



Alcohol Use and healthy aging: the need for monitoring and prevention to add life to years

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National Centre on Epidemiology, Surveillance and Health Promotion



POZNAN EU CONFERENCE ON ALCOHOL “MEDUSA”

Leading causes of attributable **WORLD** mortality and burden of disease, 2004

Attributable Mortality

		%
1.	High blood pressure	12.8
2.	Tobacco use	8.7
3.	High blood glucose	5.8
4.	Physical inactivity	5.5
5.	Overweight and obesity	4.8
6.	High cholesterol	4.5
7.	Unsafe sex	4.0
8.	Alcohol use	3.8
9.	Childhood underweight	3.8
10.	Indoor smoke from solid fuels	3.3

59 million total global deaths in 2004

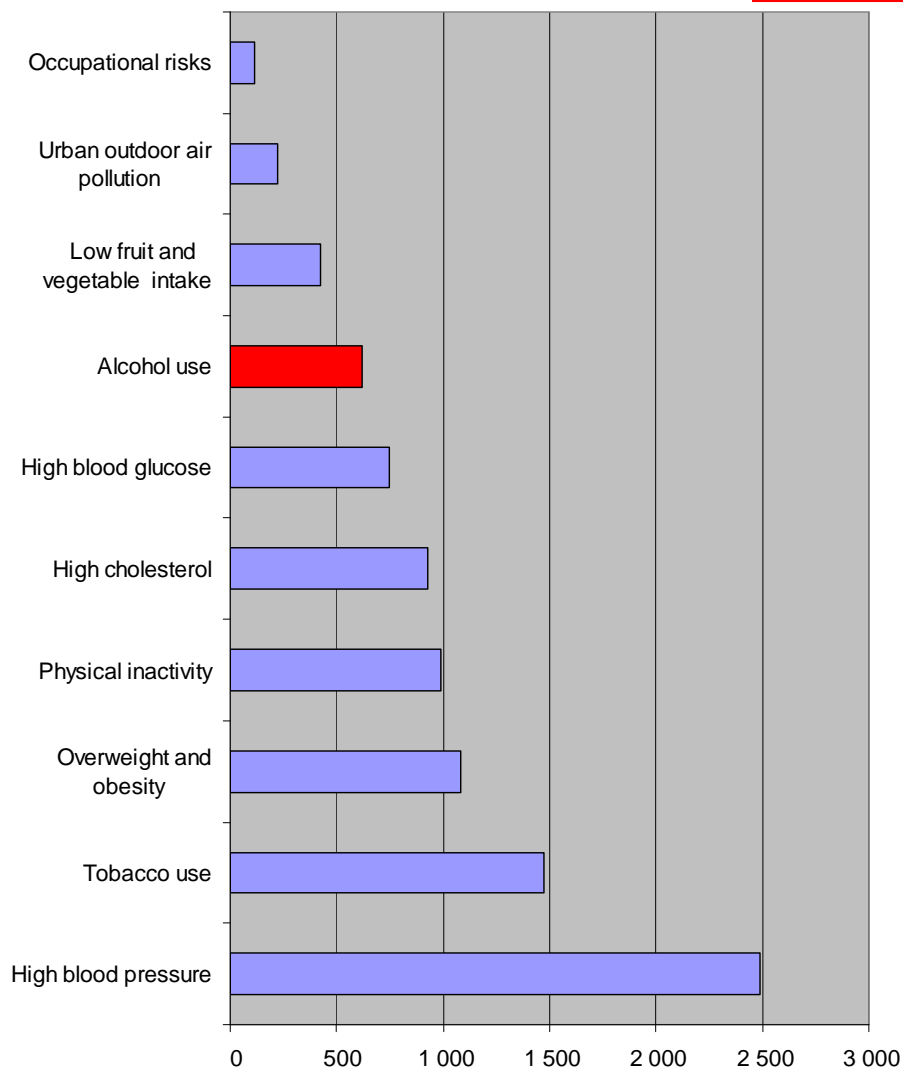
Attributable DALYs

		%
1.	Childhood underweight	5.9
2.	Unsafe sex	4.6
3.	Alcohol use	4.5
4.	Unsafe water, sanitation, hygiene	4.2
5.	High blood pressure	3.7
6.	Tobacco use	3.7
7.	Suboptimal breastfeeding	2.9
8.	High blood glucose	2.7
9.	Indoor smoke from solid fuels	2.7
10.	Overweight and obesity	2.3

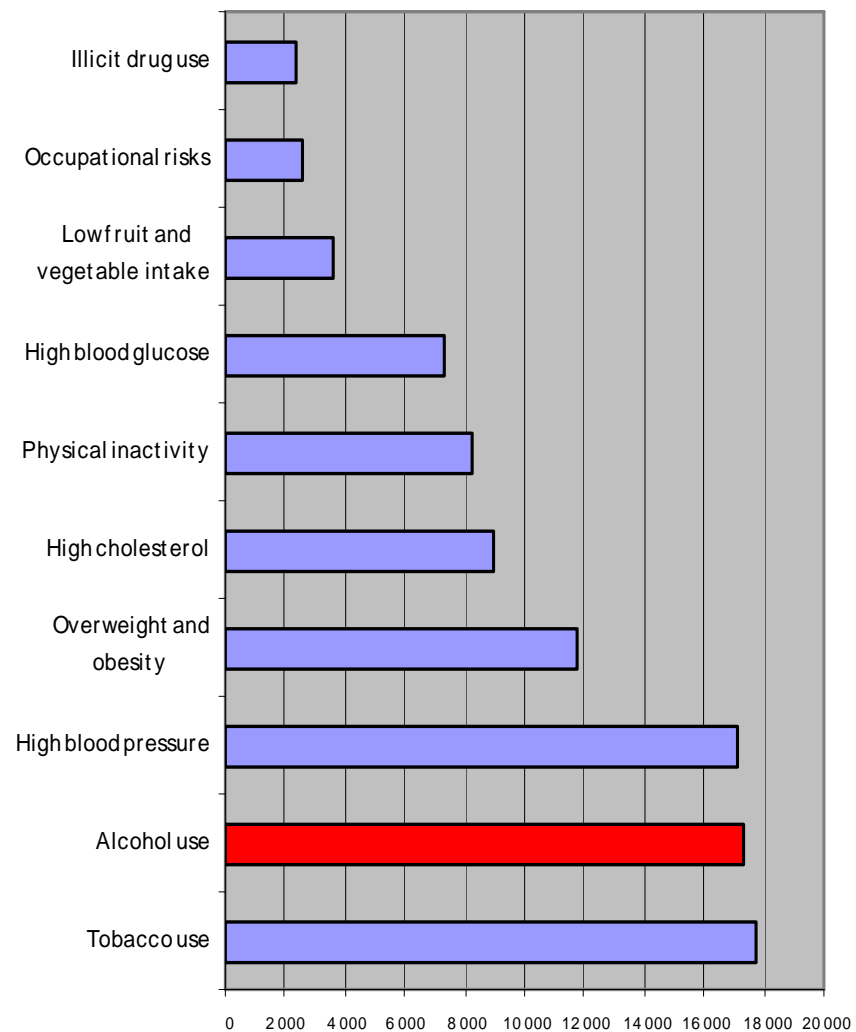
1.5 billion total global DALYs in 2004

EURO

DEATHs (000)



