



COMMONWEALTH of VIRGINIA
Department for the Aging

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AAA TUESDAY E-MAILING
May 4, 2010

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Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.



10-58

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors
Care Coordinators

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: May 4, 2010

SUBJECT: Nutrition Education Materials added to VDA website

As you are aware, all nutrition and care coordination clients are required to have a nutrition screening checklist completed along with their UAI during assessment and reassessment.

AAAs and service providers must develop a plan specifying how the agency will use the screening results. Some of the possible ways to use the nutrition screening results include planning nutrition education programs and referral to appropriate services.

Several nutrition education brochures have been added to the Congregate <http://www.vda.virginia.gov/congregatenutrition.asp> and Home Delivered Nutrition <http://www.vda.virginia.gov/homedeliverednutrition.asp> service areas of the VDA website.

Each brochure is designed to be a double-sided trifold that can be printed and personalized with your agency's logo and/or contact information. Each brochure corresponds to a particular question on the Nutrition Screening Checklist. So, if a client presents with a problem with a particular nutrition screening criterion, this allows you to provide the corresponding educational brochure and discuss strategies to overcome

Nutrition Education Materials added to VDA website

May 4, 2010

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that risk factor, as part of your nutrition education and health promotion/disease prevention program.

Please let me know at Elaine.Smith@vda.virginia.gov or 804-662-9319 if you have any questions about the brochures or the information contained in them. I will also be interested to hear if these are useful tools and how you are using them in your nutrition programs.



10-59

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Care Coordinators, Health Promotion/Disease Prevention Coordinators,
and Nutrition Directors

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: May 4, 2010

SUBJECT: Alcohol and Aging Awareness Media Campaign in Hampton Roads Area

Last year, the Virginia Department of Alcoholic Beverage Control (VA ABC), the Alcohol and Aging Awareness Group (AAAG), and Channel 6 WTVR produced a television commercial for the "The Best Is Yet To Come" media campaign, funded by the Virginia Department of Health, Division of Injury and Violence Prevention.

This year, thanks to funding from the Virginia Beer Wholesalers Association, the commercial will run again beginning on April 26, 2010 through May 28, 2010. The 30 second spot will run on three different television stations in the Hampton Roads Market. This is an awareness campaign targeted to older adults aged 55 and older and their adult children.

You may view the commercial by visiting the following link:

http://www.youtube.com/watch?v=k_rIRtYfM3A.

Virginia 211, SeniorNavigator and Virginia Poison Control Network are partners on this campaign. Depending on their questions, Virginia 211 callers will be directed to the following groups for information:

- Area Agencies on Aging
- SeniorNavigator
- Community Service Boards (CSBs)
- www.samhsa.gov – the Substance Abuse and Mental Health Services Administration
- Virginia Poison Control Center

Please anticipate that AAAs located in the viewing area and others may receive calls requesting information. Calls may be handled in the following ways:

- Refer callers to the VA ABC website at <http://www.abc.virginia.gov/Education/olderadults/aging.html> for information available from VA ABC and the AAAG including *The Best is Yet to Come* brochure. A resource list is also attached.
- For more free Information, attached are materials that you may disseminate.
“As You Age...A Guide to Aging, Medicines and Alcohol”
“Good Mental Health is Ageless”
“Aging, Medicines and Alcohol”
“How to Talk to an Older Person Who Has a Problem with Alcohol or Medications”
- Additional information is available by download from the Substance Abuse and Mental Health Services Administration (SAMHSA) such as the toolkit *“Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources”*
<http://download.ncadi.samhsa.gov/prevline/pdfs/getconnectedtoolkit.pdf>
Or you may call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or visit www.ncadistore.samhsa.gov, click on “Audience” and select “Older Adults” or visit http://www.samhsa.gov/aging/age_08.aspx
- Information is also available free from Hazelden. Call 1-800-I-DO-CARE or visit www.hazelden.org
What Can I Say to Get You to Stop?
<http://www.hazelden.org/web/public/whatcanisay.page>

Article on older adults and recovery

<http://www.hazelden.org/web/public/ade60306.page>

Article on substance abuse among the elderly
<http://www.hazelden.org/web/public/ade60220.page>

For services

- Refer to www.SeniorNavigator.org, Click on “Health”, scroll to “Medical Concerns: Substance Abuse”.
- You may also refer the callers to their Primary Care Physicians, Geriatrician, or Geriatric Psychiatrists in the viewing area.
- The SAMSHA website also has an online treatment locator <http://dasis3.samhsa.gov/> and a 24 hour help line. Call 1-800-662-HELP (1-800-662-4357)
- Or you may refer to any appropriate local services of which you are aware.

Thank you for assisting in this worthwhile awareness campaign to ensure *The Best Is Yet to Come* for older adults of Virginia. If you have any questions or concerns, please contact me at 804-662-9319 or Elaine.Smith@vda.virginia.gov or Regina Whitsett at 804-213-4445 or Regina.Whitsett@abc.virginia.gov.

