

# Alcohol Use Increasing Among Adults 65 and Older

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## *New Tools Available to Improve Screening*

**P**roblem alcohol use continues to increase in Wisconsin. Most recently, it has been identified as a growing problem for Wisconsin adults age 65 and older by the Wisconsin Department of Health Services in *Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016*, with rates of alcohol use, binge drinking, and heavy drinking reportedly higher than in the previous year.<sup>1</sup> The report aligns this concern with another unfortunate statistic: fall deaths.

The report states, “Overall, approximately 85% of fall deaths occur in the age group 65 and older; thus, it is likely that in 2015, approximately 365 fall-related deaths attributable to alcohol involved adults in this age group.”<sup>1</sup>

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) guidelines for alcohol use<sup>2</sup> recommendations for adults age 65 and older, regardless of gender, are the same as the recommendations for women. (No more

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than 3 drinks on any single day and no more than 7 drinks per week)<sup>3</sup>. The NIAAA reports “Older adults generally experience the effects of alcohol more quickly than when they were younger. This puts older adults at higher risks for falls, car crashes, and other unintentional injuries that may result from drinking.”<sup>3</sup>

The guidelines point out that heavy drinking can contribute to health problems and have negative interactions with medications that adults age 65 and older may be taking. Some medications can be dangerous to take with alcohol, while others can be deadly.

In addition, the most commonly used brief screening tool, the Alcohol Use Disorders Identification Test (AUDIT)-C,<sup>4</sup> does not account for sex- or age-related differences. The AUDIT-C is based on European alcohol amounts (a standard drink = 10 grams) and has not been adjusted to reflect the alcohol amounts used in the United States (a standard drink = 14 grams). Furthermore, the AUDIT-C does not accurately measure alcohol consumption in comparison to the NIAAA guidelines described above, which can lead to confusion and misunderstanding when attempting to compare the scoring results with these recommendations.

Fortunately, a new option for more effective alcohol screening has been proposed by the Centers for Disease Control and Prevention (CDC) in its *Planning and Implementing*

*Screening and Brief Intervention for Risky Alcohol Use – A Step-by-Step Guide for Primary Care Practices*.<sup>5</sup> A new version of the AUDIT, called the US AUDIT, has been developed to address these issues and adjust the first 3 questions of the original World Health Organization (WHO) AUDIT to accurately correlate with the NIAAA guidelines for men, women, and adults 65 and older. The brief version of this tool is called the US AUDIT 1-3 and it provides 2 additional levels of specificity that improve the ability to identify at-risk alcohol use in all populations.

According to the CDC guide mentioned above, at-risk drinkers make up approximately 29% of the population, 4% drink at the dependent level, and 25% at the nondependent level. The 25% in the nondependent drinking category have shown to be the most amenable to brief interventions and recommendations to decrease their alcohol use.

The Lake Superior Quality Innovation Network—a 3-state consortium of quality innovation network-quality improvement organizations that includes MetaStar—has been working to provide physicians and clinics that are part of its behavioral health initiative with updated tools. We believe this improved initial screening tool, the US AUDIT 1-3, along with increased physician attention to this issue, can be a significant help to identifying patients who could benefit from a medical recommendation that they consider decreasing their alcohol consumption. Screening for

alcohol use, using this new tool, can improve patient health and may even save lives.

For more information about this initiative, or to find helpful resources, visit [www.lsqin.org/behavioralhealth](http://www.lsqin.org/behavioralhealth).

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