DALYs (000)



E. SCAFATO POZNAN EU CONFERENCE ON ALCOHOL "MEDUSA"



The impact on the elderly

Harmful alcohol use is common amongst older people: as many as **27% of European people aged 55+ years binge drank** (5+ drinks, 50g alcohol on one occasion) at least once a week during the previous **12 months** (Eurobarometer 2007).

Alcohol use disorders are common in older people,
and with an ageing European population
will increase in absolute numbers (O'Connell et al 2003).

Despite the extent of harmful alcohol use among older people and this demographic shift, there are surprisingly few recent systematic reviews that document the full extent of such harm, or that provide the evidence base for cost effective policies and programmes to **reduce hazardous and harmful alcohol use.**

HEALTHY AGING

Healthy aging is a relevant issue in Public Health.

According to a constant process of aging of the population and to the need to curb the related increase in the cost due to avoidable condition such as those related with risky behaviors (nutrition, smoke, physical activity, alcohol) a major attention should be deserved to **make central HEALTH into specific policies.**



How should we define HEALTH ?

The WHO definition of health as complete wellbeing is no longer fit for purpose given the rise of chronic disease. **Machteld Huber and colleagues** propose changing the emphasis towards the ability to adapt and self manage in the face of social, physical, and emotional challenges

The current WHO definition of health, formulated in 1948, describes health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” At that time this formulation was groundbreaking because of its breadth and ambition. Although the definition has been criticised over the past 60 years, it has never been adapted. Criticism is now intensifying and as the pattern of illnesses changes influenced by the AGEING of the population, the definition, if not ambitious, may become even counterproductive.



What is aging ?

Although everyone is familiar with aging, defining it is not so easy but is a common experience that usually aging is linked with a **negative connotation**.

Sometime it could have also a positive connotation as in "aging wine."

More scientifically "aging" refers to the **biological process of growing older** in a sense that some authors call "**senescence**".

Apparently not properly "ACTIVE"....



Active Aging



COUNCIL OF
THE EUROPEAN UNION



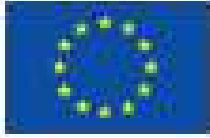
Council conclusions on Active Ageing

*3019th EMPLOYMENT, SOCIAL POLICY HEALTH and CONSUMER
AFFAIRS Council meeting
Luxembourg, 7 June 2010*



http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/114968.pdf

POZNAN EU CONFERENCE ON ALCOHOL “MEDUSA”



European Year for **Active Ageing**
and **Solidarity between Generations 2012**



What does Active Ageing means?

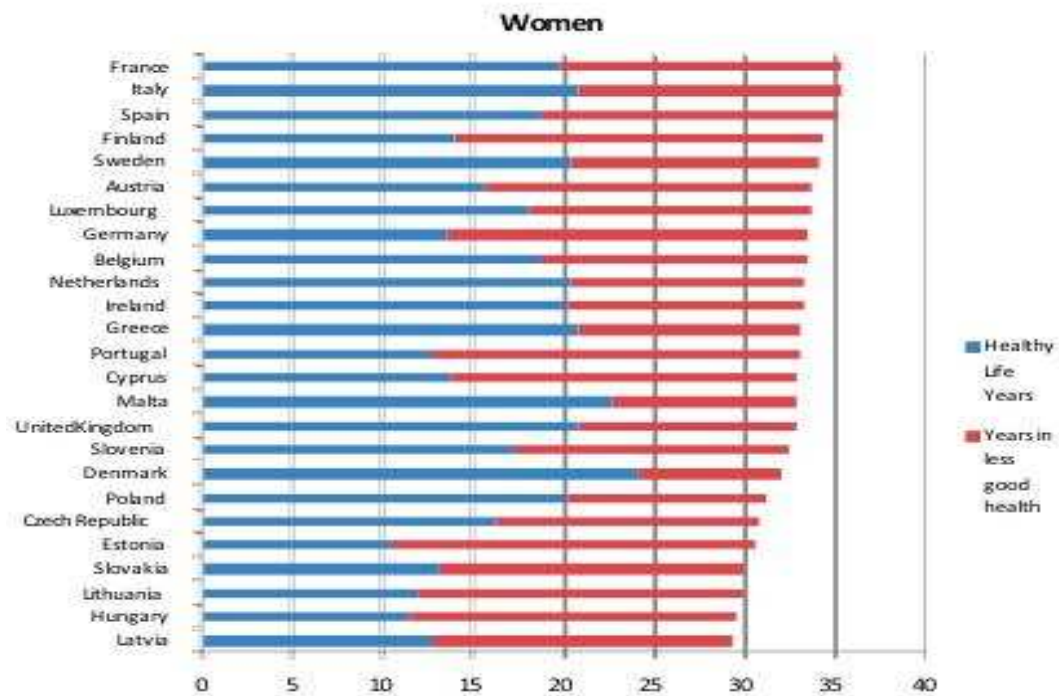
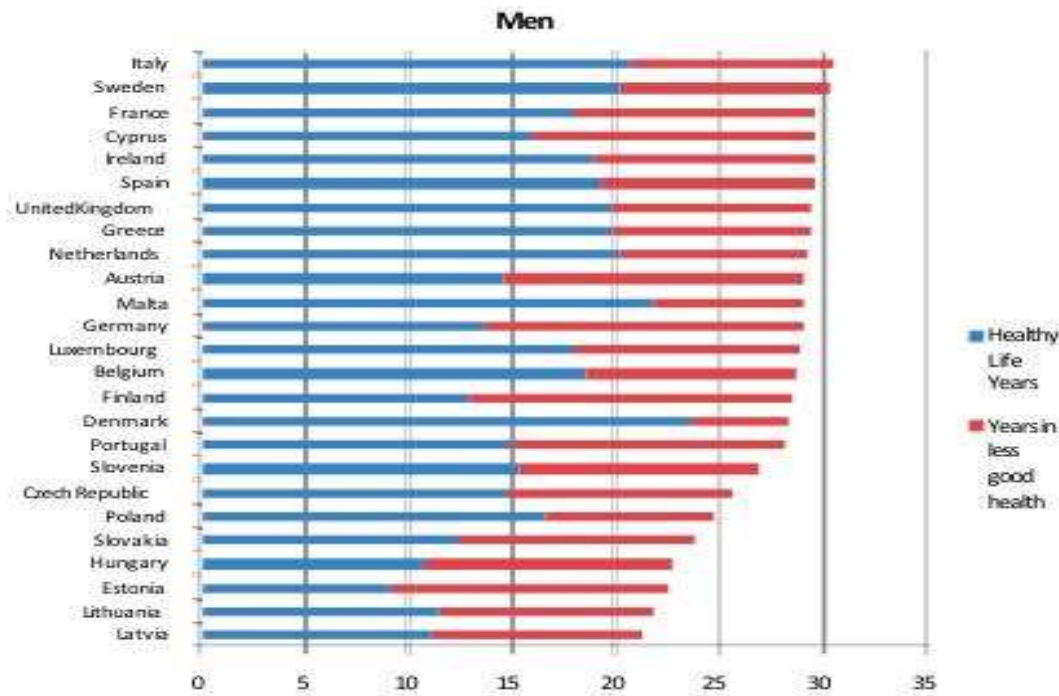
Active ageing does not means only

