



AOD Provider
Collaborative

Research Symposium 2014

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ODYSSEY

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CENTRE FOR
ADDICTION RESEARCH

THE UNIVERSITY OF AUCKLAND

Te Whare Wānanga o Tāmaki Makaurau

NZ

LSA

NEW ZEALAND LONGITUDINAL STUDY OF AGEING

Identifying the prevalence of hazardous drinking in older adults & flags for primary care workers

Counties Manukau AOD Provider Collaborative Research Symposium
Thursday 19 June 2014
University of Auckland



MASSEY UNIVERSITY



Older adults & alcohol

- Historically: Drink more frequently but lower volume
- Currently: Age-related drinking decline is disappearing



Physiology, ageing and alcohol

- Higher physiological sensitivity
- Higher risk of alcohol-related mental health conditions
- More co-morbid health conditions & medication use
- More deaths due to unintentional injuries (e.g., falls)



Primary healthcare screening

- Older adults *less* likely to be screened
- Screening practices not adequately screening health risk:
 - A. Risk ignores existing alcohol-related chronic health conditions
 - B. Risk ignores co-occurring use of alcohol-interacting medications
 - C. Risk ignores frailty
- Many older drinkers who are 'at risk' remain undetected

AUDIT-C vs. ARPS for older adult screening

- Compare AUDIT-C with Alcohol-Related Problem Survey (ARPS)
- What are the primary reasons for any differences between these screens?

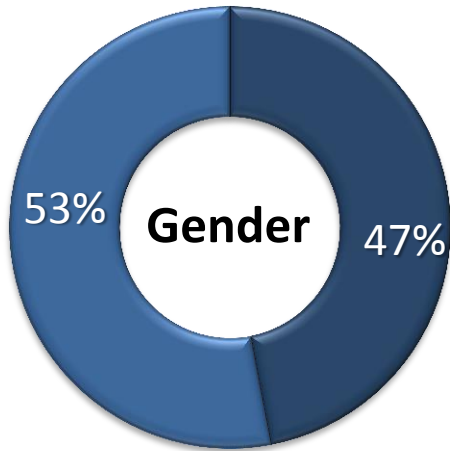
NZLSA 2012 Postal Survey & Face-to-face interviews

- AUDIT-C data drawn from 2012 postal survey responses
- Alcohol-Related Problems Survey (ARPS) in 2012 face-to-face interviews
 - Developed at UCLA using Expert Advisory Panel 2002
 - Trialled in New Zealand Longitudinal Study of Ageing (NZLSA) 2012

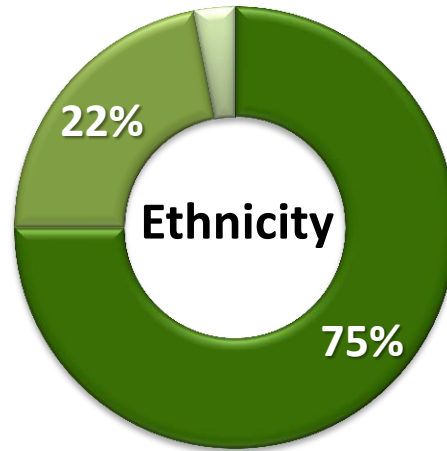
The Alcohol-Relation Problems Survey (ARPS)



Sample (N = 655: age = 66; sd = 7.5)



