

Winter
2011

The Illuminator®



Alcohol & Aging

Aging affects how our bodies handle alcohol. Amounts that caused no problems in the past can cause big problems now...

With holiday celebrations approaching, I changed the Winter issue to this sensitive topic

Aging slows down metabolism: filtering of waste and toxins by the kidneys and liver, movement of fluid by the bloodstream, burning energy by the muscles, and digestion. The thirst reflex decreases, causing dehydration. These changes affect how long medications and substances such as alcohol remain in the body and their concentration in the blood. Just as a medical provider adjusts the doses of medication for these changes, you should lower the amount of alcohol you take in comparison to your younger years. **An amount of alcohol that did not make you intoxicated years ago can have that effect now.** Furthermore, our reflexes, balance, and bone strength decline as we age, making us more prone to injury. Falls are the leading cause of death and disability in the elderly. **Alcohol greatly increases fall risk even in "moderate" amounts.**^{1,2} How much is "moderate"? The equivalent of 0.5 oz of alcohol is considered one drink: approximately 1.5 oz of distilled spirits, 12 oz of beer or 5 oz of wine. For men and women 65 years of age or older, the National Institute on Alcohol Abuse considers **one drink per day to be the maximum amount for**

"moderate" alcohol use.¹

Alcohol interacts with medications. Alcohol is a nervous system depressant and draws fluid out of the body. This can cause problems with heart, blood pressure, blood thinning, mood and depression medications. It is estimated that over 40% of adverse medication reactions happen in those over age 65, many from the combination of prescription or over the counter medications with alcohol.²

Recognizing Problem Drinking: A wise doctor once said "It's problem drinking if it's causing problems". Alcohol abuse is a growing problem in the elderly. We are seeing alcohol abuse in late life in people who had no past problem drinking, especially older women. Most of the time this results from using alcohol to cope with a loss or loneliness: job loss or retirement, death of a spouse or companion, change in health or abilities, isolation, financial problems.²

Ask these questions to screen for problem drinking:

Cut Down: Has a doctor ever told you to cut down/ have you tried to cut down on your drinking?

Annoyed/Angered: Have others annoyed/

angered you by criticizing your drinking?

Guilty: Have you ever felt guilty about your drinking?

Eye Opener: Have you used alcohol to steady your nerves or to reduce the effects of a hangover?

If the answer to any of these questions is "yes" it's time to seek help. Even if the result is cutting down rather than quitting, it will reduce the chance of developing heart, liver, and kidney diseases and alcoholic dementia (Korsakoff's syndrome) that come from heavy drinking, fall injuries and automobile accidents (which could hurt someone else!).

Ask your health care provider for treatment options in your area, call your local community health department or go to

<http://dasis3.samhsa.gov>

If you believe someone is severely intoxicated (such as taking in a large amount over a short period of time) call 911 or go the nearest emergency room—do NOT let him or her "sleep it off" or try caffeine. Alcohol poisoning can kill, especially in younger and older persons.

¹ Rigler, S. "Alcoholism in the Elderly," *American Family Physicians* March 15, 2000

² Ebersole, P. & Hess, P. *Geriatric Nursing & Healthy Aging* Mosby: 2001 pp.543-545



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Aging Answers' Services:

- **Assessment** — to identify needs & support system
- **Referrals** — to services that best meet the client's needs, budget, personality and our high standards
- **Coordination** — arranging, evaluating, and revising the services
- **Transition Assistance** — for moves to assisted living or skilled care
- **Monitoring** — 24/7 support

Meet the Founder!

Laurel Felsenfeld, company founder and president, is a certified rehabilitation RN and case manager in practice since 1990 with personal experience from family members affected by Alzheimer's and multiple sclerosis. **2009 Recipient of the Oakland University Nightingale Award for Excellence in Community Nursing**



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Legal, Financial, and Care Planning Considerations**