Attachments

Alcohol and Aging Awareness Group (AAAG)
Alcohol, Medication and Older Adults Related Resources

Books

Alcohol, Medications and Older Adults: How to Get Help
Hazelden and AARP 1995

Alcoholism in the Elderly: Diagnosis, Treatment, Prevention 1997
American Medical Association

Substance Abuse Among Older Adults
Blow, Frederic C.
Rockville, MD: U.S. Department of Health and Human Services, Public Health Services,
SAMHSA. CSAT, 1998

Alcohol and Aging
By Thomas P. Beresford, Edith Lisansky Gomberg-Psychology-1995

Alcohol Problems and Aging
Edited by Edith S. Lisansky Goldberg, Andre M. Hegedus, Robert A. Zucker-Psychology
2000

Women and Alcohol: Contemporary and Historical Perspectives
By Moira Plant-Psychology-1997

Aging and Addiction: Helping Older Adults Overcome Alcohol or Medication
By Carol Colleran, Debra Jay-self help-2002

Under the Influence: Alcohol and Human Behavior
By John Jung-Psychology-1994

Encyclopedia of Aging
By Richard Schulz-Medical-2006

Consumer Literature

Caring and Coping: For Family Members of Older Adults in Recovery
Walker, B.
1989 Center City, MN Hazelden

The Best Is Yet to Come brochure, Virginia Department of Alcoholic Beverage Control,
2007

How to Talk to an Older Person Who has a Problem with Alcohol or Medications
Hazelden Center City, MN Hazelden

Messages of Concern: Alcoholism and the Older Adult
Osgood, N.
Richmond, VA Medical College of Virginia, VCU

Messages of Hope: For Older Adult Alcoholics
Osgood, N.
Richmond, VA Medical College of Virginia, VCU

Problems with Alcohol and Medications Among Older Adults, The Early Recovery
Workbook, Session One: Denial and Session Two: Shame
Halzelden and AARP
Center City, MN Hazelden

Websites

- What is Substance Abuse Treatment? A Booklet for Families
<http://ncadistore.samhsa.gov/catalog>
- www.seniornavigator.com
- <http://pathwayscourses.samhsa.gov/>
- “Do the Right Dose” Campaign <http://asyouage.samhsa.gov/dotherightdose/>
- “As You Age” Campaign <http://asyouage.samhsa.gov/default.aspx>
- www.mayohealth.org
- www.samhsa.gov

<http://download.ncadi.samhsa.gov/asyouage/asyouageprintads02.pdf>

As You Age...

A Guide to Aging, Medicines, and Alcohol



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Food and Drug Administration
www.samhsa.gov
www.fda.gov



As we age, the need to take more and different kinds of medications tends to increase. Also, growing older means that our bodies respond differently to alcohol and to medication than when we were younger.

You should be aware that:

- Some of your medicines won't mix well with other medications, including over-the-counter medications and herbal remedies.
- Many medications do not mix well with alcohol.
- Changes in body weight can influence the amount of medicine you need to take and how long it stays in your body. Body circulation may slow down, which can affect how quickly drugs get to the liver and kidneys. In addition, the liver and kidneys may work slower, which can affect how a drug breaks down and is eliminated from the body. Due to these changes, medicine may remain in your body longer and create a greater chance of interaction.

To guard against potential problems with medicines, become knowledgeable about your medication and how it makes you feel.

Take steps on your own:

- Read the labels of your medications carefully, and follow the directions.
- Look for pictures or statements on your prescriptions and pill bottles that tell you not to drink alcohol while taking the particular medication. If you are taking medications for sleeping, pain, anxiety, or depression, it is unsafe to drink alcohol.
- One alcoholic drink a day is the recommended limit for anyone over the age of 65 who has not been diagnosed with a drinking problem. That's 12 ounces of beer, 1.5 ounces of distilled spirits, or 5 ounces of wine.
- Talk to your health care professional about all medicines you take, including prescription; over-the-counter (OTC) medications; and dietary supplements, vitamins, and herbals.
- Tell your doctor about any food or medicine allergies you have.
- Keep track of side effects, and let your doctor know immediately about any unexpected symptoms or changes in the way you feel.
- Go through your medicine cabinet at least once a year to get rid of old or expired medicines.
- Have all of your medicine reviewed by your doctor at least once a year.

Medicine and alcohol misuse can happen unintentionally.