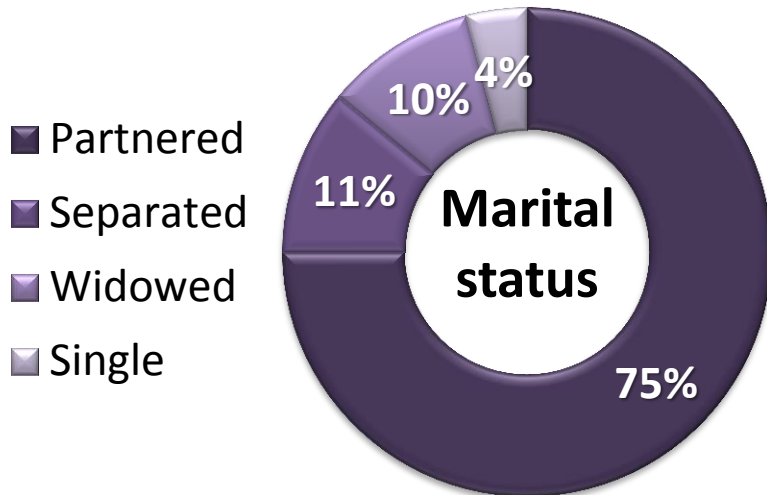
■ Men ■ Women



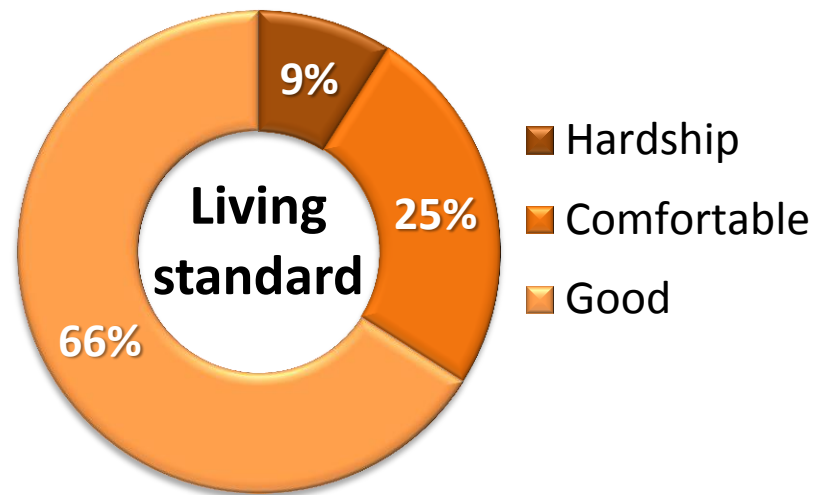
■ NZ-Euro ■ Maori ■ Other



■ Working ■ Retired ■ Other



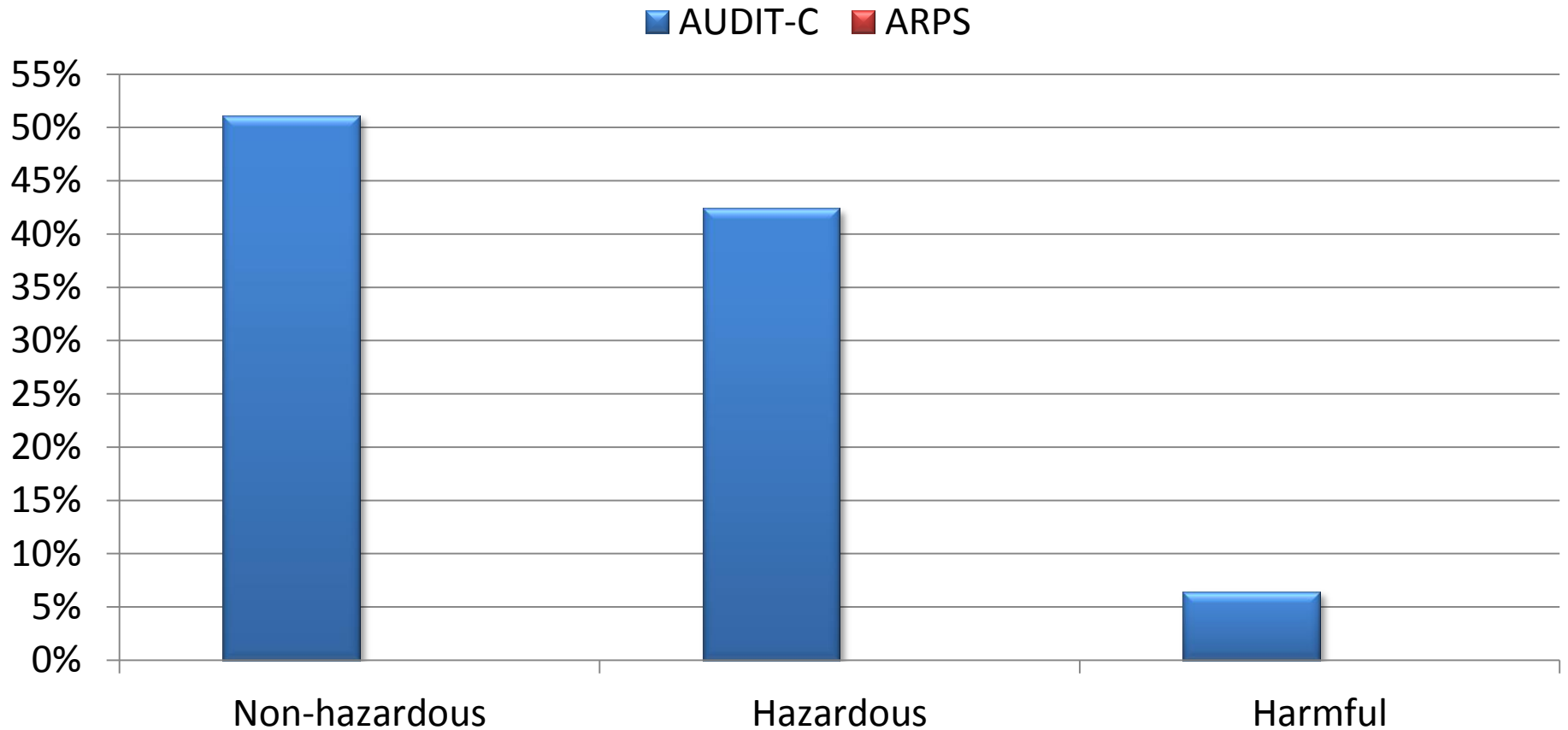
■ Partnered
 ■ Separated
 ■ Widowed
 ■ Single