to LEAVE LONGER

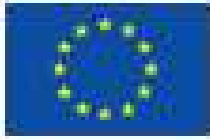
Active ageing is not aimed to add years to life



Active ageing is aimed at adding life to years



Healthy life expectancy at 65 years is the indicator to be followed



European Year for **Active Ageing**
and **Solidarity between Generations 2012**



What does Active Ageing means?

Active Ageing is defined by the World Health Organization as the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.

It allows people to realise their potential for wellbeing throughout their lives and to participate in society according to their needs, desires and capabilities, while providing them with adequate protection, security and care when they need assistance.



A process: Council of the European Union (1 december 2009)



The need to fill the gap of information and prevention

"THE COUNCIL OF THE EUROPEAN UNION NOTES :

- that older adults (aged 60 and above) are more sensitive to the effects of harmful use of alcohol than other adults, and that **alcohol-related deaths among older adults have increased markedly over the last ten years, and that in some cases the death rate has more than doubled;**



COUNCIL OF
THE EUROPEAN UNION



Council Conclusions on Alcohol and Health

*2980th EMPLOYMENT, SOCIAL POLICY, HEALTH AND
CONSUMER AFFAIRS Council meeting*

Brussels, 1 December 2009

INVITES MEMBER STATES TO

- address the wellbeing of the ageing population in the EU, including the effects of harmful alcohol consumption on healthy and dignified ageing at an EU level and contribute to raising awareness among care professionals, informal carers, and older citizens of potential interactions between medication and alcohol.

INVITES THE COMMISSION AND MEMBER STATES TO

- **develop and implement early identification and brief intervention procedures in primary and elderly health care and in school health settings**
- **include in existing information systems scientific data on alcohol consumption and harm caused by harmful use of alcohol in the age group of 60 and above;**



The need for reducing the knowledge gap

In 2009 VINTAGE project was addressed to contribute to the state of the art evaluation of the existing knowledge at EU level by:

- providing evidence base of harmful alcohol use among older people**
- collecting concrete and practical examples of best practice across all European countries, at country, regional and municipal levels.**





VINTAGE in the EU context and priorities

VINTAGE project, started in march 2009 , contributed to the ongoing process that has recognized **the need to be aware of the importance of the social and health impact associated with harmful alcohol consumption among the elderly** as witnessed by the :

- "Council Conclusion on Alcohol and Health" adopted by the Council of the European Union in December 2009
- "Opinion on 'How to make the EU strategy on alcohol related harm sustainable, long-term and multisectoral'" adopted on 30 September 2009 by the European Economic and Social Committee (EESC)



C 318/10

EN

Official Journal of the European Union

23.12.2009

Opinion of the European Economic and Social Committee on 'How to make the EU strategy on alcohol related harm sustainable, long-term and multisectoral' (Exploratory opinion)

(2009/C 318/03)

Rapporteur: Ms Van TURNHOUT

7. The effects of harmful alcohol consumption on healthy and dignified ageing

7.1 Older people are more sensitive to the effects of alcohol. Specific problems include balance and risk of falling and the onset of health problems that can make older people more susceptible to alcohol. About a third of older people develop drinking problems for the first time in later life, often due to bereavement, physical ill-health, difficulty getting around and social isolation ⁽⁴⁷⁾.

7.2 Harmful alcohol consumption can affect older people's mental health in the form of: anxiety, depression and confusion.

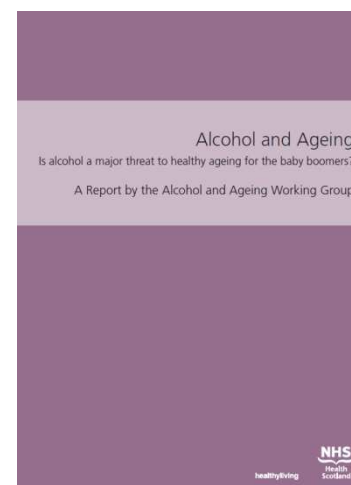
7.3 Alcohol Use Disorders are common among older people, particularly among males who are socially isolated, and living alone ⁽⁴⁸⁾. Problematic alcohol use is associated with widespread impairments in physical, psychological, social and cognitive health. Around 3 % of those over 65 years suffer from these disorders ⁽⁴⁹⁾, though many cases may go undetected as diagnostic criteria and screening are directed at younger adults. However, treating older people for alcohol problems is often easier than treating younger adults.

7.4 Alcohol can add to the effects of some medications, and reduce the effects of others. Raising awareness among care professionals, informal carers and older citizens of potential interaction between medication and alcohol is important.

