" (Cristofori et al., 2019). People with alcohol dependence can suffer difficulties with many forms of executive functioning (Maharjan et al., 2022), raising issues around capacity for nurses.

In conjunction with increasing drinking behaviours in the older adult population (Lindström et al. 2019), alcohol specific deaths in 70-74 year olds were the highest on record in 2018 (ONS 2019). This suggests that moderating drinking in the retirement years may prevent alcohol related physical harm as people become older. In particular, high alcohol consumption in middle age has been linked to frailty in old age (Strandberg et al. 2018), and is related to falls (Satre et al. 2020). Reducing drinking in the retirement years is therefore a protector for later health.

Perceptions of alcohol use with older adults

The messaging older adults have internalised around moderate drinking having health protective effects (e.g. red wine being good for the heart) are somewhat age related. These beliefs are disputed by a report into alcohol mortality and morbidity risks which states that "strong concerns over the robustness of the evidence base for cardioprotective effects mean that, even for older females, mortality risk reductions from moderate alcohol consumption may be minimal or absent" (Holmes et al 2016). Accordingly, these views should be acknowledged but challenged if raised.

Given that current alcohol guidance may not represent low risk drinking for older people, in combination with their drinking more frequently, what constitutes harmful drinking may be less apparent, since it is likely encountered in everyday settings. In retirement, particularly for adults who have physically good health, drinking supports positive social events facilitating relationships, routine, and lifestyle. Yet, regularly, this is likely the pattern of harmful drinking in this population, which may be different from what nurses might perceive as alcohol misuse generally.

Stigma around ageism also influences attitudes towards older adults who drink. Those who misuse alcohol might for example, wrongly be considered ‘too old to change’ (Drink Wise, Age Well 2019, p2), a low priority. This extends to domestic care providers, who believe that managing concerns around alcohol use in older adults may oppose their focus on independence and autonomy (Bareham et al. 2020). The concept of ‘choice’ in older adults, and drinking being something ‘well deserved’ are therefore barriers to engaging in discussion around the harms of drinking.

Age-appropriate support and a need for health education

Age UK’s (2020) report outlines age-appropriate factors which highlight the support required by older adults who drink as being different from other age groups. The report highlights alcohol support as designed towards younger people and neglecting the specific needs of older adults which influence their drinking.

A need for health education

Health education, and age-specific services are therefore needed towards older adults and those around them. This can be achieved by nurses in two ways. First, nurses should acknowledge that older adult drinking may be hidden or socially acceptable, whilst still posing risks to health. There are many settings where nurses encounter older adults where questions about alcohol intake can be asked, using a non-judgemental and supportive approach. Second, is through the recognition that lowering alcohol intake, and promoting more ‘healthy’ drinking, can protect health in the longer term. This is particularly important because the stereotypes and perceptions towards older adults who drink can minimise or dismiss their health needs both short and long term.

Current support for older adults

Currently, the support for older adults who misuse alcohol is not universal. The National Institute for Health and Care Excellence [NICE] offer guidance on alcohol-use disorders in older adults (for reference see NICE 2011a; 2011b), and screening advice (NICE 2023).

However, these include quite specialist information on screening tools and assessments, including information on acute withdrawal. Conversely, in most cases where nurses encounter older adults, their drinking may not present as an acute issue regarding intoxication and withdrawal, but be ongoing intake at the upper end of, or in excess of, the guidelines for safe drinking (DH 2016a). For these patients, support can be offered in the form of alcohol brief interventions or signposting to other agencies. These may be directly focused on reducing alcohol use, or instead focus on potential reasons for drinking, such as loneliness, lack of routine, and bereavement.

Time out 2

Take a look at Drink Wise Age Well's video:
https://www.youtube.com/watch?v=f_dBBcvLOWM&t=316s

Reflect back on what you discovered in Time out 1. Think about how the information on alcohol consumption in this video compares to that reflection.

Social and environmental influences of alcohol misuse in older people

To identify and support older adults who misuse alcohol, it is useful to consider the wider social and environmental influences of alcohol misuse, and consider how these may shift across the lifespan.

Socioeconomic factors and alcohol misuse

Whilst higher socioeconomic status predicts higher alcohol intake, social deprivation is linked to increased risk of alcohol harm even when alcohol is consumed at similar levels (Probst et al. 2020). This is called the 'alcohol paradox'. Although the behaviours related to poverty such as poor diet and tobacco use may contribute to this, this increase in harm occurs even when adjusting for factors such as obesity and smoking (Katikireddi et al. 2017). This highlights significant inequality regarding alcohol harms. In older adults this remains relevant, since lower deprivation continues to be linked with higher level drinking (Rao et al.

2015). Accordingly, it is important for nurses to consider their clients' social situations and financial stability, both when asking about alcohol intake but also considering health and harm. It is also important to note that socially marginalised individuals, such as those from ethnic minority backgrounds, who have a lower income may be at further increased risk of alcohol related harm (Collins 2016).

