

Alcohol Use Among Older Adults – Data Brief

2014 Vermont Behavioral Risk Factor Survey (BRFSS)

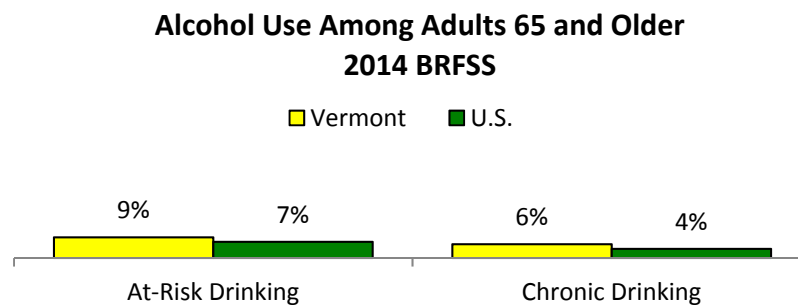
Background

More than half of Vermont adults ages 65 and older reported drinking alcohol in 2014. Alcohol use among this population comes with added concern, as compared with younger adults, due to an increased sensitivity as a result of aging. Additionally, older adults tend to have more health problems, which can lead to poor interactions with medication when they drink alcohol¹. We use Behavioral Risk Factor Surveillance System survey data to look at alcohol use risk behaviors among adults 65 and older. These behaviors include chronic drinking and at-risk drinking.

At-risk drinking among older adults is defined differently than among younger adults. For adults 65 and older, at-risk drinking is four or more drinks in a sitting for men and three or more for women, compared with five or more and four or more among younger adults². Chronic drinking for older adults is defined as more than 60 drinks per month for men and more than 30 for women³.

Overall

In 2014, about one in ten (9%) Vermont adults ages 65 and older reported at-risk drinking and six percent reported chronic drinking. Vermont adults are as likely as U.S. adults in this age group to participate in at-risk drinking, but significantly more likely to report chronic drinking. Neither at-risk nor chronic drinking among Vermont adults 65 and older has changed significantly since 2011.



Older men and women report at-risk and chronic drinking at similar rates. One in ten men over the age of 65 report at-risk drinking compared with eight percent among women. Five percent of older men report chronic drinking while seven percent of women said the same.

¹ National Institute on Alcohol Abuse and Alcoholism: <http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults>.

² Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/capt/tools-learning-resources/binge-drinking-terminology-patterns>.

³ United Health Foundation, America's Health Rankings Senior Report: http://cdnfiles.americashealthrankings.org/SiteFiles/SeniorDownloads/2015_Am_Health_Ranking.pdf

Emotional and Social Support

At-risk and chronic drinking among adults 65 and older does not vary significantly by receipt of emotional and social support. Eight percent of older adults who said they get the emotional and social support they need at least some of the time report at-risk drinking; nine percent of those who do not get adequate support report this behavior. Similarly, eight percent of those who get emotional and social support at least some of the time report chronic drinking compared with six percent among those who do not.

Chronic Conditions

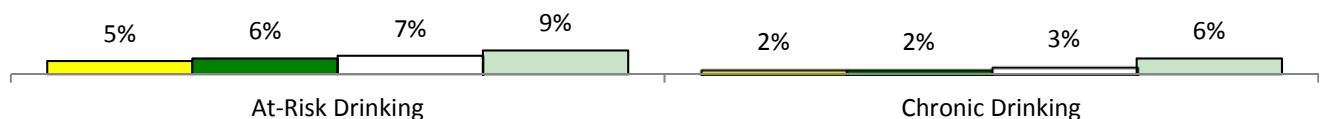
Older adults with cardiovascular disease (CVD) and diabetes are significantly less likely than those without these conditions to report at-risk and chronic drinking. Obese adults are also significantly less likely to report chronic drinking than those who are not obese. This suggests that those with these conditions may be hearing from their doctor, or other sources, that alcohol consumption should be limited due to their illness. Chronic and at-risk drinking did not vary significantly for any other chronic health conditions measured on the BRFSS.

Alcohol Use and Chronic Conditions

Adults 65 and Older

2013-2014 BRFSS

■ Have CVD ■ Have Diabetes □ Obese □ All Vermont



Falls

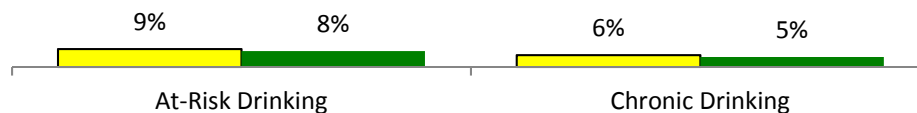
Vermont adults ages 65 and older who fell at least once in the last 12 months, are generally as likely as those who did not fall to report at-risk or chronic drinking. Among those that fell, those that experienced an injury in a fall are also statistically no more likely than those who were not injured to report at-risk drinking (6% vs. 9%) or chronic drinking (5% vs. 6%).

Alcohol Use and Falls

Adults 65 and Older

2012, 2014 BRFSS

■ Fall ■ Did not Fall



For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (jessie.hammond@vermont.gov).