Here are some signals that may indicate an alcohol or medication-related problem:

- Memory trouble after having a drink or taking medicine
- Loss of coordination (walking unsteadily, frequent falls)
- Changes in sleeping habits
- Unexplained bruises
- Being unsure of yourself
- Irritability, sadness, depression
- Unexplained chronic pain
- Changes in eating habits
- Wanting to stay alone a lot of the time
- Failing to bathe or keep clean
- Having trouble finishing sentences
- Having trouble concentrating
- Difficulty staying in touch with family or friends
- Lack of interest in usual activities

In the case of an emergency, call 911.
To talk to a health care information specialist
about possible alcohol or drug misuse or for
dependency treatment referral, call the Substance
Abuse and Mental Health Services

Administration at:
(800) 662-HELP (4357)
TDD (800) 487-4889
or visit

www.findtreatment.samhsa.gov

For more information about your medicines, con-
tact the Food and Drug Administration at:
888-INFO-FDA (463-6332)
www.fda.gov

Check the box below to see if a
local program or provider has listed
its address and/or phone number.

For Health Care Professionals

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Substance Abuse and Mental Health
Services Administration,
U.S. Department of
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Food and Drug Administration
www.samhsa.gov
www.fda.gov

Good Mental Health is Ageless

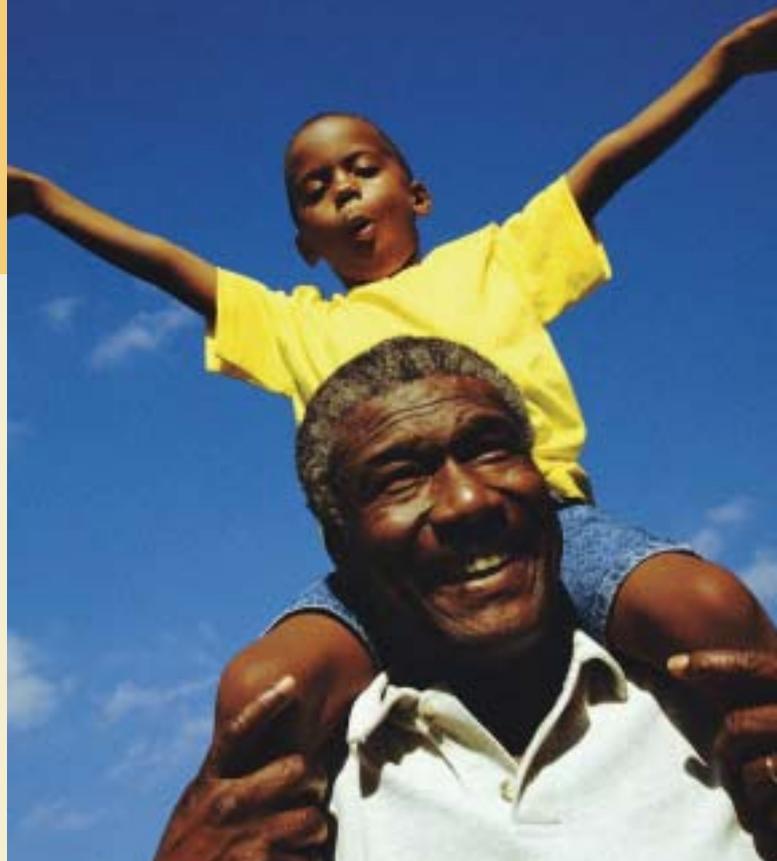


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
Center for Mental Health Services
www.samhsa.gov

A healthy mind is as important as a healthy body.

Good mental health can help you:

- Enjoy life more.
- Handle difficult situations.
- Stay better connected to your family, your friends, and your community.
- Keep your body strong.



Being in good mental health doesn't mean that you'll never feel sad, lonely, or 'down.' But when these feelings disrupt your life or go on too long, there may be a bigger problem.



Unusual feelings of sadness or depression can happen when

- You have to move from your home.
- People you love get sick or die.
- You have to depend on others to get around, or even to do the simple things you used to do yourself.
- Physical health problems seem overwhelming.



In addition to feelings of depression, some of the following changes in behavior may suggest other emotional problems:

- Being easily upset
- Not having the energy to do the things you want to do, or used to do
- Changing sleep habits
- Increasing forgetfulness
- Being afraid of things
- Changes in eating habits
- Neglecting housework
- Crying a lot
- Having trouble managing money
- Believing that you can't do anything worthwhile
- Being confused
- Getting lost a lot
- Staying alone a lot of the time
- Spending little or no time with friends
- Feeling hopeless or overwhelmed
- Thinking life isn't worth living
- Thinking about hurting yourself

Here are some things you can do if depression or other changes in your behavior last longer than two weeks:



© Matthew McVay/Getty Images/Stone

- Talk with your doctor or other health care professional. Tell them exactly how you're feeling, and let them know how this is different from the way you used to feel. They can check for any problems you may be having, and can discuss treatment options with you.
- Share your feelings with a friend, family member or spiritual advisor. These people can sometimes notice changes that you might not see.
- Ask for advice from a staff member at a senior center or other program you participate in.
- Call for information from the National Eldercare Locator at 1-800-677-1116, or speak with the Federal Center for Mental Health Services (CMHS) by calling 1-800-789-2647 or visiting its Web site at www.cmhs.samhsa.gov. These organizations can help you find a program or provider near you.
- Check your local yellow pages for organizations that can help.