Gendered drinking patterns

In older age, male drinkers form most older adults who misuse alcohol (Rao et al. 2015), with problem male drinking having a negative influence on men's physical and mental health (Giusto and Puffer 2018). However, women's alcohol intake per drinking session has increased in recent years (Lindström et al. 2019). Sugarman and Greenfield (2021) note that this may be a consequence of increased marketing alcohol towards women but noted that women's physical processing of alcohol makes them vulnerable to its effects. Alcohol is also linked to female cancers, with up to 1 in 10 cases of breast cancer being attributed to alcohol (Cancer Research UK 2023). Therefore, asking women about their drinking is increasingly important to reduce physical health risks.

Ethnicity and drinking

Ethnicity is also significant within the male drinking population. Within Britain, the level of drinking is higher in White British adults than any other ethnicity (IAS 2020; Wang and Li 2019). Within the white British population, white males engage in hazardous or harmful drinking twice as much as white females (IAS 2020). Yet, these levels may also vary depending on factors such as religion, environment, and health systems (Bryant and Kim 2019). One reason why ethnic minority individuals drink less is that alcohol drinking is culturally discouraged particularly in South Asian, Caribbean, and Sub-Saharan African communities (Wang and Li 2019). Yet, such differences between white and ethnic minority drinking reduce in later generations (Wang and Li 2019). This may be harder to identify, since people from ethnic minority groups are less likely to seek help for harmful drinking (IAS

2020). Accordingly, asking about alcohol intake is important regardless of a patient's ethnic background.

In summary, regarding the determinants of alcohol misuse, including, socioeconomic status, gender and ethnicity, harmful drinkers are largely less deprived, male, and of white British and Irish ethnicity (Rao et al. 2015). It is important for nurses to be aware that these determinants do not singularly occur, but rather intersect, highlighting holistic assessment and care as a priority when supporting older adults who drink.

Time out 3

Consider the demographics of the populations you work with in practice. Write down three points about how these are likely to influence people's drinking behaviours and risk.

Nursing values and attitudes when supporting older adults who drink

Considering the varying individual factors which affect older adult alcohol misuse, the values and attitudes of nurses are vital to treat people equally. The Nursing and Midwifery code (NMC 2018) promotes prioritizing people. Regarding harmful drinking, this is a difficult balance between promoting autonomy and choice, but also protecting health. The Mental Capacity Act (2005) determines that people have the right to make unwise decisions, which alcohol misuse might be considered as. However, those decisions must be informed, and it is the nurse's duty to facilitate this. If executive functioning may be affected, nurses have a short timeframe to consider patient capacity, so confidence in this area is important.

Time out 4

Read this webpage around cognitive impairment in dependent drinkers and consider how it can impact the lives of older people: https://alcoholchange.org.uk/publication/the-blue-light-approach-identifying-and-addressing-cognitive-impairment-in-dependent-drinkers

Another requirement is to challenge discrimination and stigma, which is also noted in The Code (NMC 2018). With older adults, this particularly relates to ageism and challenging

perceptions of alcohol as being deserved, but also viewing older adults within the unique context of their lives. Older adults value physical health, and educating this population on the role alcohol plays in maintaining this is needed. Another age-related stigma arises where older adults are considered ‘elderly’, yet this is not the case and in most cases, people entering retirement in their 60s have decades left to live. Supporting minimisation and regulation of drinking and justifying this through the protection of health in the later years is a positive way of promoting health in this patient group.

Another issue, creating a potential conflict is around nurses’ health promotion approach to older adults. Whilst this is a professional value, with potential to maintain peoples’ independence and minimise their need for health services, it may not align with individuals who feel drinking is a social reward of retirement and of having worked hard for many years. As such, patients may not appreciate this approach, but instead prefer that nursing staff are accessible if and when they want support from them. Respecting individual needs therefore require careful balance.

Assessing alcohol misuse

Within the nursing process, the assessment and identification of alcohol misuse is important. Alcohol screening is part of this, and necessary to identify and classify low risk, increasing risk, high-risk, very high-risk and dependent drinkers (Webzel, 2018). Alcohol screening is particularly integral within Primary Care and should be routine for example when registering new patients, reviewing medication and completing antenatal appointments. Screening should also occur in other health and social care settings where there is suspected or informed reason to suspect a patient may be at risk of harm or ill health because of alcohol consumption.

Screening can be formal and informal. Validated tools to formally assess alcohol use and risk are located in Table 1. However, simply asking about alcohol intake and possible misuse does not require tools, but rather professional curiosity which can instigate a conversation

about health, harm, and the patient's experiences and wishes. There are interventions which may be used by nurses in non-specialist settings, and which can support older adults to manage their drinking levels and protect health.