Alcohol and Medication Interactions

Table 4. Summary of alcohol and medication interactions (Source: BNF)

Drug group	Effect
ACE Inhibitors and Angiotensin-II Antagonists	Enhanced hypotensive effect
Analgesics	Sedative and hypotensive effect of opioid analgesics enhanced
*Antibacterials	Disulfiram-like reaction with cefomandole, metronidazole, and possibly timidazole; increased risk of seizures with cycloserine
*Anticoagulants	Enhanced anticoagulant effect of warfarin, with large amounts of alcohol. Changes in diet and alcohol consumption will affect warfarin control
*Antidepressants	Sedative effect of tricyclics (and related) enhanced; tyramine (contained in some alcoholic and dealcoholised beverages) interacts with monamine oxidase inhibitors (MAOIs) (hypertensive crisis) – but if no tyramine, enhanced hypotensive effect; effects of alcohol possibly enhanced by selective serotonin reuptake inhibitors (SSRIs)
Antidiabetics	Enhanced hypoglycaemic effect; Increased risk of lactic acidosis with metformin
Antiepileptics	CNS side-effects of carbamazepine possibly enhanced
Antihistamines	Enhanced sedative effect
Antihypertensives	Enhanced hypotensive effect; sedative effect of Indoramin enhanced
Antimuscarinics	Sedative effect of hyoscine enhanced
Antipsychotics	Enhanced sedative effect



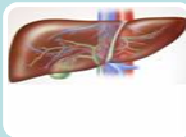
Drug group	Effect
Anxiolytics and Hypnotics	Enhanced sedative effect
Barbiturates and Primidone	Enhanced sedative effect
Beta-blockers	Enhanced hypotensive effect
Calcium-channel blockers	Enhanced hypotensive effect; plasma-alcohol concentration possibly increased by verapamil
Cytotoxics	Disulfiram-like reaction with procarbazine
Dopaminergics	Reduced tolerance to bromocriptine
Lofexidine	Enhanced sedative effect
Muscle relaxants	Baclofen, methocarbamol and tizanidine enhance sedative effect
Nabilone	Enhanced sedative effect
Nitrates	Enhanced hypotensive effect
* Paraldehyde	Enhanced sedative effect
Retinoids	Etretinate formed from acitretin in presence of alcohol



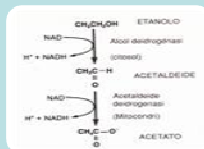
Elderly people are more sensitive to alcohol because of physical changes



**Body water to fat ratio: decrease
Less water , decreased alcohol dilution**



**Hepatic blood flow : decrease
Increased risk for liver damage**



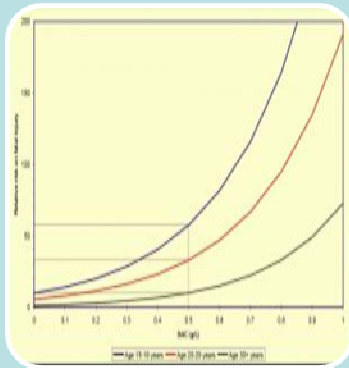
**Liver enzymes: efficiency decrease (<6 gr ETOH/hr)
Impaired alcohol metabolism**



**Responsiveness of the brain: decrease
Faster effect on the brain, cognitive impairment**



Road accident in the elderly: the next priority?



Same quantity of alcohol may cause a higher level in Blood Alcohol Concentration (BAC) in the elderly than among younger people



The risk for elderly car drivers to be involved in a road accident is 3 times higher after consuming even small amount of alcohol in comparison with the zero consumption

ALCOHOL in the ELDERLY. A neglected target (Council Conclusion EU 2/12/2009)

Expert Conference on Alcohol and Health
21-22 September 2009
Stockholm, Sweden



Health effects, consumption trends and related issues

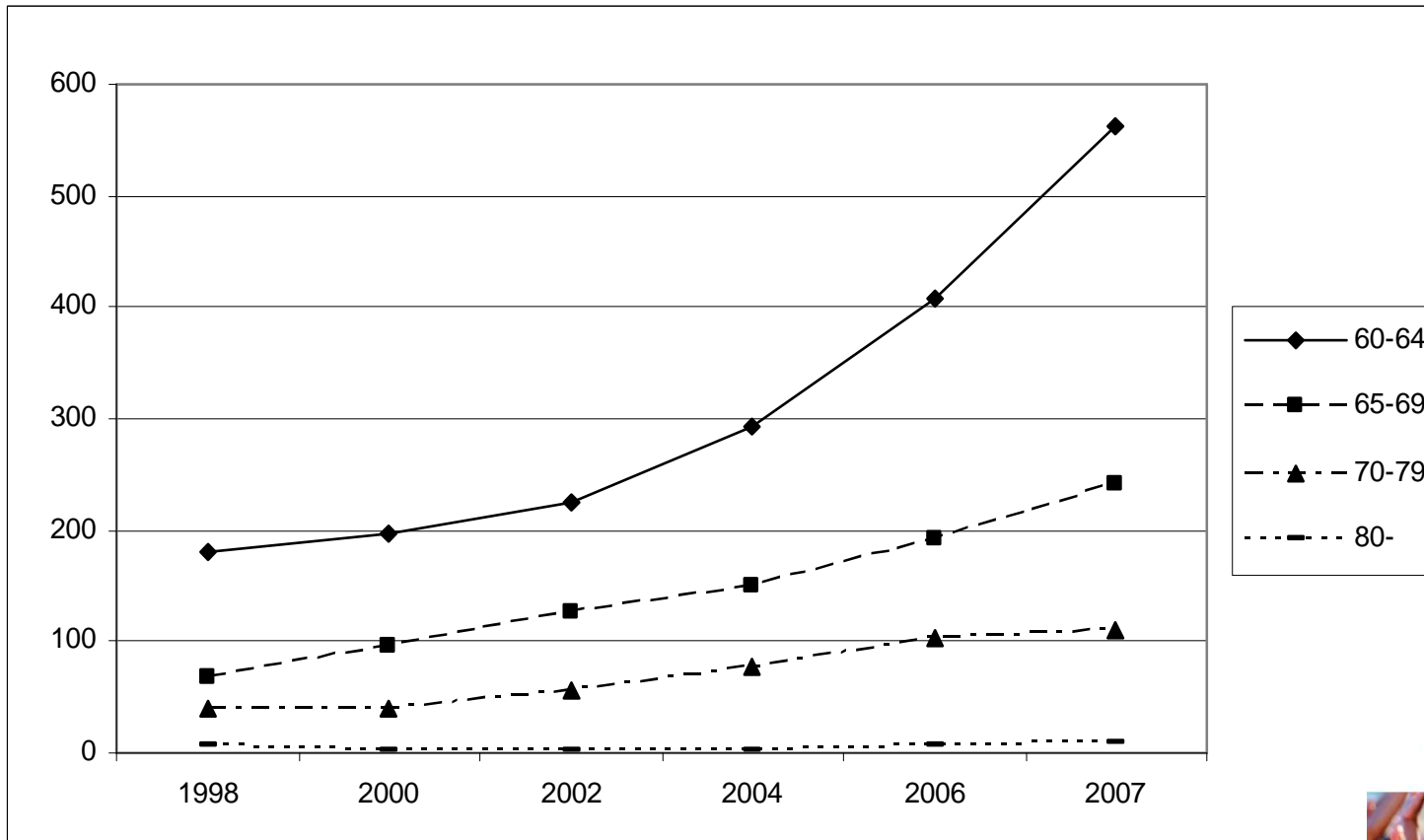
Mats Hallgrímsson
Pia Högberg
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Swedish National Institute
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- Hana Sovinova, National Institute of Public Health, Coordination, monitoring and research unit for alcohol and tobacco, Prague, Czech Republic;
- Emanuele Scafato and Silvia Ghirini, National Observatory on Alcohol, Population's Health and Health Determinant Unit, National Centre for Surveillance, Prevention and Health Promotion - National Institute of Health, Rome, Italy.
- Matej Kosir, Ministry of Health, Slovenia;
- Salme Ahlström, The National Institute for Health and Welfare, Department of Alcohol, Drugs and Addiction, Helsinki, Finland;
- Jean Nicol and Matthew Carden, Team Leader Alcohol Policy, Health Improvement and Protection, Department of Health, London, England;
- Marcis Trapencieris, Researcher, Public Health Agency, Riga, Latvia;
- Gabriele Bartsch and Peter Raiser, German Hospital for Addiction Issues, Hamm, Germany;
- Karin Nilsson-Kelly and Nina Rehn-Mendoza, Division for Public Health, Ministry of Health and Social Affairs, Stockholm, Sweden;
- Mats Ramstedt, Centre for Social Research on Alcohol and Drugs (SoRAD), Stockholm, Sweden;
- Jacek Moskalewicz, Institution for Psychiatry and Neurology, Warsaw, Poland;
- Vicenta Lizarbe, Health Promotion and Epidemiology Unit, Ministry of Health and Consumer Affairs, Barcelona, Spain.

