



## Older Women and Alcohol Fact Sheet

**This fact sheet produced by GINA explores the use of alcohol in later life, with special emphasis on older women. It has been produced for:-**

- Health professionals, carers and family members who would like more information on the impact of alcohol and its effects on the health of older people and
- Anyone who has a general interest in the effects of alcohol for those in later life.

### Introduction

Generally alcohol consumption declines with age, however there is evidence that today's population of older people may be relatively heavier drinkers than in previous generations. This could be the result of a number of factors including this generation having lived in a time where alcohol is highly socially available and acceptable, as well as having a higher disposable income in retirement. Women in particular have been affected by the changing social context of drinking and by changing attitudes to the acceptability of drinking in public. This culture shift of acceptability of female drinking can be viewed as a positive move towards equality however, awareness needs to be raised as to the specific damage and risks to women from excessive alcohol consumption.

### Is alcohol misuse a problem for older people?

Though the younger generation are seen to be the problem drinkers, being more likely than older people to exceed both the weekly and daily recommended alcohol limits, older men and women are more likely to report drinking alcohol every day than younger people. The percentage reporting drinking almost every day increased with age; 3% of 16 -24 year olds compared to 29% of those aged 75 and over<sup>1</sup>. It is the older generation's frequent drinking, rather than binge drinking that leads to poor health, loss of independence and ultimately death.

---

<sup>1</sup> Alcohol Statistics Scotland 2007

Recent Scottish data from shows the way elderly drinking impacts upon the health and social services, revealing that -

- Alcohol-related general hospital discharges were most common in the older age groups
- The 60+ age group also top the alcohol-related emergency admissions during the week and at the weekend
- The highest number of alcohol-related deaths, where alcohol was an underlying or contributory factor, was in the 60+ age group
- Out of all general acute inpatient discharges with alcohol-related diagnoses the 60+ group had the highest rates of liver cirrhosis, alcohol hepatic failure, fatty liver, alcoholic cardiomyopathy, harmful use, acute intoxication, alcohol dependence and alcohol psychoses.<sup>2</sup>

Though the male rates are generally higher than the female rates for alcohol related admissions, deaths and discharges, older women should not be overlooked. Out of the 1095 alcohol related deaths in the 60+ age group in Scotland in 2005, 315 were women<sup>3</sup>. Furthermore this is set to rise given the increase in alcohol consumption for women in younger age groups, including the baby boomers generation. Society's view that women's drinking is now more 'acceptable' can be seen to have contributed to the steady rise in numbers of women who not only drink alcohol but also consume larger amounts of alcohol when they drink, which will contribute to more alcohol related ill health in later years.

It has been estimated that the over 65 population of Scotland will increase considerably over the next 25-30 years, and by 2027 the over 50s will make up roughly 55% of the Scottish adult (18+) population<sup>4</sup>. Furthermore, surveys have shown that the levels of alcohol consumption, plus the proportion of both men and women aged 45 – 65+ drinking over the 'sensible limits' has been rising steadily over the past 20 years. If the 20% of the baby boomers who currently exceed the recommended drinking limits exceed the recommended limits in old age, it is predicted that alcohol-related hospital admissions will rise significantly per year in Scotland. This means that the potential consequences of older people's drinking habits combined with an increasing elderly population will have a significant impact on health and social care services.

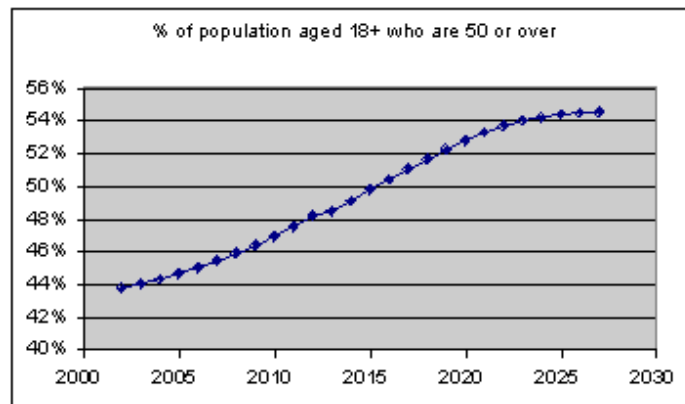
---

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Older people in Scotland: Results from the Scottish Household Survey 1999 - 2002

## Population projections 2002-2027



**Source:** Older people in Scotland: Results from the Scottish Household Survey 1992 - 2002

## Why might this age group develop a problem?

### Lifestyle Disruption

The loss of routine and structure brought by retirement, bereavement and widowhood, declining mobility, family leaving the nest and social isolation can all lead to boredom, depression and a lack of coping mechanisms. Over a third of older people who misuse alcohol developed the habit after the age of sixty. Physical ill health, such as arthritis may prompt drinking in older people in an attempt to combat the pain it brings.

