Section 25

Tobacco and Alcohol Use CAP

Problem

The Tobacco and Alcohol Use CAP is concerned with issues related to the consumption of alcohol and the use of tobacco. Excessive consumption of alcohol and any use of tobacco are associated with a variety of unhealthy consequences for persons of any age.

There is strong evidence that any amount of smoking can be harmful to the smoker, as well as to members of the household and health care staff exposed to second-hand smoke. In addition to the well-known risks of cancer and cardiorespiratory disease, tobacco use is an important risk factor for injury (for example, fire, explosion) and reduced quality of life.

Epidemiological studies suggest that small to moderate amounts of alcohol consumption may have beneficial effects. The identification of safe levels of alcohol consumption is a complex problem. Alcohol is less well tolerated by females than males. Some racial groups have especially poor alcohol tolerance.

One drink is defined as the consumption of 0.5 ounces (15 ml) of pure alcohol (ethanol). This amount of ethanol is present in 12 ounces (350 ml) of beer, 5 ounces (140 ml) of wine, or 1.5 ounces (45 ml) of spirits. Dietary guidelines in the United States define moderate drinking in men as no more than two drinks a day and for women as no more than one drink a day.

Background. Smoking is the number one cause of preventable deaths in the world. Approximately 50% of smokers die of a smoking-related illness. The adverse effects of cigarette smoking are more prominent among older adults because of the accumulative injury of many years of exposure. While in younger persons (under 65 years old), the major impact of smoking is an excess risk of cardiovascular disease, the major cause of excess mortality in older adults relates to carcinoma of the lung. Chronic obstructive lung disease (COPD) and cardiovascular disease are also important causes of excess mortality associated with smoking in older persons.

Cessation of smoking is associated with major reductions in the risk of most smoking-related illnesses, even in older adults. Furthermore, cessation of smoking even a few weeks before elective surgery may decrease the risks of the procedure. Older persons are more likely to quit smoking than younger persons, but the benefits of cessation appear to be less powerful, primarily because of previously accumulated effects. Nonetheless, smoking cessation remains the most important method of reducing smoking associated with mortality and morbidity in older persons.

Excess alcohol consumption is often considered to be an issue primarily for younger persons. But disorders related to alcohol are common among older adults and are associated with considerable physical, cognitive, psychological, and social morbidity. Alcohol misuse is more common among men, and socially isolated, single, and separated persons. Older adults are less likely to volunteer information about drinking patterns, and coupled with the perception that alcohol abuse is a problem of younger persons, there is a lower detection rate in older adults. Alcohol excess may present with "atypical" (uncommon) features such as falls, depression, and confusion.

Appropriate levels of alcohol consumption vary by age and sex, although opinions vary among authorities. For example, the National Institute on Alcohol Abuse and

Alcoholism (NIAAA) in the United States recommends that persons older than 65 should consume no more than one drink per day. In addition, drug-alcohol interactions and increased potential for accidental injury may be a further concern related to alcohol use among older adults or persons with co-morbid medical or mental health conditions.

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Overall Goals of Care

- Ensure that persons who smoke are provided with appropriate advice and support for smoking cessation.
- Offer appropriate advice, support, and treatment to reduce alcohol consumption if indicated and to reduce the risk of harm among persons who consume high levels of alcohol.

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Tobacco and Alcohol Use CAP Trigger

This CAP seeks to identify strategies for helping persons cease smoking and cut back on excessive drinking.

TRIGGERED

Persons to whom one or more of the following apply (note that not all of these items appear on every assessment instrument):

- Person feels a need to cut back on drinking or has been told by others to cut down on drinking
- Person who needs a drink first thing in the morning
- Person who has had five or more drinks at a single sitting in the last 14 days
- Daily smoker

This triggered group includes about 10% of persons receiving home care, 5% of persons in long-term care facilities, and 7% of older adults living independently in the community.

NOT TRIGGERED

All other persons.

Tobacco and Alcohol Use CAP Guidelines

Tobacco Use

First, establish the pattern and duration of smoking.

- Consider the current health context. If existing morbidity is associated with smoking (such as ischemic heart disease, stroke, or COPD), there may be a higher level of motivation to quit.
- Consider whether the person lives with a partner who is a nonsmoker — this increases the likelihood of cessation. Mention the partner in the discussions around smoking cessation, but depending on the nature of

the relationship, be aware that the dynamics of the relationship may affect smoking behaviors.

