Medication and Alcohol Issues Among Older Adults

Prescription drug and alcohol problems affect up to 17% of older Americans.\(^1\) Pharmacists are in a powerful position to help older adults prevent and identify problems with medication and alcohol interactions, misuse, or abuse. As highly accessible members of the health care team, pharmacists can provide information to their patients to help them stay healthy. Many older adults may not realize they are taking medications that have dangerous interactions with each other or with alcohol. If problems related to medications are suspected, the patient’s physician should be contacted.

CONSIDER THESE STATISTICS:

- One in eight Americans is 65 or older.\(^2\)
- Forty percent of American adults over age 65 take 5 or more different medications per week.\(^3\)
- An increase in the number of medications used per week leads to an increased risk for drug-drug interactions and medication misuse and abuse.
- Up to 50% of all prescriptions are not taken according to the physician’s directions.\(^4\)

WHAT OLDER ADULTS NEED TO KNOW ABOUT MEDICATIONS AND ALCOHOL

- Medications should be taken only as directed and any adverse effects should be discussed with a pharmacist or other health care professional.
- Alcohol may interact with some medications. Alcohol use should be discussed with a health care professional.
- Even small amounts of alcohol may worsen some health conditions.

WHAT PUTS OLDER ADULTS AT RISK FOR MEDICATION AND ALCOHOL MISUSE/ABUSE?

AGING-RELATED PHYSIOLOGICAL CHANGES

- Increase in sensitivity and decrease in tolerance to medications and alcohol
- Age-related changes in drug metabolism (slowed onset or increased duration of action)
- A decrease in lean body mass and total body water results in a higher concentration of alcohol in the blood system than that of a younger person consuming the same amount of alcohol
- A decrease in alcohol dehydrogenase enzyme slows metabolism of alcohol, resulting in blood alcohol levels that remain raised for longer periods of time
- Greater likelihood of health problems adversely affected by alcohol (e.g., cardiac, gastrointestinal, or neurological disorders; diabetes)

MEDICAL RISKS

- Previous or co-existing drug, alcohol, or mental health problems
- Harmful reactions and interactions may occur from using many prescription, over-the-counter, and/or herbal products, especially when combined with alcohol
- Pain, discomfort, and sleep problems from various physical and mental health conditions may lead to self-medication with alcohol or drugs
- Incorrect use of medications (e.g., misunderstanding directions, forgetting to take them)

PSYCHOSOCIAL AND OTHER ISSUES

- Loss of friends/family members, decreased social status and/or professional identity, reduced self-esteem, hopelessness, isolation, loneliness, boredom
- Problems with self-care, poor eyesight/hearing, loss of mobility, lack of transportation, and/or financial issues

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1 TIP 26: Substance Abuse Among Older Adults, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, 1998
3 Kaufman DW, et al. Recent patterns of medication use in the ambulatory adult population of the United States. JAMA 2002; 287
4 Tommasello AC. Substance abuse and pharmacy practice: What the community pharmacist needs to know about drug abuse and dependence. Harm Reduction Journal 2004; 1

SA1018

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KEY COUNSELING POINTS FOR MEDICATION AND ALCOHOL: INTERACTION AND MISUSE ISSUES

- When asking about alcohol use, frame the question in an objective manner that seems less intrusive (e.g., How do you use alcohol?).
- When filling prescriptions for benzodiazepines, sedatives, or any narcotic analgesics, recommend to patients that they should not drink alcohol when using these medications.
- Acetaminophen can damage the liver and drinking alcohol can increase this risk of liver damage. Patients who regularly consume 3 or more servings of alcohol per day should not take acetaminophen without consulting their physician.
- Warn patients about acetaminophen-containing products when they are taking combination medications such as Vicodin® or Percocet®, which also contain acetaminophen. Recommend that patients carefully check the labels of all of their medications to be sure that they do not contain acetaminophen. The maximum daily amount of acetaminophen is 4000 mg (equal to eight 500 mg extra strength tablets).
- Warn patients about combination cough and cold preparations. Many contain alcohol, acetaminophen, and antihistamines. There is the potential for overuse of and interactions with these ingredients.
- Recommend to patients that they do not drink alcohol or take any medication with alcohol in it when they are taking metronidazole. Patients should wait at least three days after stopping metronidazole before drinking alcohol.
- Advise patients to avoid the use of any herbal or natural product before speaking with their physician or pharmacist.
- When prescription misuse is suspected (taking too little or too much), confirm the actual directions with the prescriber.
- Share a copy of Healthy Aging: Medications and Alcohol with your patients. This brochure describes the importance of managing medications and alcohol for interactions and misuse. Order free multiple copies online at www.maclearinghouse.com.
- Consider these questions when counseling older adults:
  - Do any of the medications interact with alcohol or with other medications being used?
  - Is more than one health care provider prescribing medications?
  - Does the person use more than one pharmacy?
  - Does the person follow the directions for all medications?

COMMUNICATING WITH OLDER ADULTS

- Show courteous attention and demonstrate interest in what they are saying. Maintain proper eye contact.
- Address the patient according to his/her preference, such as Mr., Mrs., or by first name, as a sign of respect. Avoid terms such as “dear” or “honey.”
- Stress confidentiality to help patients speak more openly.
- Consider hearing and visual problems and language barriers. Use visual cues if possible.
- Be patient and persistent. If necessary, repeat messages to aid memory and understanding. If answers to your questions are unclear, ask the question in another way. Do not just repeat the same words or say them louder.
- If necessary, speak slowly and use clear language without being patronizing; provide information in clear segments that older adults can easily absorb.
- Ask open-ended questions that start with who, what, where, when, how, and why. They encourage patients to disclose more information because they require more than a yes or no answer.

RESOURCES FOR PHARMACISTS

- Massachusetts Substance Abuse Information and Education Helpline 800/327-5050 • 24-hour referral information on treatment programs and support services www.helpline-online.com
- MA Executive Office of Elder Affairs 800/AGE-INFO • www.800ageinfo.com
- MassMedLine 866/633-1617 • www.massmedline.com
- Bureau of Substance Abuse Services MA Department of Public Health www.mass.gov/dph/bssas/bssas.htm
- National Clearinghouse for Alcohol and Drug Information 800/729-6686 • www.health.org
- National Institute on Alcohol Abuse & Alcoholism www.niaaa.nih.gov
- American Pharmacists Association (APhA) www.aphanet.org
- Substance Abuse and Mental Health Services Administration (SAMHSA) 800/729-6686 • www.samhsa.gov
- National Council on Alcoholism and Drug Dependence (NCADD) 212/269-7797 • www.ncadd.org

INFORMATION FOR CONSUMERS

- Information and referrals: Massachusetts Substance Abuse Information and Education Helpline • 800/327-5050 www.helpline-online.com
- Brochures: Massachusetts Health Promotion Clearinghouse 800/952-6637 • www.maclearinghouse.com • Order copies of Healthy Aging: Medications and Alcohol, available in English and other languages.
- MassMedLine • 866/633-1617 • www.massmedline.com
- Regional Center for Poison Control and Prevention (serving Massachusetts and Rhode Island) • 800/222-1222

Thank you to the Massachusetts College of Pharmacy and Health Sciences for their expertise in drafting, reviewing, and adapting content and design for the Pharmacist Update.