

OLDER ADULTS AND ADDICTION: WHY SHOULD WE CARE?

Alcohol Dependency

It may surprise you to know that over seventy percent of older adult hospital admissions are in some way related to alcohol or medication problems. The problem of alcohol and medication dependence among older adults, an often misunderstood, denied and misdiagnosed problem is growing rapidly with the aging population. There are over eight million seniors who are addicted to alcohol or medication, one third of whom suffer from late onset addiction.

Late onset addiction may be of particular concern among retired professionals. They may experience a sudden lack of purpose after a rewarding, demanding and often prestigious career. These retirees have enjoyed a high level of respect along with a demanding career. According to a recovering older alcoholic whose heavy drinking escalated rapidly when he “retired” involuntarily, “to lose one’s professional life is tantamount to losing one’s identity.”

The heavy social drinker who managed to cope in professional life may now drink more in retirement, causing physical, mental and personal consequences. Late onset addiction can result from a number of life transitions and risk factors, such as loss of a spouse or loved one; loneliness or isolation; health problems and pain; or a move to a new home or geographic location. Retirement communities, for example, are often abundant with social activities that revolve around alcohol and happy hour.

It is not difficult to see how many spouses of busy professionals have managed to hide their addictions, because the spouse has been preoccupied with his or her career. When that career ends, the retired professional may be forced to open his or her eyes to what is happening at home.

Additionally, older people are more susceptible to idiosyncratic intoxication, which results from small amounts of alcohol affecting a person that would not affect most people. They have a diminished capacity to tolerate alcohol, perhaps because of their advanced age, which prohibits them from metabolizing alcohol as efficiently as

younger people.

Problems with Medications

Medication dependence or misuse may also occur with older adults. Many seniors often see more than one physician at the same time and, therefore, may be taking drugs that have potentially dangerous interactions with and reactions to one another. Drug and alcohol interactions pose a similar threat. Often older patients do not comply with prescription instructions because they become confused about what medications to take. Others self-medicate, taking more medication than prescribed in order to relieve pain or feelings such as loneliness.

Whether intentional or not, once the medication addiction is established, the older person is apt to become secretive about his or her drug use, anxious to preserve the supply of the medication, and often ashamed about the problem. An atmosphere of denial has usually surrounded the older adult addict. There has been a carefully constructed system that enables the senior to continue drinking, which is fueled by denial or unawareness by family and friends.

Considering Intervention

It is difficult for most people to begin a conversation with an older loved one, colleague, or friend about a suspected problem with alcohol or medication. It is imperative that when addressing the issue of a drinking problem with an older person, generational values and attitudes are taken into account. Seniors put a premium on virtues, such as self-reliance and self-sacrifice, playing by the rules, achievement and responsibility. Airing one’s dirty laundry is taboo. Because the perception of alcoholism among older adults relates to moral failure and the image of a bum on the street, the subject of alcohol dependence is likely to be denied.

Show respect by avoiding emotionally loaded words like “alcoholic” or “drug addict.” While it may be difficult, always avoid blame, anger, or judgment. Instead, show empathy for the person’s well being. Al-

ways remain focused on the facts. Be direct and specific about how much you have noticed the person drinking on specific occasions and about the effects alcohol or drug use can have on things the older person cares about, including what others are saying, health concerns, or memory loss.

If the older person agrees to seek help, be prepared to take quick action. Have the name of a treatment center and the name of the person who does the assessments handy. A professional can help develop an assessment more easily if you have the medical and medication information available. You will want to compile a list of prescription and non-prescription medications and a list of the doctors he or she is seeing. Take note of the person’s current physical condition. Be aware of how the drinking or medication misuse is affecting the older person’s family life, attitudes, and ability to take care of him or her, as well as others.

Older professionals have built a lifetime of traits that helped them to be successful in their careers, such as analytical thinking, high intellect, and dedication to work. These strengths, however, will not be much help in kicking an addiction without help from medical specialists. The whole person is addressed in effective treatment programs, which means that their physical, mental, emotional, and spiritual aspects of an individual are taken into account. Ideally, a multidisciplinary team, including physicians, nurses, psychologists, psychiatrists, counselors, nutritionists, spiritual counselors and wellness professionals help guide the older adults on their journey to recovery.

The older adult in your life with alcohol or medication problems is worth saving. Rather than facing rapidly deteriorating health, recovering adults can enjoy a renewed quality of life and improved health for many years with the proper treatment and support from family, friends and colleagues.

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