Example : **Alcohol related hospitalisations** among **Polish women 60+ years** by age group 1998-2007
(Inpatient and intermediate care facilities)



Expert Conference on Alcohol and Health
21-22 September 2009
Stockholm, Sweden



Matti Saikku
Tiit Viding
Sara Andersson



Alcohol related deaths and the elderly: marked increases



- Large increases in alcohol related deaths among the elderly have occurred in Europe over the past 10 years;
- Sweden, Finland, the UK, Slovenia, Latvia, Poland and Czech Republic all report substantial increases;
- Elderly men are consistently over-represented;
- Rate of increase varies between 25% in Poland to over 200% in the UK;
- Italy was the only country to report a stable death rate.

Expert Conference on Alcohol and Health
21-22 September 2009
Stockholm, Sweden



Maria Salfinger
P. Vignoli
Sara Andreassen





Consumption guidelines for alcohol use by the elderly



- Italy (**the elderly**): no more than one unit (12g) of alcohol per day;
- UK (**all adults**): no more than 3 units for women (30g), and 4 for men (40g);
- In Sweden (**all adults**): no more than 14 units (140g) per week for men, and 9 units (90g) for women;
- For all other Member States surveyed, adult guidelines applied, typically no more than 20g of alcohol per day.

VINTAGE project



The VINTAGE project - Good Health into Older Age – aimed to improve knowledge and to build capacity, encouraging evidence- and experience-based decisions for prevention of harmful use of alcohol among elderly.

1. Report “Alcohol and older people: a public health perspective”,
2. Report “Best practices on preventing the harmful use of alcohol amongst older people”
3. Database on Best Practices
4. Database on Grey Literature

<http://www.epicentro.iss.it/vintage/outputs.asp>



Very few studies have particularly investigated EIBI effectiveness among older people. However, those studies suggest identification and screening instruments work just as well for older as opposed to younger adult populations.



The VINTAGE project - Windows Internet Explorer

http://www.epicentro.iss.it/vintage/outputs.asp

The VINTAGE project

Home page

- The project
- Partners and Contacts
- Links and Documents
- Collection of best practices
- Project Outputs

Members' Area

This section is only accessible to members of the VINTAGE Project

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In case you forgot or lost UserID or password, please contact the [webmaster](#)

Project Outputs

From this section it is possible to access and/or download the final outputs of the project, summarizing and analyzing VINTAGE results.



VINTAGE report "Alcohol and older people: a public health perspective": results of the systematic review of formal scientific literature on the impact of alcohol consumption on the health and well-being of older people



VINTAGE report "Best practices on preventing the harmful use of alcohol amongst older people, including transition from work to retirement": results of the survey addressed to professionals and researchers throughout Europe and of the grey literature review concerning effective policies and programmes on the prevention of alcohol use among older people

VINTAGE "Database on Best Practices": information on the main initiatives aimed at preventing or reducing harmful alcohol use among older people collected through the survey conducted at European level


VINTAGE "Grey Literature Database": information on all documents retrieved through the grey literature review of projects, programs, good practices, laws and infrastructures aimed at preventing the harmful alcohol use in the elderly

information leaflet

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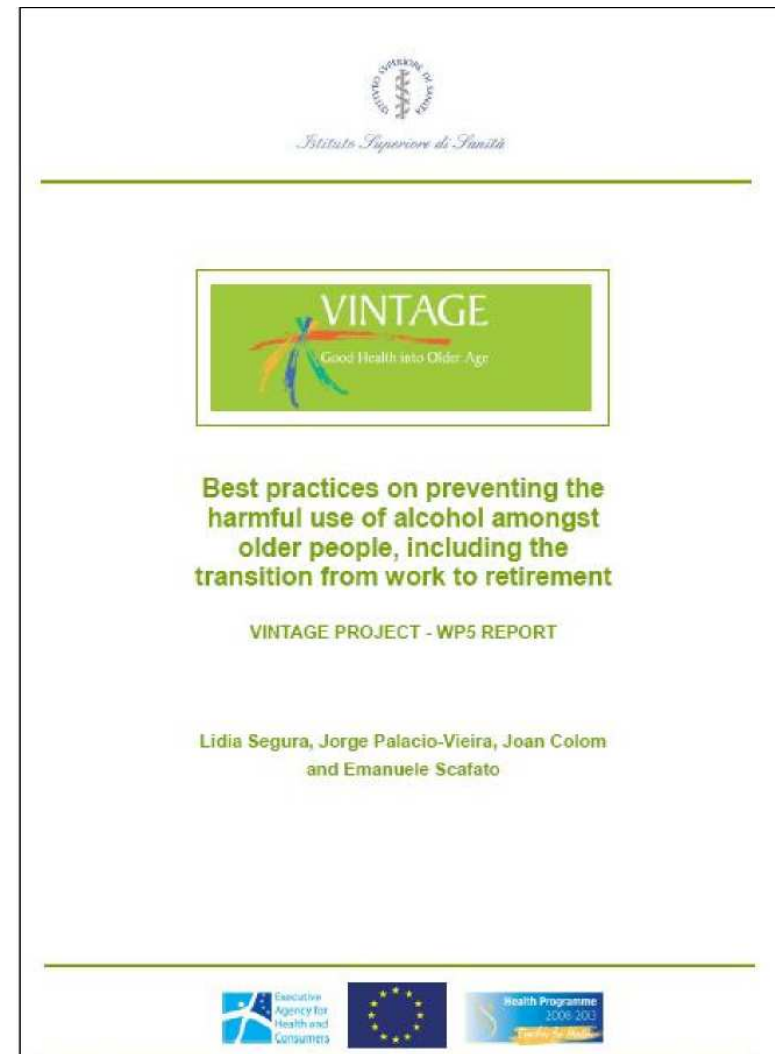
Available at <http://www.epicentro.iss.it/vintage/outputs.asp>