■ Hardship
 ■ Comfortable
 ■ Good

The AUDIT-C & the ARPS

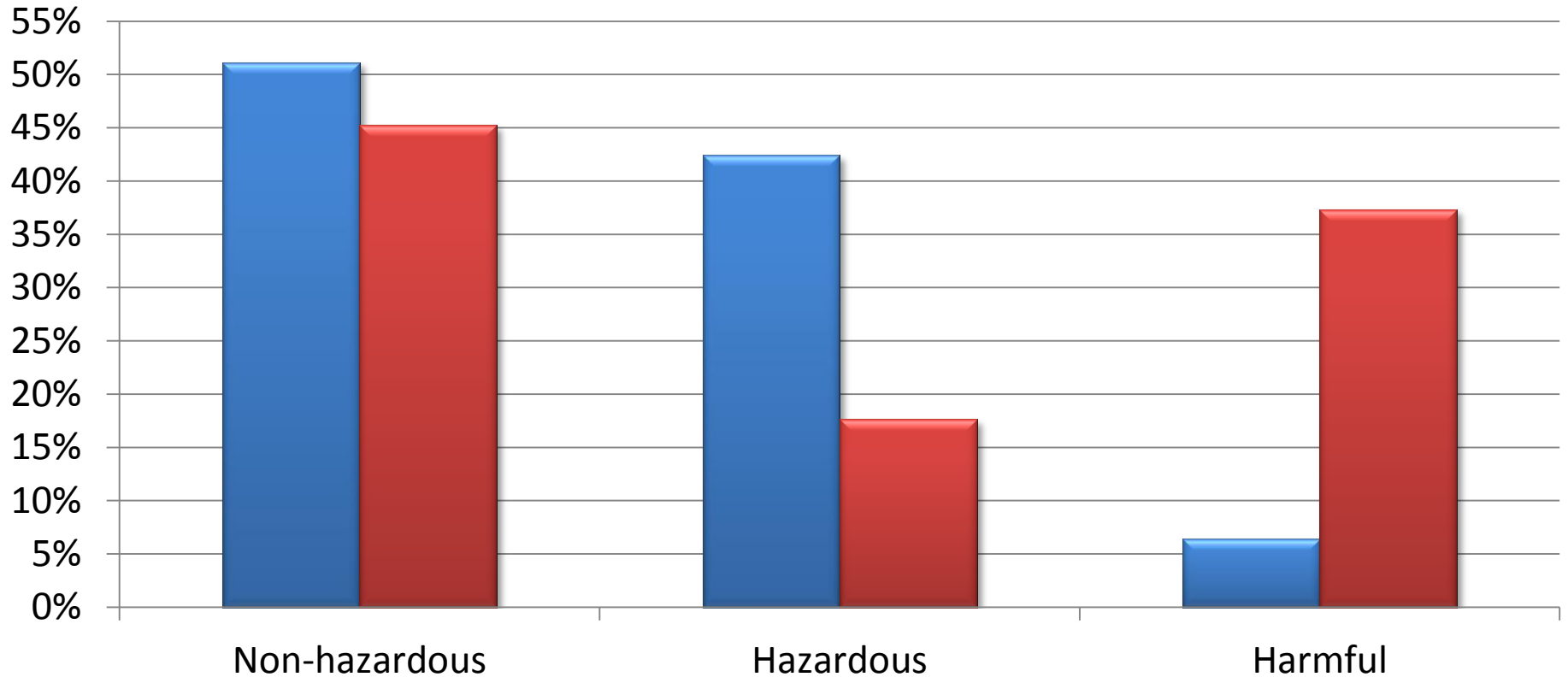
- 86% of the entire sample were drinkers
- AUDIT-C
 - 42% hazardous (≥ 4)
 - 6% harmful (≥ 8)



The AUDIT-C & the ARPS

- 86% of the entire sample were drinkers
- AUDIT-C
 - 42% hazardous (≥ 4)
 - 6% harmful (≥ 8)
- ARPS
 - 18% hazardous
 - 37% harmful