### Isolation

The hidden harm of alcohol is a significant issue for all older people, however due to the fact that women outlive men and often find themselves living alone, it is of particular concern when looking at older women. Women living alone form the largest group of people aged 70+<sup>5</sup>. Those who already have an unhealthy relationship with alcohol are more likely to deal with loss and bereavement by turning to alcohol, and this is not limited to those with a history of alcohol misuse, as even infrequent and moderated drinkers can react this way. The 'late onset' problem drinkers make up an estimated 30-50% of older people with alcohol problems<sup>6</sup>. If a woman is drinking at home to help her cope with feelings of loneliness and isolation, drinking patterns can go unnoticed for a considerable time, usually until a real health problem arises.

<sup>5</sup> Older people in Scotland: Results from the Scottish Household Survey 1999 - 2002

<sup>6</sup> Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers? A Report by the Alcohol and Ageing Working Group

## Why are older women particularly vulnerable to alcohol?

At all ages in life women are more susceptible to the effects and the risks from alcohol than men, but this is particularly true as we age. Compared to men, women do not have as high a proportion of water to fat which means alcohol stays more concentrated inside a woman's body. The same amount of alcohol will get a woman more drunk, more quickly, and can potentially cause her more harm. On top of this gender vulnerability is the added susceptibility to alcohol brought by ageing, which renders an older person more sensitive to the effects of alcohol. Some of these physical changes include:

- **A fall in ratio of body water to fat** – older people have less water for the alcohol to be diluted in
- **Decreased hepatic blood flow** – the liver will receive more damage.
- **Inefficiency of liver enzymes** – alcohol will not be broken down as effectively
- **Altered responsiveness of the brain** – alcohol will have a faster effect.

## What are the safe limits of consumption?

The safe limits recommended for alcohol consumption are:

**Women:** 2-3 units a day, and up to 14 per week

**Men:** 3-4 units a day, and up to 21 per week

It is also advised to have at least 2 days a week without alcohol to let the body recover.

Although these are the advised limits for adults, older peoples' vulnerability to alcohol must be taken into account, where even modest use can affect their health and wellbeing. What is deemed as 'safe limits' for adults may still cause harm to an older person whose body is more susceptible to alcohol. One study highlighted that modest use of alcohol, 1-3 units daily, in old age is potentially harmful, as it can contribute to many problems such as falls, poor memory, incontinence, mismanagement of medication and inadequate diet.<sup>7</sup>

These findings suggest that safe drinking levels for older people could possibly be reduced to half the existing recommended allowance for adults.

---

<sup>7</sup> Age Gracefully, Drink Safely: A Report on the Drinking Patterns Of Older People Residing in South Ayrshire

## Lifestyle and health risks

To ensure continuing good health and independent living for as long as possible, it is vital for older people to be aware of the risks associated with regularly drinking over the recommended guidelines. Regularly exceeding the recommended sensible drinking guidelines poses significant lifestyle and health risks generally for older people, and some specific risks for older women.

### Heart and Circulatory System

Heavy drinking can raise the blood pressure which increases the risk of heart disease and stroke.

### Cancer

After smoking, alcohol is the biggest cause of mouth and throat cancer. Stomach and liver cancer are also caused by alcohol misuse. Women who drink also increase their chances of breast cancer and endometrial cancer.

### Liver damage

When the liver has to deal with more alcohol than it can handle damage may occur, such as cirrhosis or liver failure. With advancing years the liver becomes less efficient and more vulnerable and women drinking more than 5 units of alcohol daily are at increased risk of liver damage<sup>8</sup>.

