

FEATURES

PAGE 16

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[HEALTH]

Alcohol and the elderly

Drinking in moderation can be beneficial for many older people — but not for all

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NY TIMES NEWS SERVICE, NEW YORK



ILLUSTRATION BY JANE BRODY

IS alcohol a tonic or a toxin? The question is especially critical to older people, whose overall medical picture gives alcohol the potential to be a health benefit or a life-shortening hazard.

Yet experts say that doctors rarely ask older patients how much and how often they drink. Not knowing the answers to these questions can result in misdiagnosis, medical complications and life-threatening accidents. Doctors may also fail to recognize the symptoms of alcohol abuse, a problem that is expected to become increasingly common as baby boomers, who have been found to drink more than previous generations, reach age 65 and beyond.

At the same time, older people who are in good health should know that moderate drinking under the right conditions may improve their health in several important ways. In a comprehensive review in the October issue of *The Journal of the American Dietetic Association*, Maria Pontes Ferreira and M.K. Suzy Weems described the myriad health benefits and risks of alcohol consumption by aging adults.

In summarizing the findings in an interview, Ferreira, a registered dietitian, said that "although there are a lot of benefits from moderate alcohol consumption, you can't make a blanket statement; you have to look at the big picture."

"Moderate alcohol consumption can improve appetite and nutrition and reduce the risk of several important diseases, including cardiovascular diseases and diabetes," said Ferreira, a post-doctoral fellow at Haskell Indian Nations University in Lawrence, Kansas. "But a lot of folks over 50 are already dealing with diseases associated with aging and medication use that can result in possible complications and drug interactions. And older people who abuse alcohol are consuming an inordinate amount of calories that can displace important nutrients."

Furthermore, Frederick C. Blow, professor of psychiatry at the University of Michigan Medical School and an expert on alcohol and aging, pointed out in an interview that "even at lower levels of consumption, alcohol can be problematic for older people."

"Because of an increased sensitivity to alcohol and decreased tolerance as one ages, lower amounts of alcohol can have a bigger effect," he said. "Older people get into trouble with doses of alcohol that wouldn't be a problem with a younger person."

Madeline A. Naegle, professor at the New York College of Nursing, fears that publicity about the benefits of alcohol has dangerously tipped the scales, prompting some people to think that "if one drink is good, two or three must be better."

"Recommendations about drinking must be qualified by the level of a person's health," she emphasized in an interview.

In an article on screening for alcohol use and abuse among older adults in the November issue of *The American Journal of Nursing*, she noted: "Often clinicians fail to ask, 'Do you drink alcohol?' when obtaining medical histories and performing routine examinations. Because alcohol consumption is such a common practice, questions about drinking are necessarily part of a general health assessment."

THE BENEFITS

Evidence for the benefits of moderate alcohol consumption comes almost entirely from epidemiological, or population, studies that can reveal important associations but cannot prove cause and effect. There have been few randomized controlled clinical trials of alcohol use to definitively show that alcohol consumed in any amount by any group of people benefits health.

That said, here is what the studies indicate. It's

important to note that most findings refer to moderate consumption, defined as one alcoholic drink a day for women and up to two for men. Also, the benefits are confined to people who do not have ailments, like chronic liver disease, or take medications, like psychoactive drugs, that would render any amount of alcohol risky.

Heart disease and mortality — While many studies have emphasized the benefits of red wine to cardiovascular health and longevity, more than 100 studies in 25 countries have linked these benefits to moderate consumption of any type of alcoholic beverage. On average, moderate drinkers 50 and older are less likely to suffer heart attacks and die prematurely than abstainers and heavy drinkers.

Diabetes — Though it may seem counterintuitive, a controlled clinical trial of nondiabetic older women found that insulin sensitivity was improved among those who consumed two drinks a day. In studies of men with diabetes, drinking up to two drinks a day was associated with lower levels of factors linked to an increased risk of heart disease, like markers of inflammation and arterial dysfunction.

Dementia — Although excessive alcohol drinking can raise the risk of dementia in older people, "there are emerging data to suggest that moderate alcohol intake — one to three drinks a day — is associated with a reduced risk of developing Alzheimer's disease and vascular dementia," Ferreira and Weems wrote. In this case, they added, drinking wine confers the primary benefit; drinking beer, on the other hand, appears to raise the risk of dementia.

Osteoporosis — Several studies have suggested that elderly women who drink moderately tend to have better bone density. But chronic heavy drinking "can dramatically compromise bone quality and may increase osteoporosis risk," H. Wayne Sampson of Texas A&M University Health Science Center in College Station has reported for the National Institute on Alcohol Abuse and Alcoholism. Furthermore, skeletal damage from excessive drinking is not reversible.

Psychosocial effects — Although there is relatively little research on the effects of moderate alcohol consumption on mental and social well-being among the elderly, studies in retirement communities have noted an improvement in social interactions, health-related quality of life and survival.