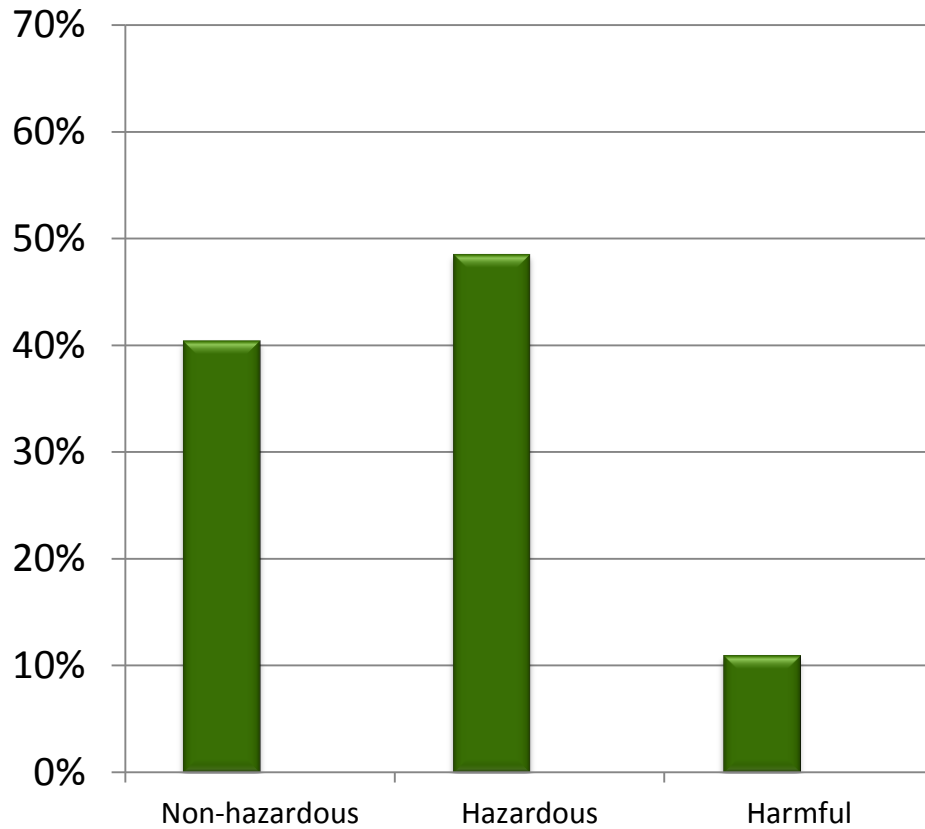
■ AUDIT-C ■ ARPS



Men

Women

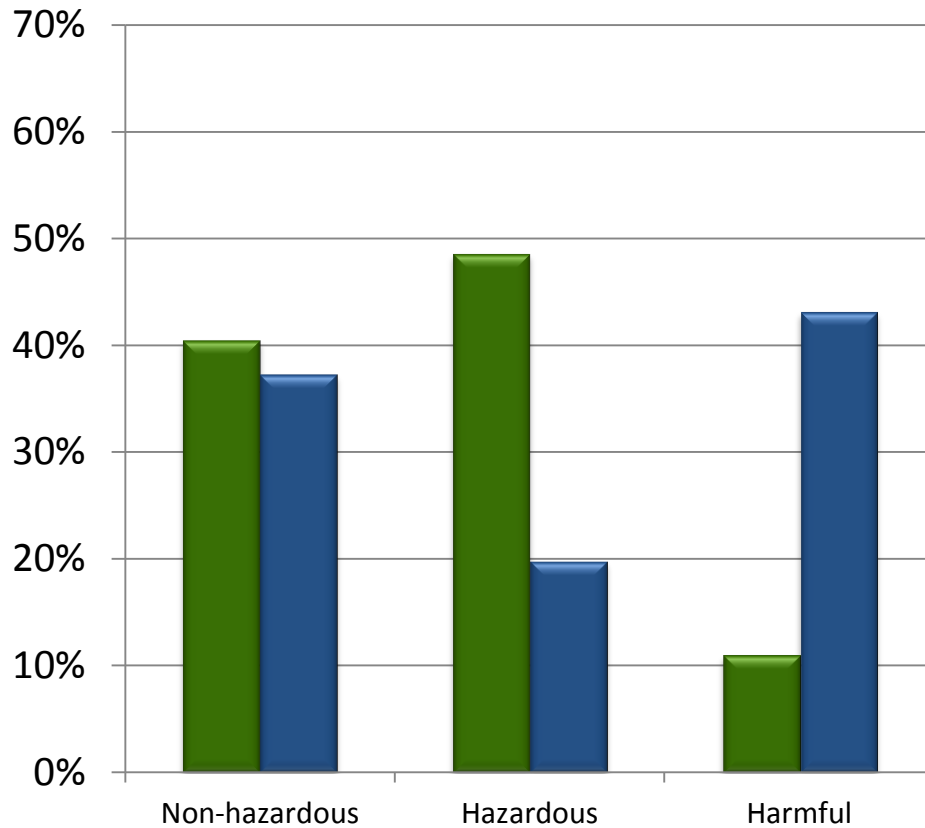
■ AUDIT-c ■ ARPS