**At any age, help can support growth,
discovery, recovery, and happiness.**

**Call the National Eldercare Locator at:
1-800-677-1116**

**Call the Federal Center for Mental
Health Services (CMHS) at:
1-800-789-2647**

or visit www.cmhs.samhsa.gov

Check the box below to see
if a mental health program or provider
near you has listed its address and/or
phone number.

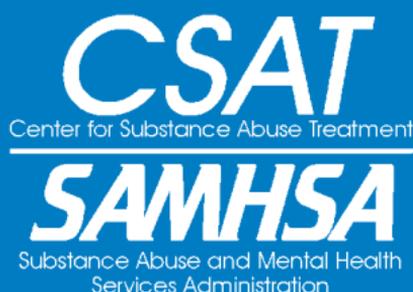
For Health Care Professionals:

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This brochure was created to accompany the publication *Substance Abuse Among Older Adults*, #26 in CSAT's Treatment Improvement Protocol (TIP) series. The TIP series and its affiliated products are available free from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). Call 1-800-729-6686 or 1-800-487-4889 TDD (for the hearing impaired), or visit www.csat.samhsa.gov.

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Printed 2001



Aging, Medicines and Alcohol



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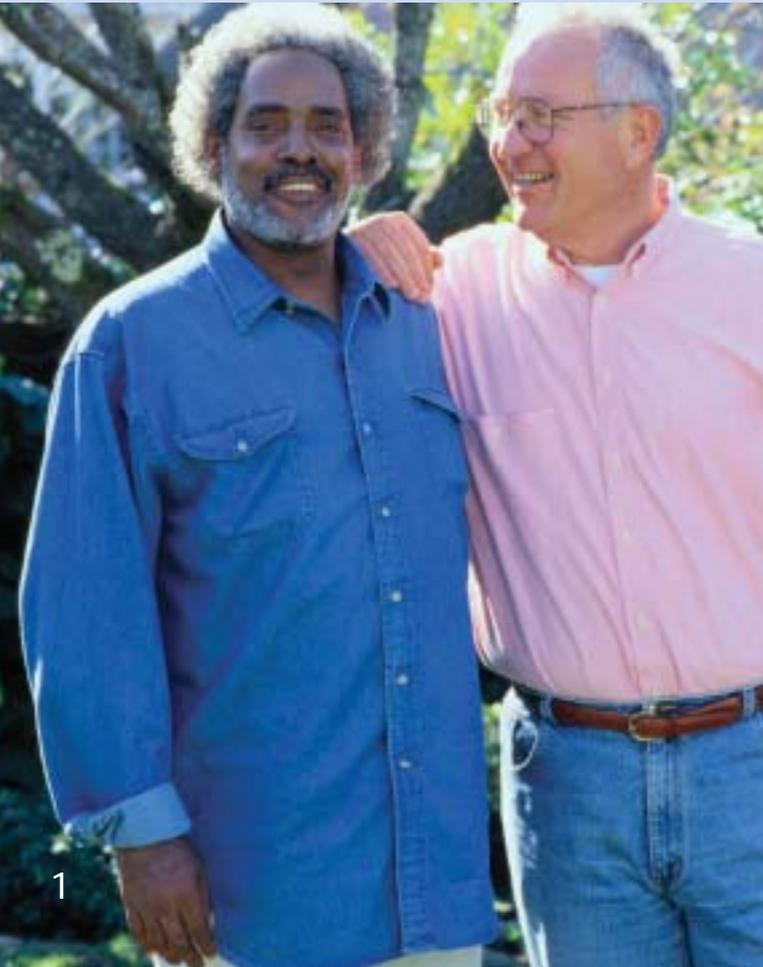


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

**As you get older,
it's important to
take care of your
health.**



© Paul Conklin/Photodisc



As we age, the need to take more, and different kinds of medication tends to increase. Also, growing older means that our bodies respond differently to alcohol and to medication than when we were younger.

You should be aware that:

- Some of your medicines won't mix well with other medications, including over-the-counter medications and herbal remedies.
- Many medications do not mix well with alcohol.

Because medicine and alcohol misuse can happen unintentionally, it's important to know if you're having a problem.



Here are some signals that may indicate an alcohol or medication-related problem:

- Memory trouble after having a drink or taking medicine
- Loss of coordination (walking unsteadily, frequent falls)
- Changes in sleeping habits
- Unexplained bruises
- Being unsure of yourself
- Irritability, sadness, depression
- Unexplained chronic pain
- Changes in eating habits
- Wanting to stay alone a lot of the time
- Failing to bathe or keep clean
- Having trouble finishing sentences
- Having trouble concentrating
- Difficulty staying in touch with family or friends
- Lack of interest in usual activities

Do you think you may be having trouble with alcohol or medications? Do you want to avoid a problem? Here are some things you can do:

Talk to someone you trust:

- Talk with your doctor or other health care professional. They can check for any problems you may be having, and can discuss treatment options with you.
- Ask for advice from a staff member at a senior center or other program in which you participate.
- Share your concerns with a friend, family member or spiritual advisor.