### Stomach and Oesophagus

Excessive use of alcohol tends to have a corrosive impact on the linings of these organs causing conditions such as:

- **Gastritis:** an inflammation of the stomach cleared up by avoiding alcohol.
- **Ulcers:** may not be caused by alcohol but are certainly irritated by excessive use of alcohol.
- **Reflux:** can cause ulceration, tearing, bleeding around junction of stomach and oesophagus.

### Osteoporosis

Hazardous drinking increases a woman's chance of developing osteoporosis in old age, as well as a delay in the healing of fractures.

### Medication

Over a third of those over 75 take four or more medicines. Many prescriptions and over the counter medicines can interact with alcohol and can result in

---

<sup>8</sup> Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers? A Report by the Alcohol and Ageing Working Group

physical and psychological illness, injury and death. Women are more sensitive to over the counter and prescription medication than men. Combining alcohol with some of these medications can be extremely risky, in particular combining alcohol with medications used to treat depression can be very problematic. Women are twice as likely as men to experience depression and as such be taking these types of medication.

### **Physical Co-ordination**

Alcohol impairs physical co-ordination – for people who already unsteady or frail this can lead to an increase likelihood of falls or accidents. If the woman suffers from osteoporosis a fall can cause a nasty break, and a prolonged recovery time.

### **Anxiety and depression**

The after-effects of alcohol can increase and enhance feelings of anxiety and depression. This can become a vicious cycle if they then drink more to cope as alcohol will not relieve anxiety and depression; it will only make it worse. Women are on average likely to outlive men by 6 years, thus very often older women find themselves living alone due to bereavement and can find this situation very isolating and experience feelings of loneliness and depression. Many women for whom alcohol has become a problem, cite depression and feelings of purposelessness as a reason for drinking. Indeed, research shows that of the older people who begin to drink riskily later in life, late on-set drinkers, most are women.

### **Cognitive Impairment**

The loss of cognitive function is a serious health problem, and the likelihood of developing impaired brain function increases with age and with alcohol consumption. Alcohol related brain damage (ARBD) appears to occur in 50% of people with severe chronic alcohol problems, and long term alcohol misuse is associated with alcohol dementia, Wernicke-Korsakoff Syndrome.

## **What barriers to treatment do older people face?**

### **Hidden Harm**

Older people are more likely to drink at home which means that where problems develop they are less likely to be detected. This may also lead to dangers of accidents such as fires and falls. It appears that isolation increases with age. Research into older people and their social networks show the oldest age groups were the least likely to have had recent contact with friends, with 21 percent of men and women aged 75+ reporting no contact in the previous 2 weeks, compared with 15 percent of the 65-74 age group<sup>9</sup>. This increasing isolation is not only a cause of hazardous drinking, but is also a barrier to its detection.

---

<sup>9</sup> Older people in Scotland: Results from the Scottish Household Survey 1999 - 2002

### **Lack of alcohol education**

Older people are much less aware of the concept of units, with the main focus of alcohol education being young people. The notion that alcohol is 'one of the few pleasures they have left' furthers the barrier between the elderly and appropriate education. A study showed that just less than 1 in 2 older people could specify the weekly-recommended unit allowance that corresponded to their gender, and only 1 in 5 people were asked by the G.P. about their drinking<sup>10</sup>. Many older women are still unaware of the damage alcohol can have on their health and thus are making risky and uninformed choices when it comes to their drinking.

### **Misdiagnosis**

Older women are often overlooked in terms of alcohol misuse, due to society's view that it is young people who drink to excess and have problems with alcohol. Often within our society there prevails a stereotypical view that older women are tee-totalers and are not seen as a group who would traditionally have an issue with alcohol misuse. This misconception about older women and alcohol can lead to women with alcohol problems being overlooked and their issues being misdiagnosed. Some consequences of alcohol misuse, such as incontinence, falls, cognitive impairment, self neglect and dementia are often regarded as merely signs of ageing. Often the health problems brought on by alcohol misuse are treated, but the primary cause of such ailments is overlooked.