Men

Women

AUDIT-c ARPS



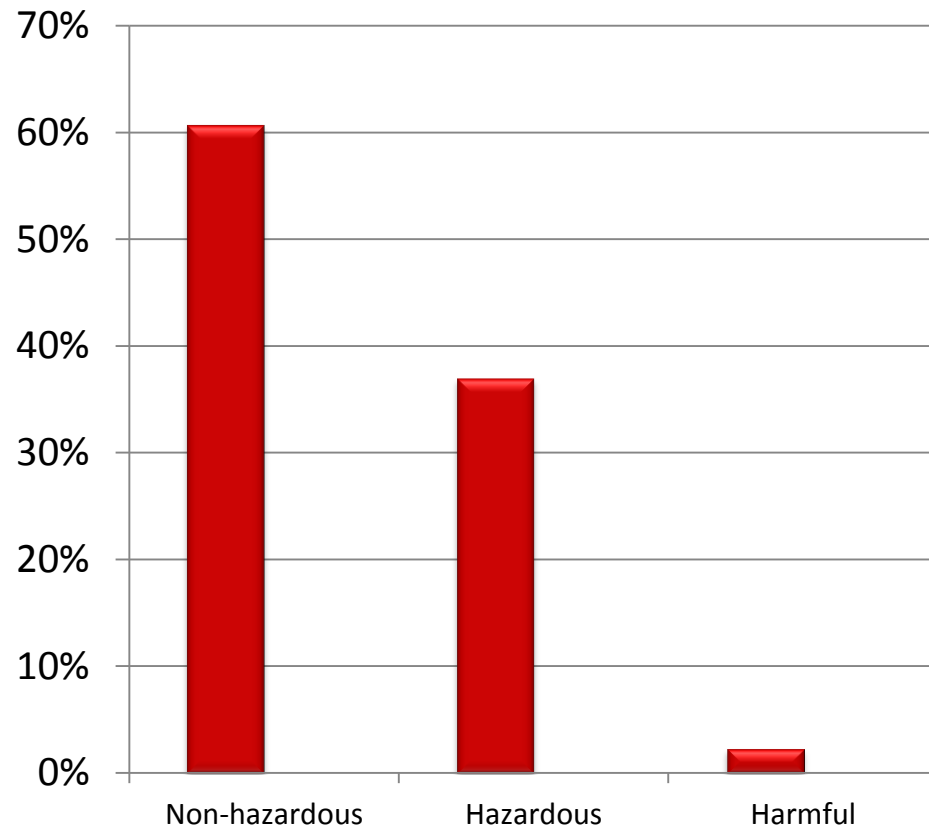
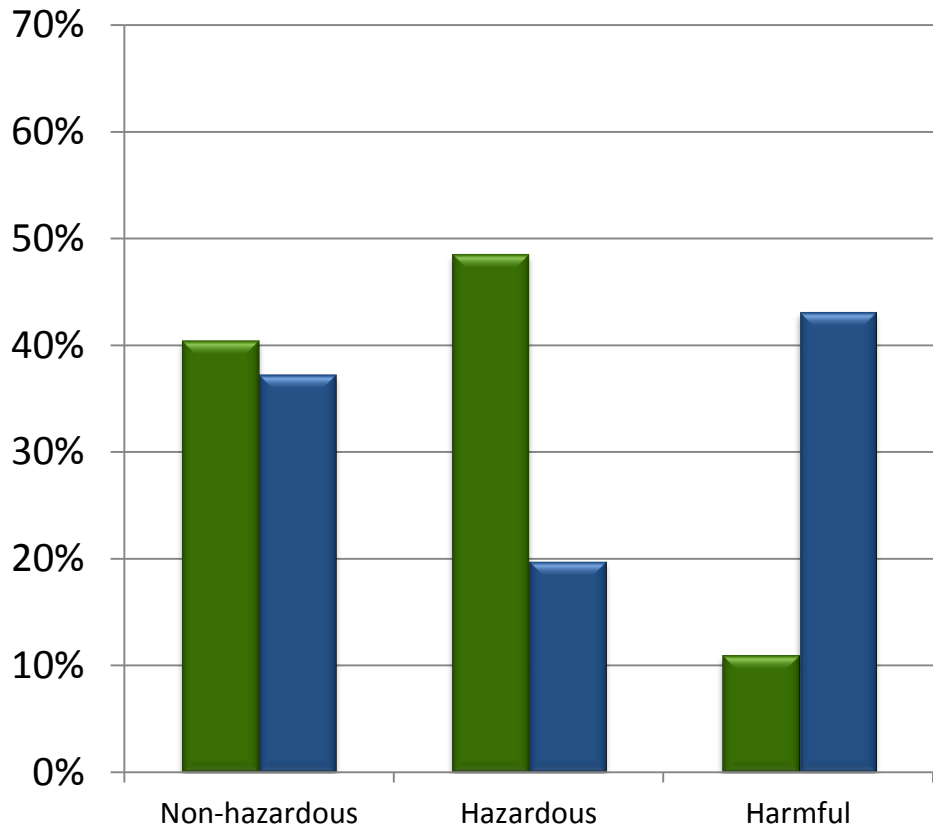
AUDIT-C vs. ARPS by gender

