Alcohol consumption among elderly European Union citizens: Recent trends in consumption and harm

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Context: Why focus on the elderly?

1. Particular vulnerability and significant harms
2. Information gaps
3. Demographic changes
4. Increased availability of alcohol
5. Poor detection and reporting of hazardous alcohol use by health care professionals
Method:

- We requested a written summary from 10 EU Member States, describing, for the age group 60+:
  - Trends in alcohol consumption (last 10 years);
  - Trends in alcohol related harms (last 10 years);
  - Economic or cost data associated with these harms;
  - Alcohol consumption guidelines for the elderly;
  - Staff training for people working with the elderly to detect hazardous consumption.

We did not collect or analyse raw data ourselves.
Member States surveyed:

- Czech Republic
- Finland
- Germany
- Italy
- Latvia

- Poland
- Slovenia
- Spain
- Sweden
- United Kingdom
Two main conclusions:

• Improved data collection and reporting is necessary
  – Lack of longitudinal data & consistent measurement tools hampered comparisons between countries

• Primary health care is still an unused platform in preventing alcohol harm amongst the elderly
  – None of the studied EU countries reported the use of Early detection and brief intervention methodology specifically geared towards elderly
Key point 1: Decreased alcohol abstention rates

- Most elderly drink, but elderly who report drinking no alcohol at all are 3-4 times as many as that of other ages.
- Alcohol abstention rates among the elderly have decreased in 3 out of 5 reporting countries in recent years.
Key points 2 and 3: Elderly EU citizens drink less, and less hazardous, than younger age groups

- The elderly consume typically between 50-80% less alcohol per year compared to adults <60 years
- The total yearly volume of alcohol consumed tends to decrease with age from 60 to 80+ years
- Time trends in drinking frequency and hazardous consumption/binge drinking: data too scarce to draw conclusions or predict future.
  - Exceptions: Finland - increase in frequency, Sweden - increase in frequency and volume, UK: increase in “last week” consumption
Percentage of Finnish men aged 65-84 years who drink at least 8 units (1 unit = 12g) of alcohol per week, 1985-2007

Source: Laitelainen, Helakorpi & Uutela 2008
Key point 5: The elderly are not a homogenous group

- The ‘young elderly’ (aged 60-70 years) drink more alcohol and are harmed more by their alcohol consumption compared to those over ~75 years;
Key point 7: Alcohol related deaths have increased markedly in several Member States

- Sweden, Finland, the UK, Slovenia, Latvia, Poland and Czech Republic all report substantial increases
  - varies between +25% in Poland to over +100% in the UK
- Elderly men are consistently over-represented
- Italy was the only country to report a stable death rate over the last decade.
Alcohol related deaths in Finland: Women by age group 1998-2007

Source: Statistics Finland
Key point 8: Alcohol related hospitalisations
- a mixed picture

- Hospitalisations among both elderly men and women have increased over the past 10 years in Finland, the UK, Latvia and Poland
- Rates in Sweden have also increased, particularly among elderly women
- The sharpest rise has occurred among the ‘young’ elderly (60-70 years)
- Slovenia has remained stable
- Italy and Germany report small decreases in some alcohol related categories
- Elderly men are over-represented compared to elderly women.
Alcohol related hospitalisations: Finnish men, aged 60+ years, 1998-2007

Source: THL Statistics
Hospitalisations due to alcohol related mental and behavioural disorders (inpatient and intermediate care facilities) among Polish men, 60+ years, by age group 1998-2007
Hospitalisations due to alcohol related mental and behavioural disorders (inpatient and intermediate care facilities) among Polish women, 60+ years, 1998-2007
Alcohol related hospitalisations per 100,000 women 50+ years, Sweden, 1998-2007
Key point 9: The economic costs associated with alcohol consumption among the elderly are unknown

- Only one Member State (UK) provided economic data regarding the costs associated with alcohol use by the elderly:
  - Cost to the National Health Services associated with treating alcohol related harm among people aged 60+ years rose from £363 million in 2002/3 to £667 million [≈€900 million] in 2007/8, just over 50% of the total cost for all ages.
Key point 10: Most EU Member States do not have alcohol consumption guidelines for the elderly

Only one country (Italy) reported having specific guidelines for the elderly

- no more than one unit - 12g - per day
Key point 11: Staff training is non-existing or inadequate to detect hazardous or harmful alcohol use by the elderly

Many elderly people who drink in hazardous ways are not identified or offered support (O’Connell et al, 2003)

- Finland, Sweden, the UK, Italy and Poland offer training programs in substance abuse
- Some of these courses touch on issues relevant to the elderly, but arguably not enough focus
- Finland runs a NGO project targeting the elderly
- Sweden runs a program in Stockholm (‘Screening for brief Interventions’) which includes some information about alcohol and the elderly.
Summary 1 (2)

- Most elderly EU citizens drink alcohol and abstention rates have decreased in recent years.
- Hazardous and binge drinking is much less common among the elderly but better monitoring is needed to establish time trends.
- Alcohol related deaths have increased between 1998-2007 in many of the countries surveyed.
- Alcohol related hospitalisations have increased in some Member States but not in others.
- The negative trend in alcohol consumption and alcohol related hospitalisation observed in women in some MS deserves particular notice.
  - EU trend? Needs close monitoring.
Summary 2 (2)

• The economic costs associated with alcohol use by the elderly are likely to be substantial, but little data available.

• Health care/ elderly care staff training is a potential success factor to reduce hazardous drinking habits among elderly – but seems poorly used in the EU.

• Most Member States have no consumption guidelines which take into account additional risk factors associated with alcohol use in old age.

• More research and improved data collection and reporting is necessary to make meaningful comparisons between countries and over time.
Healthy Ageing in Europe - lessons learnt and ways forward

This report is a result of a collaboration between the Swedish National Institute of Public Health and the Special Interest Group on Healthy Ageing.

The purpose of the report is to help increase knowledge about different initiatives taken in order fulfill the recommendations on policy, practice and research from the Healthy Ageing project and to prepare for the next step forward. The report also presents the main conclusions from the presidency conference "Healthy Ageing in Europe - lessons learnt and ways forward" which was organised by the Swedish
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