Nutritional benefits — Again, there is not a lot of research, but studies so far indicate that an alcoholic drink taken with meals can improve appetite and the consumption of calories and nutrients needed by many elderly people, Ferreira said.

THE RISKS

Immoderate consumption of alcohol — more than three drinks a day — can be hazardous for people of all ages, but especially so for the elderly, who reach higher levels of blood alcohol faster and maintain them longer than younger people.

Yet, Blow said, "we don't do well identifying older people who are getting into trouble with alcohol."

Potential hazards include an increased risk of falls and vehicular accidents, a decline in short-term memory, a worsening of existing health problems and interactions with medications that may diminish the effectiveness of some drugs and increase the toxic effects of others.

Ferreira called alcohol abuse and alcoholism in aging adults "a silent epidemic."

Naegle wrote that "many older people pursue drinking patterns established earlier in life and may not realize that continuing to drink the same amount of alcohol as they did when they were younger may place them at risk for health problems."

She recommended using diet and exercise to reduce cardiac risk; trying alternative relaxation methods like meditation, yoga and exercise; and, for those who drink, cutting down on the amount of alcohol consumed by mixing it with water, taking an hour to finish one drink and alternating alcohol with nonalcoholic drinks.

WARNING: Excessive consumption of alcohol can damage your health.

The search for the cure

A quick Internet search will reveal a multitude of proposed hangover remedies. But do any really work?

BY RICHARD INGHAM
AFP, PARIS

The French call it "la gueule de bois," or wooden mouth. For Germans, it's "Kater," or a tomcat. Japanese know it as "futsukayoi," or "two-days drunk." But whatever the language and wherever it takes place, a hangover is the same: headache, nausea, shaking, blurred vision, biliousness, dry mouth ... the list of evils is long.

Just as lengthy is the roster of remedies for alcohol abuse that have been touted over the centuries.

In Roman times, Pliny the Elder swore by raw owls' eggs. In Elizabethan England, a pair of eels suffocated in wine was touted as the trick. Green frogs were an acceptable substitute for those who were out of eels. In the 19th century, hungover chimney sweeps would sip warm milk with a teaspoon of soot added.

Look around today, and the Internet has unleashed an explosion in proposed hangover fixes, from fried food and the hair of the dog to expensive formulae derived from plant extracts.

For those who wake up with a throbbing head and a mouth like a parrot's cage, the choice seems like a life-saver — as long as they overlook the fact the "cures" are underpinned more by hope than the approval of science.

"From aspirin and bananas to Vegemite and water, Internet searches present seemingly endless options for preventing or treating alcohol hangovers," say US pediatricians Rachel Vreeman and Aaron Carroll. "No scientific evidence, however, supports any cure or effective prevention," they write in the latest issue of the *British Medical Journal*.

In a 2005 study, doctors in the UK and the Netherlands reviewed the only trials of hangover cures that had been conducted to objective criteria.

The eight remedies tested were three drugs and four dietary supplements, as well as the fruit sugar fructose.

The drugs comprised tolfenamic acid, a painkiller; a beta-blocking drug called propranolol and tropisetron, used for nausea and vertigo. The dietary supplements were derived from dried yeast; from a flower called borage (*Borago officinalis*); the globe artichoke (*Cynara scolymus*); and prickly pear (*Opuntia ficus-indica*).

Volunteers were chosen randomly and were divided into two groups, with one group taking the supposed remedy and the other taking a placebo.

The borage, the yeast and the tolfenamic acid did ease some symptoms in a number of volunteers, and a previous study found the prickly pear also made a difference. Apart from that, "no compelling evidence" could be found to describe any of these products as effective in treating or preventing a hangover.

In plain language, say experts, to avoid a hangover, do not drink or drink only in moderation and have water too, to avoid dehydration, as well as some food.

Whoever finds a cure for hangovers is clearly on the fast track to millions. In 2004, alcohol-related absenteeism from work, due in part to hangover, cost the UK up to US\$2.7 billion dollars, per year, according to an estimate by 10 Downing Street. But this figure does not include indirect costs such as the impact of worker performance from hangovers.

But can a cure ever be found? And — here's an intriguing question — should we even look for one?

Edzard Ernst, a professor of complementary medicine at the Peninsula Medical School at Britain's University of Exeter, who took part in the 2005 study, says a hangover is a simple word for a complex thing.

It comprises symptoms affecting different parts of the body, varies according to the individual and the circumstances in which the drinking occurred. All this means there are many different pathological pathways — metabolic, hormonal and so on — in which genetic variations will also play a role. Put these factors together, and it is most unlikely that a single, one-off cure is available, suggests Ernst. "A hangover is your body telling you a message: 'Don't abuse me,'" he said.

"If we had a foolproof cure for hangovers, we would drink more. Those of us who like their tippie, me included, would probably hesitate a bit less over the last glass."