Associated Partners




Reparto Salute della Popolazione e suoi Determinanti - CNESPS

VINTAGE project



Available at <http://www.epicentro.iss.it/vintage/outputs.asp>



Reparto Salute della Popolazione e suoi Determinanti - CNESPS

Moderate drinking and reduced CVD risk in the ELDERLY



Nutrition, Metabolism & Cardiovascular Diseases (2009) xx, 1–9



available at www.sciencedirect.com



journal homepage: www.elsevier.com/locate/nmcd


Nutrition,
Metabolism &
Cardiovascular Diseases

Alcohol consumption and cardiovascular risk factors in older lifelong wine drinkers: The Italian Longitudinal Study on Aging

E. Perissinotto^{a,*}, A. Buja^a, S. Maggi^b, G. Enzi^c, E. Manzato^c, E. Scafato^d, G. Mastrangelo^a, A.C. Frigo^a, A. Coin^c, G. Crepaldi^b, G. Sergi^c, for the ILSA Working Group¹

Conclusion: Our results indicated in elderly moderate wine drinkers a noticeably safe metabolic, inflammatory and glycemc profile that might balance higher blood pressure, leading to a net benefit. These findings however need to be placed in relation to the known adverse social and health effects of heavy drinking.





The view of the US National Institutes on Alcohol Abuse and Alcoholism (2003)

"If you're are a nondrinker, however, you should not start drinking solely to benefit your heart. You can guard against heart disease by exercising and eating foods that are low in fat."

<http://www.niaaa.nih.gov/faq/q-a.htm>

Review Article

Alcohol Drinking, Cognitive Functions in Older Age, Predementia, and Dementia Syndromes

Francesco Panza^a, Cristiano Capurso^b, Alessia D'Introno^a, Anna M Colacicco^a, Vincenza Frisardi^a, Maria Lorusso^a, Andrea Santamato^c, Davide Seripa^d, Alberto Pilotto^e, Emanuele Scafato^f, Gianluigi Vendemiale^{b,g}, Antonio Capurso^a and Vincenzo Solfrizzi^{a,*}

At present, there is no indication that light to moderate alcohol drinking would be harmful to cognition and dementia, and **it is not possible to define a specific beneficial level of alcohol intake.**



Nutritional guidelines NIAAA/NIH

*"The National Institute on Alcohol Abuse and Alcoholism, part of the National Institutes of Health, recommends that people over age 65 who choose to drink have **no more than one drink a day**. Drinking at this level usually is not associated with health risks."*

<http://www.nia.nih.gov/health/agepages/alcohol.htm>



ITALY

Hazardous drinkers definition

According to the **Italian guidelines for a healthy diet**
hazardous drinkers

are all the subjects who overcome the specific daily limits, different by sex and age

Sei a rischio per la salute

se il consumo giornaliero è superiore a :

