

Alcohol Use Screening and Assessment for Older Adults

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WHY: While as many as 60% of older persons abstain from alcohol use, drinking problems are the largest category of substance abuse problems in older adults. Alcohol consumption is associated with high morbidity and mortality in middle age adults and the vulnerability of older adults to the effects of alcohol, alone and in combination with multiple co-morbidities, increases the risk for immediate and long-term harm. The National Institute of Alcohol Abuse and Alcoholism recommends that alcohol consumption for adults 65 and older be limited to 1 standard drink (12 ounces of beer, 4-5 ounces of wine or 1½ ounces of distilled spirits) per day or seven standard drinks per week.

BEST TOOL: The Short Michigan Alcoholism Screening Instrument – Geriatric Version (SMAST-G) was developed as the first short-form alcoholism screening instrument for older adults. A score of 2 or more “yes” responses suggests an alcohol problem (Blow, et al, 1992).

TARGET POPULATION: Older adults who are regular users of alcohol in any amount. The goal of screening is to identify an “at risk” population of persons drinking at levels linked with negative outcomes for physical and mental health such as stroke, depression and gastrointestinal problems. Older persons taking prescription medications are at greater risk. Using prescription drugs and alcohol in combination is not an uncommon occurrence.

VALIDITY AND RELIABILITY: The MAST-G, the original instrument from which this measure was derived, has a sensitivity of 93.9%, specificity of 78.1%, a positive predictive value of 87.2% and a negative predictive value of 88.9%.

STRENGTHS AND LIMITATIONS: The instrument serves as a screening tool only. A more comprehensive assessment for alcohol/drug dependence requires that the clinician inquire about the quantity and frequency of use, and the negative social and health consequences of every drug used, including nicotine, prescription, over-the-counter, herbal remedies, recreational drugs, and alcohol.

Geriatrics at Your Fingertips, an annually updated publication by the American Geriatrics Society, suggests using the CAGE questionnaire as a screening tool for alcohol misuse (Cut down, Annoyed by others, feel Guilty, need Eye Opener). A 2002 study by Moore, Seeman, et al, found that less than half of those screening positive on either the SMAST-G or the CAGE screened positive on both measures, suggesting that these instruments may be capturing different aspects of unsafe drinking. A positive score on the CAGE is considered indicative of alcohol abuse or dependence, whereas the SMAST-G is more likely to identify those at risk for negative outcomes of alcohol use. Clinicians may wish to screen for alcohol use using both brief measures.

FOLLOW-UP: Brief interventions by health care providers of older adults who are drinking at high levels have been shown to be useful in reducing alcohol consumption by older adults. Nurses in all health care settings serving adults over 60 should screen for excess alcohol use.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGerIRN.org.

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Short Michigan Alcoholism Screening Test–Geriatric Version (SMAST-G)

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	Yes (1)	No (0)
1. When talking with others, do you ever underestimate how much you drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to relax or calm your nerves?		
6. Do you drink to take your mind off your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		
10. When you feel lonely, does having a drink help?		

TOTAL SMAST-G-SCORE (0-10) _____

SCORING: 2 OR MORE “YES” RESPONSES IS INDICATIVE OF AN ALCOHOL PROBLEM.

For further information, contact Frederic C. Blow, PhD, Director, Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), Department of Veterans Affairs, Senior Associate Research Scientist, Associate Professor, Department of Psychiatry, University of Michigan.



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