

## 2.6 GPs moderate risky drinking in elderly

**Findings** A brief intervention at 24 US primary care clinics (equivalent to GPs' surgeries) was the first to be tested on elderly heavy drinkers. At routine attendances, patients aged 65 and over were asked to complete a screening survey. 656 had a history of heavy drinking of whom 396 were interviewed by researchers. 158 met the study's criteria for current heavy drinking (which included drinking over 16 UK units a week for men and 12 for women; very heavy and 'alcoholic' drinkers were excluded) and were randomised into intervention and control groups. Intervention patients were offered two doctors' appointments one month apart (over 80% attended) for 10–15 minutes of alcohol advice/education and agreement of drinking goals to be self-monitored. Two weeks after each session nurses followed up by phone. The intervention partly derived from a landmark British study [▶ panel](#), p. 28. After three, six and 12 months, outcomes were assessed through 'blind' phone interviews checked with family members.

Results were positive, statistically significant, and lasted over the follow up. At 12 months average alcohol intake (hardly changed in controls) was 36% less in the intervention group while the proportion drinking excessively had fallen by nearly 50% but increased by 15% in controls. Accidents and injuries were more frequent among heavier drinkers but neither these nor hospitalisations were significantly affected by the intervention.

**LINKS** [How brief can you get?](#) p. 23. [Nuggets 2.7, 2.8, 2.9](#)

**In context** Concern to contain the health care costs of an aging population (one reason for the study) is apparent also in Britain, where perhaps 1.8 million people aged 60 and over drink excessively and might benefit from interventions. This figure will almost certainly rise as the elderly increase in number and drink more.

Compared to similar interventions with other patients ([▶ Links](#)), the drinking reductions in these elderly patients were impressive and clinically meaningful, probably aided by their high attendance, three follow-up contacts, and the fact that few controls received any alcohol advice from their doctors, meaning the intervention was mainly compared to doing nothing.

The prospect (likely to materialise in longer term follow ups) of positive impacts on health and health costs may make intervening seem worthwhile, but the costs of screening an age group with relatively few problem drinkers could deter health planners. Of nearly 7000 elderly people approached for screening, at the 12-month follow up just 14 fewer were drinking excessively as a result. Had controls also been counselled it might have been 26.

Doctors in this study were specially interested in research, prepared to be trained, paid a non-trivial sum, and had their elderly patients health-screened free of charge. How many in everyday practice would undertake the intervention is the main query.

**Practice implications** With their high attendance rates, the GP's surgery seems a promising setting for tackling drinking among elderly patients, who seem to respond better to brief interventions than younger patients. At the observed 'hit rate' it will be difficult to justify screening programmes but doctors may be persuaded to intervene with heavy drinkers identified during routine practice; opportunities are suggested in a US guide [▶ Secondary sources ①](#). Perhaps also the elderly can be encouraged to see their doctors by workers well placed to identify drinking problems but not to intervene, such as home carers [▶ Secondary sources ②](#).

**Main sources** Fleming M.F., et al. "Brief physician advice for alcohol problems in older patients. A randomised community-based trial." *Journal of Family Practice*: 1999, 48(5), p. 378–384. Copies: apply Alcohol Concern.

**Secondary sources ①** US National Institute on Alcohol Abuse and Alcoholism. *The physicians' guide to helping patients with alcohol problems*. Download from <http://silk.nih.gov/silk/niaaa1/publication/physicn.htm> [②](#) Raby S. "Not born yesterday." *Alcohol Concern Magazine*: 1999, 14(3), p. 22–23. Copies: apply Alcohol Concern.

**Contacts** Dr Michael Fleming, 777 S Mills Street, Madison, WI 53715, USA, e-mail [mflaming@fammed.wisc.edu](mailto:mflaming@fammed.wisc.edu).