

Alcoholism in Late Life: Some Issues

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BODY AND MIND

Alcoholism in Late Life: Some Issues

Alcoholism is a significant problem among the elderly. An undiagnosed, untreated older person may be mistaken as suffering from dementia.

By Richard E. Finlayson

Our knowledge about alcoholism in the elderly has changed greatly over the past 25 years. It was once regarded as a rare condition. Epidemiological studies have revealed, however, that it is a significant health problem among seniors. Alcohol consumption studies suggest that the amount older people drink does not decrease significantly until they are into their 70s. Generally, older women begin to reduce their alcohol use earlier than men do. Consumption levels vary greatly among elderly populations. Pockets of high prevalent drinking problems have, for example, been reported in certain retirement communities.

In this column, I will discuss problems in diagnosing elderly alcoholism, society's response to treatment of elderly alcoholics, and a comparison of early and late onset alcoholism in the elderly.

Diagnosis Problems

The presentation of alcohol abuse and dependence tends to be different in the elderly as com-

pared to the nonelderly. In young persons, one is more likely to observe high consumption, antisocial behavior, alcohol-related legal problems, and/or alcohol-related employment problems. These occur less commonly in the elderly. A more typical alcohol abuse pattern seen with advancing age is characterized by declining general health, falls, cognitive problems, and social isolation. These and other vague and diffuse signs and symptoms may not be easily attributed to alcohol use, especially when the use has been secretive.

Decisions made to address the alcoholic person's deterioration through civil commitment or perhaps by the appointment of a guardian or conservator become difficult when a diagnosis of alcoholism is not clearly established. The lack of close observers of the elder's behaviors is a major reason leading to a lack of diagnostic confidence. Additionally, close relatives of the alcoholic may struggle in accepting the diagnosis of alcoholism in, for example, their mother or father. If the underlying-

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ing problem is not clearly identified, a civil action by a court may be based on the conclusion that the older person is suffering from "old age," or perhaps "senility." This latter term is scientifically inaccurate and stigmatizing. It is gradually being replaced by the proper medical term "dementia."

Treatment Response

Society tends to have a negative view of the results of alcoholism treatment. Negative perceptions about elderly alcoholics tend to be based on two themes. The first of these is that the older alcoholic enjoys his or her drinking and that to attempt to stop it would be to take away the only pleasure that older person has left in life. The fact of the matter is that alcoholics don't enjoy being sick, experiencing frequent tremors or sweats, falling, and other common symptoms.

The second theme is equally negative and is based on a belief that the older alcoholic cannot benefit from treatment. This is reflected in comments such as, "Why bother? I know some old guys that have been sent in to get dried out half a dozen times, and they're still drinking." The adage "You can't teach an old dog new tricks" also illustrates this thinking. Factors such as these may explain the results of a recent study reported from Manchester,

United Kingdom.¹ One hundred seventy-six persons age 60 and over were admitted to medical services and subsequently diagnosed as having alcohol abuse or dependence. Falls were the main reason for admission. Only 15 percent of these elderly were referred for rehabilitation of their alcohol problem.

The pessimism concerning treatment outcomes in the elderly is not justified. Multiple clinical studies, in fact, have revealed that older alcoholics recover as well or better than their younger counterparts. This is true notwithstanding isolated examples of persons who relapse following treatment. The same thing can be said for other diseases such as multiple sclerosis, heart disease, and cancer. Thus, it would be tragic if an elderly alcoholic was placed in custodial care rather than referred for treatment of alcoholism as the initial step in addressing the problem of their deterioration.

Early Versus Late Onset Alcoholism

Research to date has demonstrated that there are two broad groups of elderly alcoholics. Some elderly alcoholics began to manifest symptoms of the disorder in early or midlife and are known as "early onset alcoholics." Those that develop symptomatic alcoholism begin-

ning in late life are known as "late onset" cases. The age at which late onset alcoholism begins is arbitrary, but it has generally been regarded as being between 55 and 60 years of age.²

When the case histories of these two groups are examined, some differences are noted. Early onset alcoholics are more likely to have a positive family history of alcoholism than are the late onset cases. Late onset alcoholism may sometimes be associated with a major life event, such as the death of a spouse, retirement, an episode of depression, or other major stressors. Stress, as a general explanation for late onset alcoholism, does not fully explain this phenomenon. The one bright spot with late onset alcoholics is that they seem to be more responsive to treatment than do the early onset cases.

Endnotes

1. See John Dickson Mulinga, *Elderly People With Alcohol-Related Problems: Where Do They Go?*, 14 INT'L J. OF GERIATRIC PSYCHIATRY, 564, 564-66 (1999).
2. See generally OLDER ADULTS' MISUSE OF ALCOHOL, MEDICINES, AND OTHER DRUGS: RESEARCH AND PRACTICE ISSUES (Anne M. Gurnack ed. 1997).