Take steps on your own:

- Read the labels of your medications carefully and follow the directions.
- Look for pictures or statements on your prescriptions and pill bottles that tell you not to drink alcohol while taking the particular medicine. If you are taking medication for sleeping, pain, anxiety, or depression, it is unsafe to drink alcohol.
- If you have never been diagnosed with a drinking problem, one alcoholic drink a day is the recommended limit for anyone over the age of 65. That's 12 ounces of beer, 1.5 ounces of distilled spirits or 5 ounces of wine.



Share the right information with your health care professional:

- Make a list for your doctor of all your medications (including doses), especially on your first visit. Keep it updated, and carry it with you.
- Remind your doctor or pharmacist about any previous conditions that might affect your ability to take certain medicines, such as a stroke, hypertension, serious heart disease, liver problems or lung disease.
- Don't be afraid to ask questions if you don't know the meaning of a word, if instructions are unclear, or if you want more information.
- Whenever possible, have your doctor or a member of the medical staff give you written advice or instructions.

If you want to talk to a qualified care professional about alcohol and medications, a 24-hour hotline is available:

1-800-662-HELP (4357)

or visit

www.findtreatment.samhsa.gov

Check the box below to see if a local program or provider has listed its address and/or phone number.

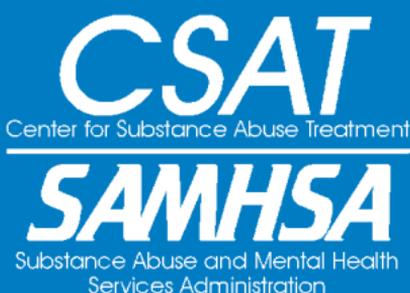
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Printed 2001



How to Talk to an Older Person Who Has a Problem with Alcohol or Medications

ALCOHOL/PRESCRIPTION DRUGS

If your parents or neighbors were ill or needed help, you'd do everything you could to help, wouldn't you?

But when that same older person shows signs of having a problem with alcohol or prescription drugs, it's hard for most people to know what to do or say.

Yet alcoholism and the misuse of prescription drugs are becoming a life-threatening epidemic in older people. It is estimated that 70% of all hospitalized older persons and up to 50% of nursing home residents have alcohol-related problems. Among older people there is reason for concern about mixing alcohol and drugs. Of people over 65, 83% take some prescription. Over half of all prescriptions for older persons have some sedative. Combining prescriptions with alcohol can be deadly at any age, and especially so among the older age groups.

Yet the symptoms may be difficult to recognize. For example, shaky hands and forgetfulness could be normal symptoms of aging — or a sign of alcohol or prescription abuse.

It may be difficult to know how to talk to an older relative, friend, or neighbor about this issue. When deciding whether to talk to them, you may think:

“My father has been drinking all his life. He's too old to change.”

This is not necessarily so. Older people have the highest recovery rate of all age groups. In fact, research has shown that a key factor in the recovery of older adults is the concern and involvement of family and friends. And as people get older their tolerance to alcohol and other drugs decreases dramatically. What older persons thought they could “handle” at an earlier age may affect them in confusing and alarming ways now — making them more receptive to help than ever before.

“Drinking is the only pleasure mom has left. Why deprive her of the one thing that makes her happy?”

Alcohol is a depressant. Chances are that drinking is not making your mother happy at all, but instead causing her misery, depression, remorse and shame.

Since people in their seventies live another 5, 10, or even 25 years, helping to remove alcohol and unnecessary drugs could improve both their physical and emotional health. The misuse of alcohol and prescription drugs can worsen diseases normally associated with aging, including heart and liver disease, arthritis, diabetes, glaucoma, cataracts, hearing loss, pancreatitis, colitis, ulcers, gastritis and Alzheimer's disease.

And the thousands of older adults who do recover physically and emotionally from alcohol and drug dependency echo hope and joy when they talk of their newly sober lives. Invariably they say, “These are the best years of my life,” whether they stopped drinking at 65, 75 or even 85.

“The doctor says a glass of wine in the evening is good for Aunt Mary’s heart.”

Many doctors suggest small amounts of alcohol to help older patients sleep better, improve their appetites, or calm their nerves. However, a physician may not realize that an older person predisposed to alcoholism can’t stop at one drink. And because of changes in metabolism, drinking two or three beers at age 65 can have the same effect as seven or eight beers at age 20.

In addition, an older patient may be taking medications prescribed by a specialist that a general internist may not know about. Keep in mind that 83 percent of people over 65 take at least one prescription drug, and over half of all drugs prescribed to older persons have some form of sedative. Many older adults have two or more doctors, each prescribing certain medications. Drinking on top of taking prescription drugs can be extremely dangerous, since the alcohol can quadruple the effect of a drug.