### **Compressed morbidity**

The high number of alcohol-related deaths and illnesses in the 60+ age group is very worrying, particularly as it is likely to increase. The ideal situation, for both the state and older people themselves, is compressed morbidity. This is where disability and illness associated with advancing years is compressed to a shorter period closer to the time of death. This would allow the older person a greater quality of life, without long periods of ill health, and would also put less financial strain on the NHS and social services. It is suggested that the two factors that might reduce the likelihood of compressed morbidity for the baby boomers generation are alcohol and obesity<sup>11</sup>. If compressed morbidity is to be achieved then steps must be taken to combat the silent epidemic of alcohol misuse in the older generation.

---

<sup>10</sup> Age Gracefully, Drink Safely: A Report on the Drinking Patterns Of Older People Residing in South Ayrshire

<sup>11</sup> Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers? A Report by the Alcohol and Ageing Working Group

## Recommendations

### Age based sensible drinking guidelines

A popular recommendation is that the alcohol unit allowance for older people should be lowered to mirror the reduced tolerance they experience. It has been suggested that older people who drink in accordance with the current guidelines may be putting themselves at risk of poor health<sup>12</sup>, as the guidelines do not take into account the vulnerability to alcohol induced by the ageing process. Some organisations in other countries have already made reduced guidelines for older drinkers. The National Institute on Alcohol and Alcoholism in the United States recommends a limit of one standard drink a day for both older men and older women.

### Education

- **Older people** - Alcohol education is key, and needs to be targeted specifically at older people, from those in their early 60s who have just entered retirement, through to the older generation in their 80s and above; the fastest growing age group. Furthermore, older people must be made aware of their specific health risks, for example the dangers of mixing alcohol and medication, or the increased risk of a number of cancers. General information and resources available about alcohol should be made more relevant to older people as well, instead of solely targeting younger drinkers, for example by including images of the older generation in publications.
- **Carers and family members** - It isn't only older people who need to be made aware of the risks and consequences of alcohol misuse. Carers, family and friends who look after older people must also be aware of the dangers, and be able to advise and refer. Older women particularly feel a real stigma about admitting problems with alcohol, and research shows that women are half as likely as men to self refer for help with an alcohol problem. It is therefore important for those around to take notice and take action. Training should be available for those in contact with older people, particularly carers who have the most contact with older people.

### Brief Interventions

A more proactive role should be played by health care professionals, such as GP's, nurses and pharmacists, in highlighting the dangers of alcohol misuse. Brief interventions are meant to act as a motivational stimulant to encourage people to change their behaviour. Adopting a process of brief intervention may

---

<sup>12</sup>Age Gracefully, Drink Safely: A Report on the Drinking Patterns Of Older People Residing in South Ayrshire

help reduce both problem and moderate drinking, and may help older people to address their own drinking by setting consumption goals.

### **Labelling and presentation of alcohol information**

An ageing mind is fallible, and memory recall lessens as we age. The 'Age Gracefully' report recommends the development of visual awareness tools to help older drinkers process and retain alcohol unit information. This suggestion is supported by their data showing that self reported knowledge of a unit and the weekly guidelines went down as the age increased.<sup>13</sup> This suggestion is also supported by the Alcohol and Healthy Ageing Group, who recommend that all alcohol bottles and cans to contain information about units of alcohol. It also recommends that packaging of medicines that interact with alcohol should contain explicit information to indicate the older people that they may be at risk.<sup>14</sup>

### **Contact**

For more information on older women and alcohol please contact GINA:

**GINA**  
**Alcohol Focus Scotland**  
**2<sup>nd</sup> Floor**  
**166 Buchanan Street**  
**Glasgow**  
**G1 2LW**

**T: 0141 572 6597**

**E: [gina@alcohol-focus-scotland.org.uk](mailto:gina@alcohol-focus-scotland.org.uk)**

**W: [www.ginascotland.org.uk](http://www.ginascotland.org.uk)**

### **Other Links**

**Alcohol Focus Scotland:** [www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk)

**Age Concern Scotland:** [www.ageconcernscotland.org.uk](http://www.ageconcernscotland.org.uk)

**Counsel and Care:** [www.counselandcare.org.uk](http://www.counselandcare.org.uk)

**Help the Aged:** [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

**NHS Health Scotland:** [www.healthscotland.com](http://www.healthscotland.com)

---

<sup>13</sup> Ibid.

<sup>14</sup> Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers? A Report by the Alcohol and Ageing Working Group