0 Unità
fino ai 16 anni



1 Unità
tra i 18 e i 20 anni
ed oltre i 65 anni



1-2 Unità
per le donne



2-3 Unità
per gli uomini

GUIDELINE For 65+ : no more than 1 standard unit /day

1 UNIT = 12 grams

Birra
330 ml



oppure

4,5°

Vino
125 ml



oppure

12°

Aperitivo
80 ml



oppure

18°

Cocktail
alcolico
40 ml

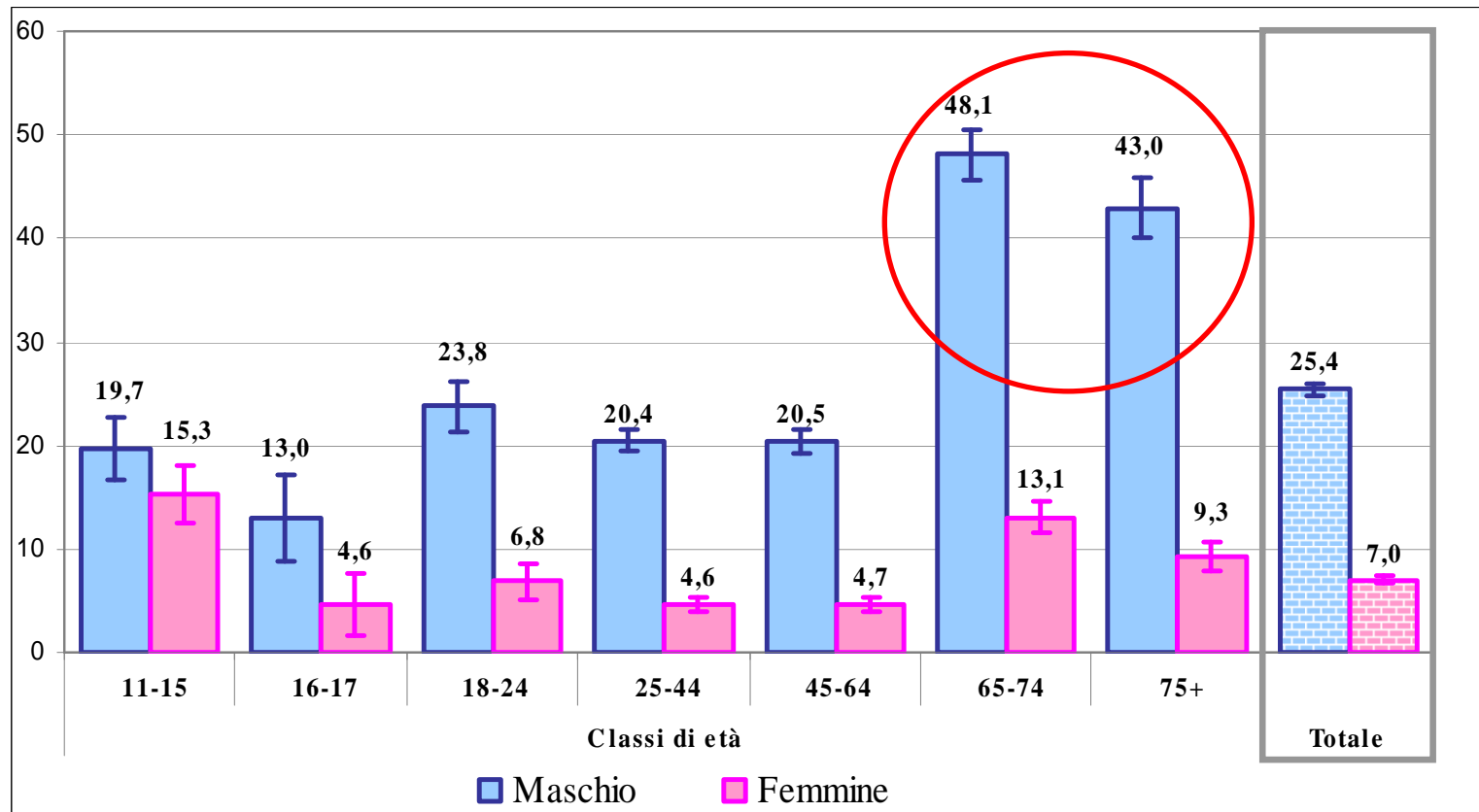


36°

1 bicchiere = 1 unità = 12 grammi di alcol



ITALY. Hazardous (daily) drinkers exceeding the National Guidelines limits for alcohol consumption. 2008





Alcohol consumption among the elderly is often a **hidden problem**

- The absence of comprehensive and harmonized data for individuals aged ≥ 65 years prevents an evaluation of the real impact of drinking on the elderly.
- A key issue is that, as people age, they become more susceptible to the effects of alcohol.
- Signs of harmful consumption are often missed or confused with general symptoms of ageing.
- **Despite a consolidated gender approach, there is a missing culture aimed at integrating in alcohol policy and prevention an age-oriented approach based on advices related with the different limit for alcohol consumption; all over EU only in Italy there are alcohol use guidelines specific for the elderly .**



Health care and medical training

Training to enable health care professionals to identify and assist elderly Europeans whose condition indicates hazardous alcohol use either **do not exist still or appear to be inadequate.**

In 2008, only in four EU countries (Finland, the UK, Italy and Poland) was possible to collect information about staff training in screening and brief intervention on harmful or hazardous alcohol use.



Why a major attention to the elderly ?

There is evidence suggesting that many aged individuals develop hazardous drinking habits later in life in response to their **changing social and health status**.

Retirement can result in social isolation and loneliness and often **depression** may represents a major health problem faced by old men and much more frequently **women**.

It is not so infrequent to verify that **alcohol is the main misused “drug” to deal with anxiety and depression**.



VINTAGE as a European Good Practice



VINTAGE project: best practices for prevention of alcohol-related harm in the elderly in the EU

Emanuele Scafato and Lucia Galluzzo for the VINTAGE Working Group

WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems
National Observatory on Alcohol - CNEBP
Istituto Superiore di Sanità, Rome, Italy

Fact sheets from European projects related to mental health and well-being in older people

Supporting documents for the EU Thematic conference: "Mental Health and Well-being in Older People - Making it Happen"

19th- 20th April 2010, Madrid

Organised by the European Commission Directorate-General for Health and Consumers and the Spanish Ministry of Health and Social Affairs with support of the Spanish Presidency of the European Union



Background

The average age of the world's population is increasing at an unprecedented rate. In just over 30 years, the proportion of older people will double from 7% to 14% of the total world population. Thus, within 10 years, for the first time in human history there will be more people aged 65 and older than children under 5, and Europe will confirm the "oldest" world region (1).

Harmful alcohol use, and consequent alcohol-related disorders are quite frequent in older people, leading to a reduction in healthy life years, and to a preventable increase of health and welfare costs. The 2007 Eurobarometer survey estimates that 27% of European people aged 55+ years had episodes of binge drinking (5+ drinks of 50g alcohol on a single occasion) at least once a week during the previous 12 months (2). Alcohol use disorders are frequent in older people, and with an ageing European population will increase in absolute numbers (3). The major alcohol-related conditions among older people include neuropsychiatric conditions (Alzheimer's disease, depression, etc.), cancers (mouth, digestive system, liver, female breast), cerebrovascular diseases. In addition to accidents and injuries. Although alcohol can reduce the risk of coronary heart diseases, scientific evidence shows that the degree of protection is lower in older people than in middle-aged people (4).

Despite the extent of harmful alcohol use among older people and this demographic shift, there are surprisingly few recent systematic reviews that document the full extent of such harm, or that provide the evidence base for cost effective policies and programmes to reduce it, investing in the health and well-being of older persons. VINTAGE aims at reducing this knowledge gap, by providing evidence base of harmful alcohol use among older people and collecting concrete and practical examples of best practice across all European countries, at country, regional and municipal levels.

Context, Priorities and Key Points at European level

The European Commission (EC), being aware of the importance of the social and health impact associated with harmful alcohol consumption among the elderly, has recently adopted concrete proposals to tackle this health and social challenge.

In December 2009, the Council of the European Union adopted the "Council Conclusions on Alcohol and Health" (5). These Conclusions stress that "older adults (aged 60 and above) are more sensitive to the effects of harmful use of alcohol than other adults, and that alcohol-related deaths among older adults have increased markedly over the last ten years, and that in some cases the death rate has more than doubled". As a consequence, Member States are invited to "address the wellbeing of the ageing population in the EU, including the effects of harmful alcohol consumption on healthy and dignified ageing at an EU level and contribute to raising awareness among care professionals, informal carers, and older citizens of potential interactions between medication and alcohol". The Commission and Member States are also invited to include in existing information systems scientific data on alcohol consumption and harm caused by harmful use of alcohol in the age group of 60 and above, and to develop and implement early identification and brief intervention procedures in primary and elderly health care settings.

The effect of harmful alcohol consumption on healthy and dignified ageing is also one of the four priorities highlighted in the "Opinion on 'How to make the EU strategy on alcohol related harm sustainable, long-term and multifactorial'" adopted on 30 September 2009 by the European Economic and Social Committee (EESC) (6). Drawn up in response to a request by the Swedish Presidency to the EESC, this exploratory opinion focuses on the following considerations concerning alcohol and elderly:



Good practices

VINTAGE EU SURVEY with relevant stakeholders

VINTAGE survey confirm that alcohol use in the elderly is **not yet apparently perceived as a major issue** for prevention in many realities in the EU.

Prevention of harmful use of alcohol amongst elderly is mainly time-limited and only a few number of the initiatives are integrated in the system as permanent prevention strategies.

The time to act is now!

Alcohol in older people should be a major health policy issue for tackling mental health in older people.