“My Uncle Harry says he drinks to relieve the pain.”

What your Uncle Harry is really saying is that when he drinks, he is unaware of the pain. The pain is still there, but he can’t feel it — which means he probably won’t get appropriate treatment for it either. For example, a drink may lessen the pain of a stomach ulcer, but alcohol actually increases the acids that cause an ulcer to get worse.

“I’m only a neighbor. I’m sure his family would do something if it were that bad.”

If your neighbor lives alone and has been drinking or taking prescription drugs, his family may not have noticed that the problem has gotten worse — or they have learned to ignore it. He may have also cut down his drinking — or hidden prescription pill bottles — when his family visits.

Also, he may have only recently started drinking heavily, for example, since retirement or in response to the death of his wife or close friend.

As a neighbor, you may be the only one to see how many empty liquor bottles end up in the trash or how unsteadily he walks. And, you may be the one that he really listens to and allows to help him.

“I live too far away to be of any help.”

Even if you live on the other side of the country from an elderly relative or friend, you can still help. By reading this information, you can learn about the special symptoms of alcoholism and drug misuse that older people experience, treatment options that are available, and how to start a conversation on the subject either by telephone, in person, or in writing.

This information was developed so you can help an older relative or friend get the assistance they need. By learning the best way to reach out, you may save a person’s life and make it worth living again.

Signs of alcoholism and drug abuse in older people

Alcoholism

There are two types of alcoholism that are found in older people. Early-onset alcoholics have been drinking for much of their adult life and account for two-thirds of older alcoholics. The remaining third are late-onset alcoholics who began drinking excessively later in life, sometimes as a response to the loss of a spouse or retirement.

Abuse of prescription drugs

Physicians routinely write prescriptions for tranquilizers for older patients — over 16.9 million prescriptions each year — second only to heart medications. And, about half of all drugs prescribed for older persons include some form of sedative.

Older people often take higher doses than prescribed because they forgot that they already took a pill or because “if one is good, two are better.” It is not unusual for older persons to take their prescription drugs to a friend or spouse — even when the prescription is old — if the drug fits a self-diagnosed ailment.

An older person may also become dependent on alcohol or drugs after a major operation or a lengthy hospital stay. This dependency can be life threatening, yet is treatable.

Some signs you should look for

As you might guess, the signs of alcoholism and drug abuse are different in older adults than in younger people.

For example, the majority of older people drink at home to avoid high bar prices and driving at night. Therefore, often their drinking is hidden. If they live alone, no one may notice when they pass out in front of the television. And, if someone comes to visit unexpectedly, they may use the excuse of ill health to avoid answering the door when they have been drinking.

Also, since they're often retired, they don't have the work problems that often reveal substance abuse. And they don't often get arrested for drunk driving because they don't drive as much.

However, here are some signs you may notice:

- Prefers attending a lot of events where drinking is accepted, such as luncheons, “happy hours” and parties
- Drinks in a solitary, hidden way
- Makes a ritual of having drinks before, with or after dinner, and becomes annoyed when this ritual is disturbed

- Loses interest in activities and hobbies that used to bring pleasure
- Drinks in spite of warning labels on prescription drugs
- Always has bottles of tranquilizers on hand and takes them at the slightest sign of disturbance
- Is often intoxicated or slightly tipsy, and sometimes has slurred speech
- Disposes of large volumes of empty beer and liquor bottles and seems secretive about it
- Often has the smell of liquor on his/her breath or mouthwash to disguise it
- Is neglecting personal appearance and gaining or losing weight
- Complains of constant sleeplessness, loss of appetite, or chronic health complaints that seem to have no physical cause
- Has unexplained burns or bruises and tries to hide them
- Seems more depressed or hostile than usual
- Can't handle routine chores and paperwork without making mistakes
- Has irrational and undefined fears, delusions or seems under unusual stress
- Seems to be losing his or her memory

Many of the symptoms listed above are often attributed to other diseases or are accepted by relatives, friends or older persons, as part of the aging process. However, many older people find that once they stop drinking and have their prescription drug doses adjusted by a physician, these symptoms disappear.

GETTING HELP

The first step to getting help for an older person

Before speaking up, you may wish to consult a professional who is knowledgeable on the needs of older adults. This could be an alcoholism counselor, psychologist, doctor, minister, or social worker. They will help you look at the situation more objectively and evaluate your options.

Before your meeting, gather as much of the following information as you can:

- A list of prescribed and over-the-counter drugs the person is taking
- A list of doctors the person is seeing. For example, they may have a general practitioner and a specialist
- A brief life history of the adult including religious and cultural background and important life events

- An idea of the person's present condition. Is he/she able to live alone and take care of himself/herself? How is drinking or the misuse of medicines affecting the person's health, family, and social life, attitudes, etc.?
- A list of family members and friends who are concerned and would be willing to help, if necessary

Together, you and the professional should be able to make an informal assessment as to what type of help the older person needs and how the person should be approached. You may decide, for example, that it would be better for your friend's physician to bring up the problem, since many older people trust their doctors implicitly. Or perhaps you can ask a minister or an old acquaintance of your friend to sit down for a good heart-to-heart talk, if you feel you wouldn't be taken as seriously as someone known longer.