Men

Women

■ AUDIT-c ■ ARPS

■ AUDIT-c ■ ARPS

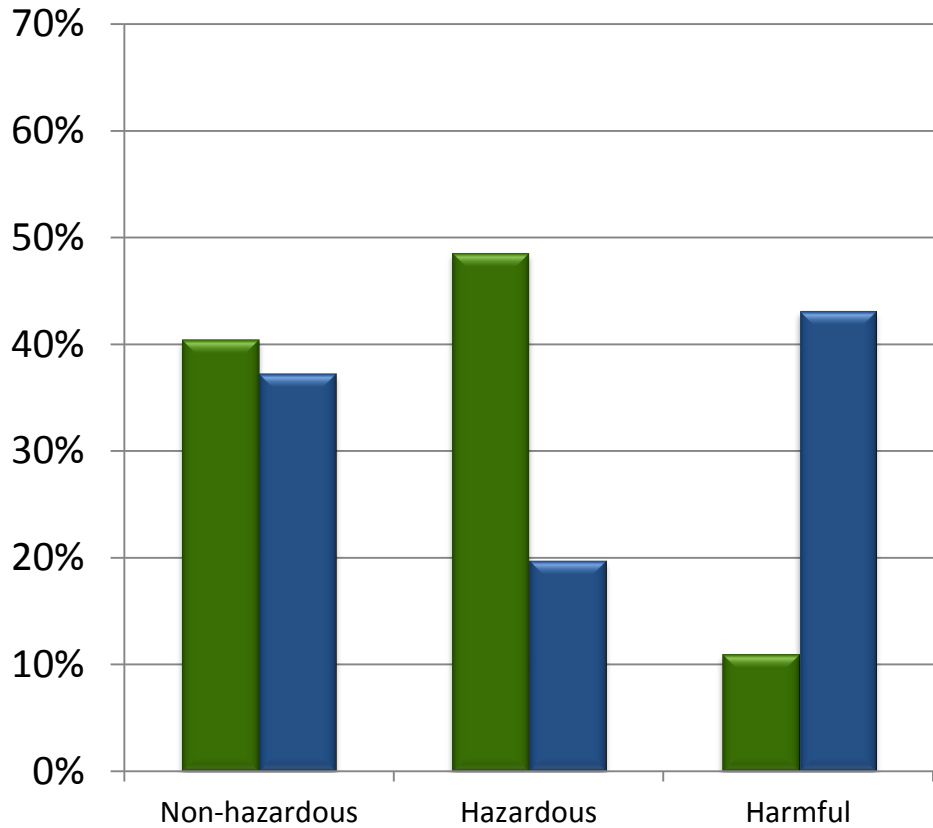


AUDIT-C vs. ARPS by gender