- Take into account hazardous situations such as the use of oxygen in the home.

Older adults are more likely to cease smoking, particularly if they indicate that they are motivated. Your efforts will be most fruitful with persons who are in this category.

- The presence of depression may contribute to continuation of smoking, and if there is evidence that it is present, take appropriate measures to further evaluate and manage it. [See Mood CAP.]

Other treatment considerations:

- Advice by itself, is rarely effective.
- In general, some of the most common strategies typically prescribed by physicians are the provision of both counseling and pharmacological agents.
  - Professionals with appropriate training should provide these services.
  - In the case of pharmaceutical agents, the professional must have the authority to prescribe.
  - Nicotine gum, patches, and sprays (Nicotine Replacement Therapy) may be available over the counter in some countries.
  - In general, the combination of counseling and medication appears to produce the best results.

Alcohol Use

First, ascertain the overall pattern of alcohol consumption. This should include current patterns, as well as the lifelong history. This may be a sensitive matter, which may need to be addressed indirectly. There is evidence that many older adults underreport consumption.

The following should lead to an increased emphasis on addressing the drinking problem:

- The person considers a need to reduce the level of drinking.
- Others are concerned about the person's drinking habits.
- The person feels guilty or ashamed about drinking.
- The person sometimes needs a drink first thing in the morning (an "eye-opener").

Information about co-morbid health status may be important. If the person has a number of illnesses, including those affecting cognition, or is taking multiple medications, the level of consumption may need to be minimal or none at all.

- Consider the circumstances that may have created an alcohol-related disorder, for example, bereavement, role changes, or declining health.
- Evaluate the impact of alcohol consumption on the person's health, physical and psychological function, as well as social function.

- If alcohol consumption appears excessive, and particularly if there are associated health problems, medical involvement is essential. Alcohol withdrawal may be associated with serious medical consequences. If a decision to withdraw alcohol is made in a person with a history of heavy consumption, particularly if there are co-morbidities, admission to a hospital for detoxification may be necessary and is recommended by some authorities.

There are two broad presentations of alcohol disorders:

- Lifelong excessive consumption
- Later life increased consumption

Especially if excessive alcohol intake is a recent issue, consider the possibility of depression as a precipitating factor. [See Mood CAP.]

Ascertain the person's perception of the extent of alcohol consumption and motivation to curtail (cut back) consumption. Persons with addictions to tobacco, alcohol, or other substances may be at different stages of readiness for change. For example, some may be unaware of their problem or have never considered changing their behavior. They may not be prepared to consider any changes to their current health behaviors. Others may be thinking about changing their use of these substances. Consequently, they may be more open to receiving information about treatment options and support programs.

Potential interventions:

- Short-term inpatient treatment may be necessary for detoxification or to deal with withdrawal symptoms.
- Psychotropic medications may be useful, although care must be taken in their use with older adults.
- Group therapy is a frequently used treatment. It creates opportunities to enhance self-image, share anxieties, and restore the ability to enter into relationships. Older alcoholics participating in group treatment tend to fare better when the group is age-specific. Some anecdotal evidence also suggests that the most successful groups may be gender-specific.
- Alcohol dependency, especially for early-onset alcoholics, is a chronic disease from which recovery is often a long-term process.
- Referral to a substance abuse professional, especially one with experience with geriatric patients, may be useful.
- As in all substance abuse treatment, often the involvement of family and the person's support network in the treatment process may be critical. Indeed, the intervention may have to be focused at least initially on the effect on the family. This is necessary not only for the treatment of the person, but also because family members may be suffering from serious psychological and sometimes physical trauma as a result of the person's behavior.

Additional Resources

Burns DM. 2000. Cigarette smoking among the elderly: Disease consequences and the benefits of cessation. *Am J Health Promot* 14(6): 357–61.

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O'Connell H, Chin AV, Cunningham C, Lawlor B. 2003. Alcohol use disorders in elderly people — redefining an age old problem in old age. *BMJ* 327(7416): 664–67.

Prochaska JO, DiClemente CC, Norcross JC. 1992. In search of how people change: Applications to addictive behaviors. *Am Psychol* 47(9): 1102–14.

Ranney L, Melvin C, Lux L, McClain E, Lohr KN. 2006. Systematic review: Smoking cessation intervention strategies for adults and adults in special populations. *Ann Intern Med* 145(11): 845–56.

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