Table 1-Alcohol Screening Tools (adapted from Office for Health Improvement and Disparities (2020)

Screening tools	Focus and use
1.The alcohol use disorder identification test (AUDIT)	Asks ten questions about alcohol consumption and impact on daily living. For scores over 8, brief alcohol interventions are recommended. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1113175/Alcohol-use-disorders-identification-test-AUDIT_for-print.pdf
2.The alcohol use disorder identification test for primary care (AUDIT PC)	Uses 5 questions from the full AUDIT, intended for use in Primary Care such as clinics https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1113176/Alcohol-use-disorders-identification-test-for-primary-care-AUDIT-PC_for-print.pdf
3.The alcohol use disorder identification test for	This uses three questions from the full AUDIT and focuses on consumption. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1113177/Alcohol-use-disorders-identification-test-for-consumption-AUDIT-C_for-print.pdf

consumption (AUDIT C)	
4.Fast alcohol use screening test (FAST)	This uses some questions from AUDIT, and assesses alcohol harm. If a positive result is produced then the full AUDIT is recommended. It was designed originally for use in Emergency Departments. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1113178/Fast-alcohol-use-screening-test-FAST_for-print.pdf
5.Single question alcohol use test (M SASQ)	This contains one question from the AUDIT and was designed for use in Emergency Departments. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1113179/Single-question-alcohol-use-test-M-SASQ_for-print.pdf

Supporting older adults to reduce their alcohol intake

Nurses should remember that most people who drink harmfully do not encounter specialist health services and are therefore more likely to contact health staff in a wider range of settings. This justifies the need for nursing staff to maintain knowledge relating to alcohol use disorders. Primarily, nurses should use their therapeutic relationships with patients to engage in trusting discussions.

Alcohol Brief interventions (ABIs) can be used by non-specialist staff, with their aim being to reduce drinking levels and minimise drinking harm in adults not otherwise seeking support for their drinking (Kaner et al 2018). Drink Wise, Age Well (2022) highlight that ABIs for older adults do not need to occur in clinical settings and have found older adults to be receptive to ABIs in public settings such as supermarkets, shopping centres and train stations, providing there is the opportunity for the conversation to remain private.

Brief interventions take the form of a short conversation delivered in a non-confrontational way providing information of the harms of drinking, the benefits of reducing intake, and

feedback about the person's current intake (NHS Health Scotland 2017). By demonstrating compassion and understanding, healthcare workers can invite a discussion relating to a person's alcohol use. Motivational interviewing is recognised as a successful technique for ABI within healthcare settings, manifesting as a collaborative style of conversation which increases a person's motivation to make positive behaviour change (Miller and Rollnick 2012; Monti et al 2014). The discussion may also include signposting to peer-support groups, providing individuals with leaflets and resources, or prompting completion of a screening tool if one has not already been completed. This process aims to improve understanding of the risk and harm of alcohol use, with research suggesting that ABIs can reduce weekly drinking by up to 12% on average, reducing the risk of ill health (Kaner et al 2018).

In addition to brief interventions, for older adults, nurses can promote informed autonomy in life choices by providing up to date information and health advice which protects both mental and physical health. Strandås and Bondas (2018) identify the nurse-patient relationship as instrumental in promoting health, as well as wider wellbeing, trust and supporting patients to manage their own health. It may be helpful in this context to take the approach with patients that restraint around current drinking means an investment in their future health, rather than simply offering health advice which may be seen as unpalatable and paternalistic.

The Code (NMC 2018) also suggests that nurses share information with people and their families in a sensitive way. Alcohol use may be a difficult topic to approach, and confidentiality must be maintained, but the support of family may be helpful for older adults as they transition through the life changes such as retirement. Finding new ways to maintain relationships, such as with adult children who have left home, or with grandchildren, may be welcome topics of discussion.

Finally, nurses should have sufficient understanding to recognise their scope of practice, and when to refer on to other agencies. It may be, in the case where patients are at risk of acute withdrawal in the case of very high levels of alcohol misuse, that patients require specialist

medical care and supervised intoxication. In these cases, referral to specialist services, such as an Alcohol Care Team, the GP, or Emergency room, depending on patient needs, may be appropriate. Conversely, referrals to community charities, such as Age UK, or a local bereavement service, might be more suitable. Ultimately, the best way to support an older adult who uses alcohol is to consider their person holistically, understand triggers for their drinking, and what might help people to reduce this and protect their health longer term.

Time out 5

Find out what services you might refer someone with more acute levels of harmful drinking, which are available in your practice area.

Conclusion

Whilst this article has raised alcohol misuse as an issue affecting older adults, the broader context of alcohol use has raised challenges for nursing practice. Determining alcohol misuse in older adults is not easy, and is particularly influenced by messages around drinking being a helpful social behaviour, and healthy in moderation. Indeed, patients may point out the benefits of drinking to their nurse. Yet, older adults are in a period of their lives where they are able to enjoy retirement after many years of working or raising families, but still value good health. The key challenge is to inform and support autonomous lower risk drinking as an investment in future health, despite the uncertainty of what the future holds in later life.

Time out 6

Identify how the issue of alcohol misuse applies to your practice and the requirements of your regulatory body

Time out 7

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account: rcni.com/reflective-account

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