WHAT TO SAY

Here are some general guidelines to keep in mind as you prepare what you want to say.

- Don't talk to the older person when he/she is drinking. If evening is the usual drinking time, talk earlier in the day.
- Be gentle and loving. Avoid a confrontational style. Bring up the person's good qualities and the happy memories you have together.
- Avoid the words "alcoholic" or "drug addict" since they carry a heavy stigma. If they feel that they are "bad," they may retreat into resignation and even more solitary drinking.
- Don't bother pouring alcohol down the sink or throwing away tranquilizers. If older persons are not ready to get help, they will simply replenish the supply.
- Do not dig up painful events from the past. Focus on the effects alcohol and prescriptions are having now.
- Keep in mind the person's age and ability to understand. Instead of talking things out in one session, you may have to bring up the subject a little bit at a time. He/she may try to use old age as an excuse not to address the problem. Keep talking consistently and patiently without undue pressure.
- Be direct. Sometimes we coddle an older person like a child. Treat the person as an adult.
- Be specific. Present the facts in a straightforward manner, such as, "I've noticed that you drink almost a full bottle of wine over the course of an evening" instead of, "You're always drunk." Use "I" phrases, such as, "I noticed," or "I'm worried," since the older person can't argue with your feelings.
- Talk about the effect of alcohol or drug use on whatever the older person cares about most: what other people are saying, health, or memory loss. For example, they may have given up on themselves, but still care very deeply about their grandchildren.
- Don't worry if you don't say things perfectly. The suggestions that follow are just guidelines. The most important thing is that you express your concern with love, gentleness and respect.

Getting the conversation started

Here are some opening lines to help you approach an older person in the most appropriate way, based on your relationship:

Situation #1: A parent or grandparent who lives nearby

“Dad, I’m concerned about the amount you’ve been drinking since mom died. I know you miss her very much, as I do, but drinking isn’t going to bring her back. The other night when you came over to dinner, you drank a lot of beer in a short time and looked pretty unsteady when you left. And, recently you seem to get more depressed when you drink. I’m worried about you and I’d like you to see the doctor to see if there’s anything physically wrong.”

Situation #2: A parent or grandparent who lives far away

“Mom, I wanted to call this morning because I’m worried about our phone conversation Tuesday night. You were crying and slurred your words. You kept repeating the same thing over and over again. This has happened before. I know you used to like a glass of wine with dinner, but the last time I was in town, it seemed that you were drinking more than that. I talked to my doctor about it, and he mentioned that as people get older, their metabolism changes and they can’t tolerate drinking as much as they used to. Please call Dr. Williams today and make an appointment to talk about it.”

Situation #3: A husband or wife

“Honey, when we were planning our retirement, we both looked forward to relaxing and socializing more. But now it seems that when we go out to dinner and visit with friends, you’re drinking more than you used to. And you seem to get more argumentative after a few drinks. The other night at the Philips, I was embarrassed when you got into that heated discussion over dinner. You’re never like that when you’re not drinking, so I was wondering if, perhaps, the gin is interacting with your heart medication. I think we should talk to the doctor about it.”

Situation #4: A good friend

“Eleanor, you’re my oldest friend, and I love you like a sister. So, I hope you won’t think I’m interfering when I tell you that I’m worried about you. I know your doctor prescribed tranquilizers after your operation last year, but I notice that you’re still taking them. You seem a little hazy and unfocused when we play cards, and I wonder if you still need that medication. I’m going over to the medical center tomorrow. Why don’t you come with me and we’ll ask the doctor about it?”

Situation #5: A neighbor

“Hi, Mr. McCabe. How are you feeling? I noticed that you haven’t been out much lately, and I was wondering if you’re okay. Last night, I got home late and saw that all the lights were still on, so I came over and knocked but there was no answer. I was worried

so I looked through the window and saw that you were asleep in front of the TV with a burnt-out cigarette in your hand. Since the cigarette was out, I didn't bother to wake you up then. But I thought I'd come over today, and see if there's anything I can do. After my father got out of the hospital, he found that even one beer on top of his medication was more than he could handle. I'd be happy to drive you to the doctor, or call one of your kids to come over."

POSSIBLE RESPONSES

Possible reactions and what to say in response

"It's just a phase. I'm only drinking more now because I'm depressed over (a death, retirement, or illness)." Remind them that alcohol is a depressant — it only makes things worse.

"Leave me alone, it's none of your business." Gently say that the reason you're bringing it up is because you care. If the older person gets angry, close the conversation and try bringing it up another time.

"My doctor says it's okay." Ask if the doctor knows exactly how much the older person drinks and how many prescriptions they are taking. Offer to talk to the doctor yourself.