Investing in older people's health and well-being will help meet the challenges of the Lisbon process, **reducing health inequalities** among the elderly across Europe and improving the sustainability of public finances, which are under pressure from rising health care and social security costs.



Alcohol and income, welfare and health spending

Are we dealing with the (unknown) effects of recession ?

The economic recession has played a major role in increasing current alcohol-related risk trends among the elderly. A recent paper by Stuckler, Basu & McKee (2010) demonstrated that a cut of 85 euros in the per-capita social welfare spending has been associated with an increase in the general population by 2.8 % in alcohol-related morbidity.

Alcohol and income, welfare and health spending

Are we dealing with the (unknown) effects of recession ?

Table 3 Effect of \$100 of income, social welfare spending, and healthcare spending on cause specific mortality in 15 EU countries, 1980-2005 (purchasing power parity in \$ for 2000)

Covariate	All cause	Alcohol related	Malignant neoplasms	Cardiovascular disease	Suicide	Tuberculosis
\$100 in income per capita	-0.14% ** (0.035)	-0.21% (0.12)	-0.034% (0.034)	-0.31%** (0.084)	0.19% (0.20)	-0.59%*** (0.14)
\$100 rise in social welfare spending (excluding health care)	-0.99% *** (0.11)	-2.80% *** (0.46)	-0.065% (0.18)	-1.23%** (0.31)	-0.62% (0.49)	-4.34%** (1.27)
\$100 rise in healthcare spending	-0.01% (0.43)	0.97% (0.90)	-0.82% (0.47)	-0.28% (0.95)	-3.15% (1.50)	2.11% (2.32)
No of country-years	320	319	319	319	319	318
R ²	0.906	0.773	0.535	0.901	0.239	0.716

Countries were Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, and United Kingdom. Robust standard errors in parentheses clustered by countries to reflect non-independence of sampling.

Stuckler, D. et al. *BMJ* 2010;340:c3311

BMJ






Alcohol and income, welfare and health spending

Are we dealing with the (unknown) effects of recession ?

It could be argued that most negative effects will be suffered by vulnerable individuals, including the elderly, and thereby increase the current level of poverty and deprivation experienced by many, especially elderly women living in contexts related to alcohol-related harms, morbidity, and disability.



Alcohol and older persons

A cause of double exclusion

The EU report on alcohol in the elderly pointed out that 'little is currently known about the health, social and economic impacts of alcohol consumption in this cohort'.

Drinking by the elderly can be taken as a case of **'double exclusion'**, which makes this topic almost impossible to survive both in the scientific and policy arenas.



Alcohol and ageing is a issue for a strategic framework of action and prevention. According to this:

- alcohol strategies should ensure an **aging perspective**
- older people should be made **more aware** about alcohol - related consequences on health and safety;
- **alcohol consumption guidelines**, currently in progress for adoption in some Member States, dealing with alcohol and older people should be an appropriate way of drawing attention to this apparently neglected target of health planning and prevention



THE NEED TO FOCUS ON MIDDLE AGED

According to a lifecycle approach, it should be recommended to overcome the distinction between current and future older people hopefully aiming at the prevention of future problems in older people according to a reduction in alcohol consumption among those who are middle - aged at present, but also increasing the capacity to deal with alcohol - related problems in older people by early detection of hazardous level of alcohol use.



THE NEED TO FOCUS ON BRIEF INTERVENTIONS

A renewed approach, hopefully oriented at increasing the research base of evidence, is what VINTAGE aims for to better deal with the need to overcome the mistaken belief that older persons have little to gain from diagnosis and treatment of alcohol - related problems, as well as to give to older people the right to appropriate and valuable interventions supporting healthier lives and an more active ageing perspective.



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Viewpoint

Alcohol and the elderly: the time to act is now!

The report summarized by Hallgren *et al.* in their Viewpoint reinforces the view that alcohol consumption by the elderly is a neglected target for health policy in Europe. The absence of comprehensive and harmonized data for individuals aged ≥ 65 years prevents an evaluation of the real impact of drinking on the elderly. It also seriously limits our capacity to develop specific strategies targeting the early identification of harmful alcohol use and brief intervention for the elderly. This area was also seen as a priority by the Council Conclusion in December 2009, which requested the development and implementation of effective measures in primary and elderly health care in order to reduce the negative impact of drinking in terms of alcohol-related mortality, morbidity and disability.

Obviously, to reach this ambitious goal a substantial reinforcement of funding for both research and active prevention is required. This is currently under consideration by the majority of EU member states which have not, until now, taken the opportunity to strengthen national monitoring and knowledge information systems. A comprehensive data system, with contributions from all EU member states, would enable the evaluation of scientific data on alcohol consumption and harm caused in the age group of ≥ 65 years.

The findings described in this comprehensive EU report, and those outlined in a preliminary evaluation of the VINTAGE project highlight the need to engage in the following activities:

- To provide policy makers with cost-effectiveness and cost-efficiency studies in order to develop

appropriate age-oriented alcohol policies, hopefully linking interventions with outcomes, while also enabling the scientific and economic evaluation of the benefits of alcohol prevention for the elderly.

- To generate financial support for comparative research across countries aimed at demonstrating how the economy can benefit from an evidence based alcohol policy oriented to different age groups. A major effort should be made by researchers to provide policy makers with enough sound information to understand the respective benefits and weaknesses of different prevention approaches.
- To renew and support a policy making culture based on research using impact assessment methods, including studies of the effects of variables such as employment/retirement, social environment, social inclusion, social participation, inequalities, balance between costs and savings.
- To commence a formal alcohol policy evaluation to determine the effectiveness and the sustainability of different policy options, which includes strategies for alcohol policy enforcement, not only the existence of an action plan.
- To develop projects incorporating not only capacity building, but also with a focus on generating the considerable public support necessary to facilitate and guide the policy making process.

The economic recession has played a major role in increasing current alcohol-related risk trends among the elderly. A recent paper by Stuckler *et al.*² demonstrated that a cut of 85 euros in the per-capita social welfare

spending increases morbidity most notably among vulnerable elderly, current experience women alcohol disability. The older people help in process public pressure social reduction elderly

References

1. VINTAGE project
2. Stuckler *et al.* 2010

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Alcohol consumption among the elderly: a neglected issue

VINTAGE analysis highlighted that there is a lack of evaluation. Professionals and researches are not still aware about the importance of this relevant factor for the success of their PPBp and it cannot be ignored that the missing opportunity to evaluate the effectiveness of the actions performed might reduce the impact of the implementation efforts of new and old strategies in the different European contexts. According to this new researches and in depth analysis should be performed to go ahead on the way started by the VINTAGE project.



THANK YOU FOR YOUR ATTENTION

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