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Best Practices in Nursing Care to Older Adults

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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 use problems in older adults. Alcohol consumption is associated with high morbidity and mortality in middle age adults and without changes in heavy drinking habits, problems may persist or worsen in older adulthood. The vulnerability of older adults to the effects of alcohol, alone and in combination with other drugs, plus frequent co-morbidities, is increased for immediate and long-term harm. The National Institute of Alcohol Abuse and Alcoholism (NIAAA) recommends that alcohol consumption for adults age 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 7 standard drinks per week and no more than 3 drinks on one occasion. However, of the estimated 57 million late middle-aged persons (50-64), 66% of males and 55% of females are drinking, and 14% are drinking heavily. Specifically, 19% of them are "at risk" drinkers (drinking more than the NIAAA recommendations) and 23% report binge drinking (consumption of 4-5 drinks on an occasion). These data portend an increase in alcohol related problems as the number of older adults increases (Blazer & Wu, 2009).

BEST TOOL: The Short Michigan Alcoholism Screening Instrument – Geriatric Version (SMAST-G) was developed as the first short-form alcoholism screening instrument tailored to the needs of older adults. A score of 2 or more "yes" responses suggests an alcohol problem (Blow, et al, 1992). The Substance Abuse and Mental Health Services Administration (SAMHSA) Guidelines now recommend that a screening test like the SMAST-G be the first step in SBIRT, a process of **S**creening, **B**rief **I**ntervention, **R**eferral to **T**reatment. Nurses should use the scores on the SMAST-G to discuss the need to cut down on the amount of alcohol consumed with the patient who scores positively and is drinking above the NIAAA recommendations. If the patient does not see a need for change, the nurse may wish to refer the older adult to a nurse practitioner in mental health or geriatric nursing or a geriatric psychiatrist.

TARGET POPULATION: Older adults who are regular users of alcohol in any amount. The goal of screening is to identify "at risk" drinkers, persons drinking at levels linked with negative outcomes for physical and mental health such as falls, stroke, depression, and gastrointestinal problems. Older drinkers taking prescription medications are at greater risk. Use of prescription drugs and alcohol in combination is not an uncommon occurrence. SBIRT is an appropriate intervention for combinations of medication and alcohol use as well.

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 collect data using a Quantity/Frequency Index. This structures questions about the quantity and frequency of use, and the social and health consequences of drug use, including nicotine, prescription, over-the-counter, herbal and food supplements, 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 dependence (Have you ever felt you should **C**ut down?; Does others' criticism of your drinking **A**nnoy you?; Have you ever felt **G**uilty about drinking?; Have you ever had an "**E**ye Opener" to steady your nerves or get rid of a hangover?). A 2002 study by Moore, Seeman, et al, however, found that fewer than half of those screening positive on either the SMAST-G or the CAGE screened positive on both measures, reflecting 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 drinking at levels which place them at risk for negative health outcomes. Clinicians may wish to screen for alcohol use using both brief measures.

FOLLOW-UP: Brief interventions by health care providers following positive screening of older adults who are drinking at high levels (SBIRT) have been shown to be useful in reducing alcohol consumption. Nurses in all health care settings serving adults over age 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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Substance Abuse and Mental Health Services Administration (SAMHSA): **S**creening, **B**rief **I**ntervention and **R**eferral to **T**reatment: Home Page: **http://www.samhsa.gov/prevention/sbirt/**.

U.S. Department of Health and Human Services, National Institute of Alcohol Abuse and Alcoholism (NIAAA). (2005). Helping patients who drink too much: A clinician's guide. Rockville, Maryland. Available at: **www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide**.

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

Source: University of Michigan Alcohol Research Center. Reprinted with permission.

	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.

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