"I'm nervous these days and I need the tranquilizers to calm me." Tell the person that there are other more healthy ways to deal with stress and that the drugs may be affecting his/her health.

"It doesn't matter. Nobody cares if I live or die anyway." State how much you care about the older person and that there's help available.

"I don't want to go to the doctor. He'll just send me back to the hospital or to a nursing home." Many older people are surprised to find that treatment is provided in a cheerful, campus-like environment. If a hospital stay is necessary, it may just be short-term. Getting treatment will make life better, not worse.

"I just drink because I'm lonely. There's nothing to do once you get old." Remind your friend of the pleasurable things he/she used to do and still can do. The world will get bigger, not smaller, once he/she stops drinking.

IF THEY ARE READY FOR HELP

If the older person is ready for help

The first thing to do is listen and be supportive. You may want to urge your friend to see a physician to get a professional assessment of the problem. Depending on the severity, the older person may need hospital care to treat the physical symptoms of alcohol and drug reactions.

Many older persons can benefit from inpatient treatment for alcoholism or drug dependency. There are some treatment centers that specialize in older adult chemical dependency. Some offer daytime outpatient care, residential treatment, or medical care along with continuing treatment for the older person. You may find that there is an outpatient or inpatient program nearby.

You or a counselor, social worker or treatment center should contact the older person's health insurance company or Medicare to confirm coverage. Help make the older person comfortable about spending time away from home if that type of treatment is necessary. Promise to watch the house, water the plants, and handle the bills if he/she needs or desires inpatient care. If there is access to an outpatient program, you'll be nearby for support.

Alcoholics Anonymous (A.A.) can be a good alternative — supplemented by one-on-one counseling with an alcoholism professional. Founded in 1935, A.A. has helped millions of people achieve sobriety. Find a local meeting by calling the A.A. number in the phone book. When you talk to the A.A. volunteer, ask for a meeting where an older person would be comfortable. A wide number of A.A. meetings exist, including groups for older people in recovery.

Offer to drive the older person to a meeting yourself. Or better yet, if you know another older adult who is in one of these programs, find out if he/she would be willing to help and introduce them.

IF THEY ARE NOT READY

What to do if the older person isn't ready for help

Denying that there's a problem is one of the symptoms of the disease. When older persons have been drinking or using prescription drugs over the years, they may not notice how bad things have gotten or they may have some brain damage that prevents them from relating to what you're saying. On the other hand, they may be fully aware of the problem, but too scared to accept help.

Unless the older person's physical or mental health is severely deteriorating, the best thing to do may be to drop the subject for now. However, you may wish to contact the person's doctor about the condition.

Meanwhile, stay in touch and don't despair. You have planted a seed of recovery that may grow when you least expect it. You have taken a loving and courageous action that may save a life down the road, and there probably will be other opportunities to offer your assistance. In certain situations, a trained alcoholism counselor may suggest a "formal intervention." In this situation, you and other family members or friends, plus the counselor, will plan a meeting with the older person to specifically discuss the problem.

What to expect as the older person recovers

Although the recovery rate for older alcoholics is the highest for any age group, the recovery process may be slower.

Since aging slows down the ability to process information, they may be overwhelmed by everything they're learning about their condition. They may have a more difficult time sharing their feelings, and may feel uncomfortable talking in a group. Therefore, an age-specific program provides a setting more conducive to sharing and relating to others. When the older person returns home, stay in contact as much as possible and continue to try to help where needed. Realize that you have given back a life and made it worth living again.

LIVING WITH ADDICTION

If you live with someone who has a problem with alcohol or prescription drugs

Living day in and day out with someone close who has a problem with alcohol or other drugs can be a difficult, heart-breaking experience. You shouldn't try to handle it yourself.

Most important, please talk with a professional *first*. Don't bring up the drinking problem until you first get help for yourself. By becoming informed on alcoholism and drug dependency, you'll be in a better position to help a friend.

You can also get the support and information you need at Al-Anon Family Groups. For information, call your local Al-Anon number in the phone book. In addition, many treatment centers and substance abuse professionals have special programs for friends and family members. To receive hard copies of "How to Talk to an Older Person Who Has a Problem With Alcohol or Medications," or to receive a copy of "What Can I Say to Get You to Stop?" a pamphlet on how to talk to someone who abuses alcohol or other drugs, call 1-800-I-DO-CARE.

GENERAL INFORMATION

About Hazelden

Hazelden is an internationally recognized nonprofit organization dedicated to helping people sustain lifelong recovery from alcoholism and drug addiction through treatment, publishing, education, research, public advocacy and shared learning with other organizations. Since 1949, Hazelden has provided a full continuum of care for people affected by alcoholism and drug addiction, and their families.

Hazelden provides services in Minnesota, Oregon, Illinois and New York. For information about Hazelden or any of our services, call 800-257-7800 or visit us at www.hazelden.org.