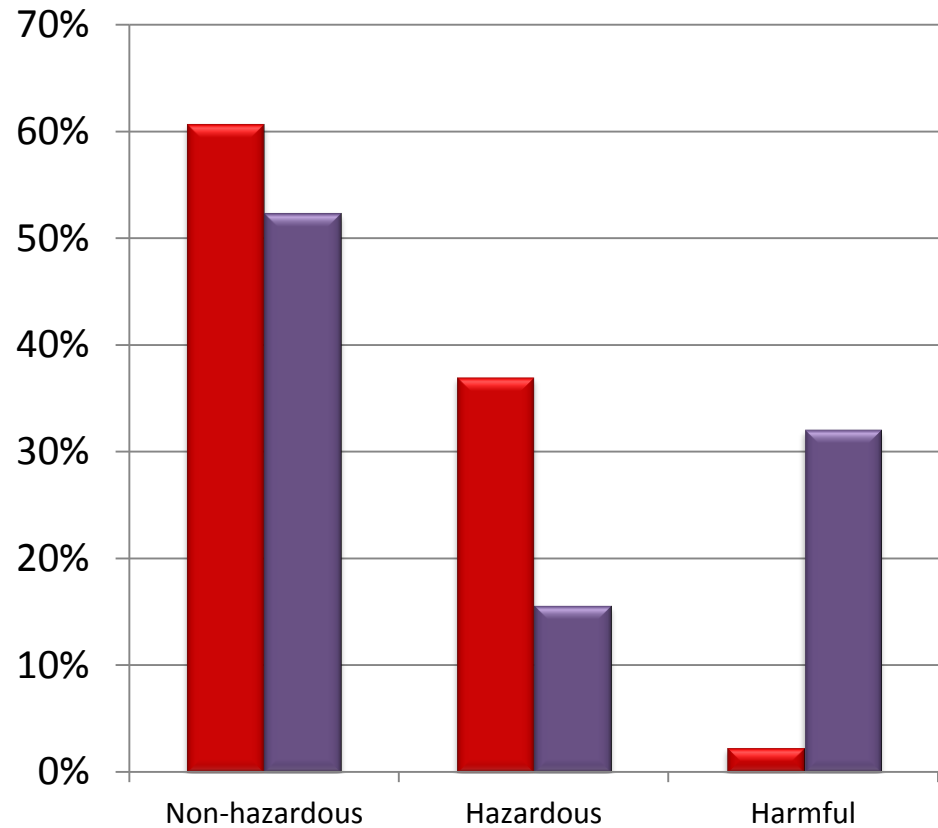
Men

Women

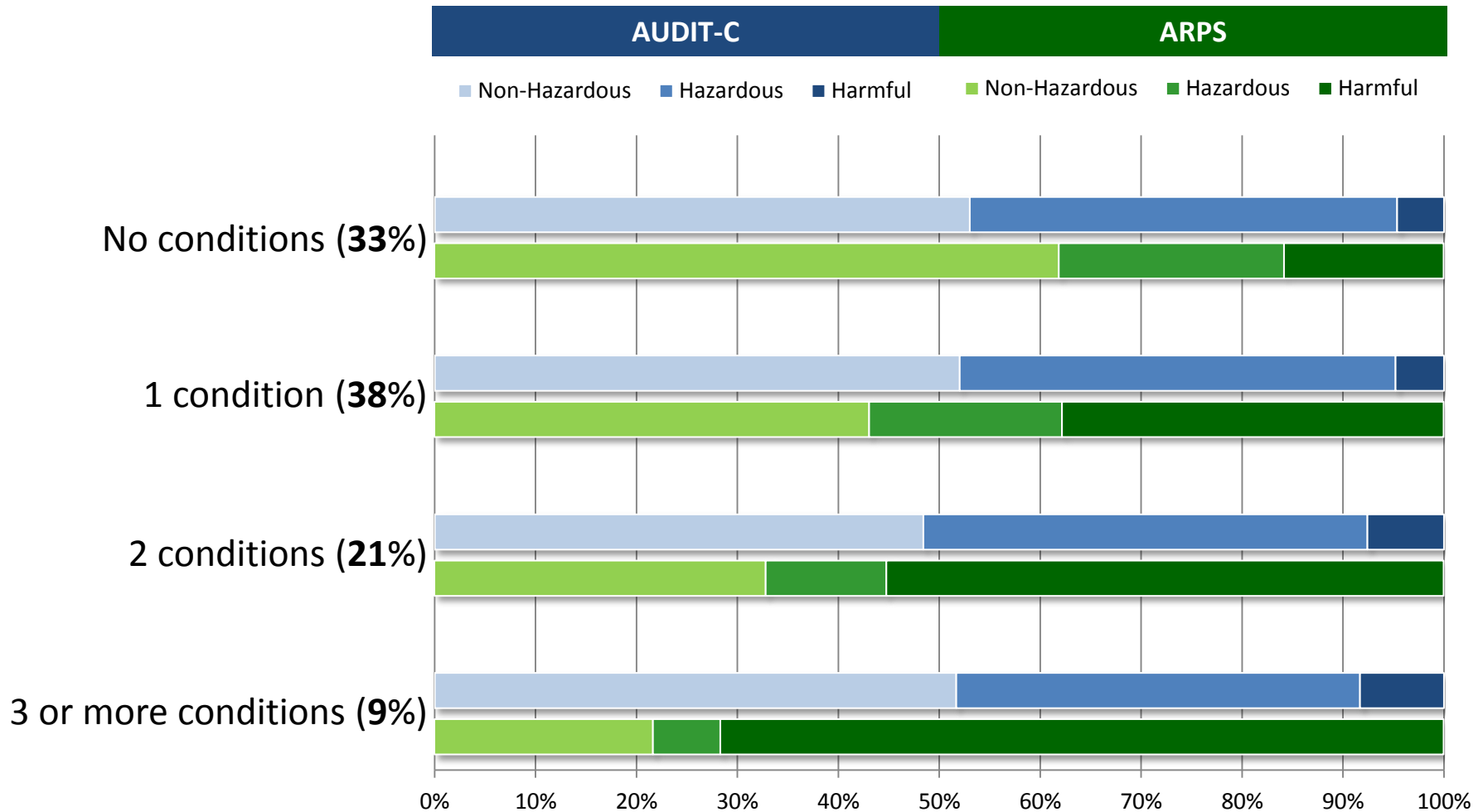
■ AUDIT-c ■ ARPS



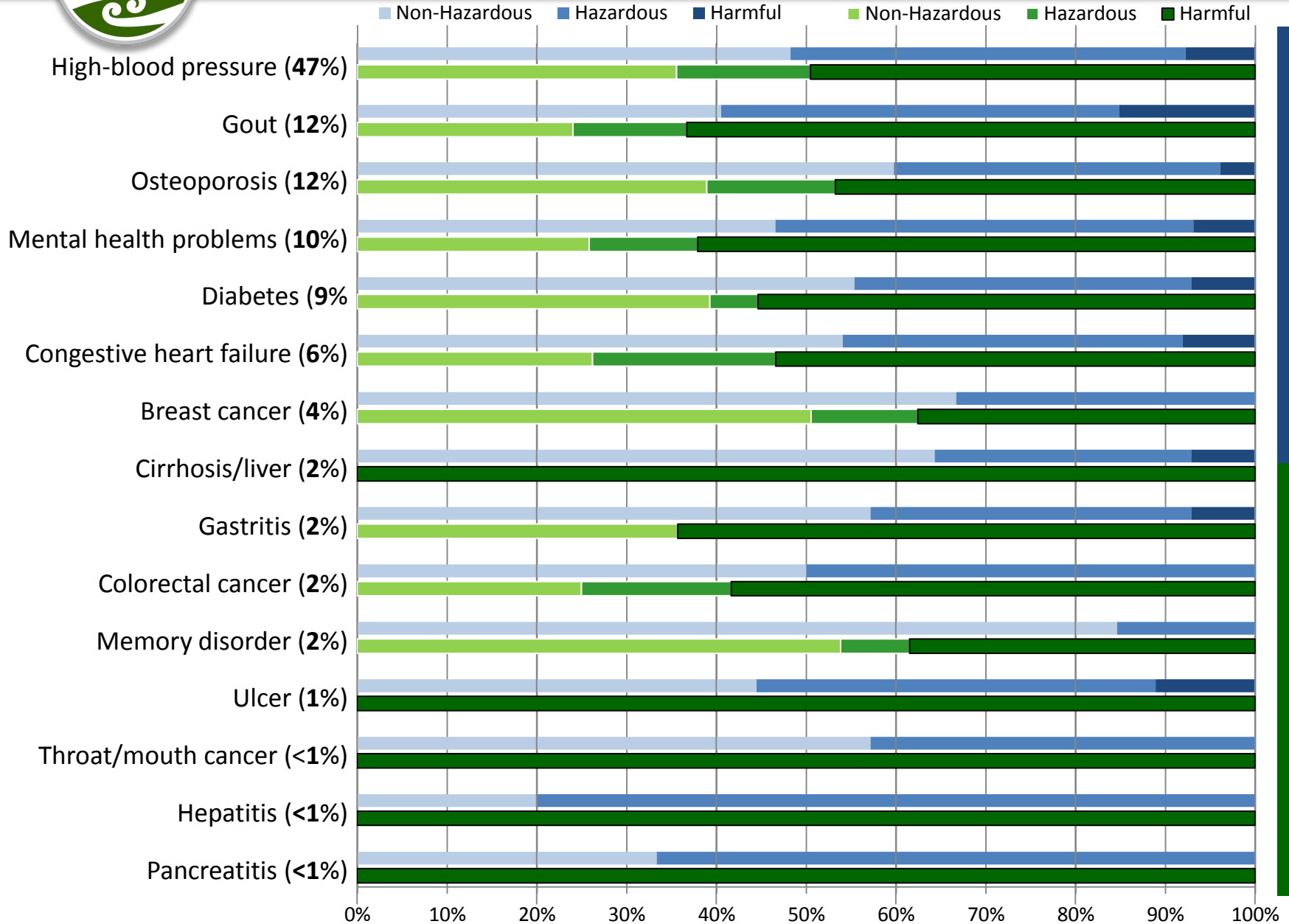
■ AUDIT-c ■ ARPS



- The addition of alcohol-related health conditions should increase risk



Impact of specific alcohol-related conditions

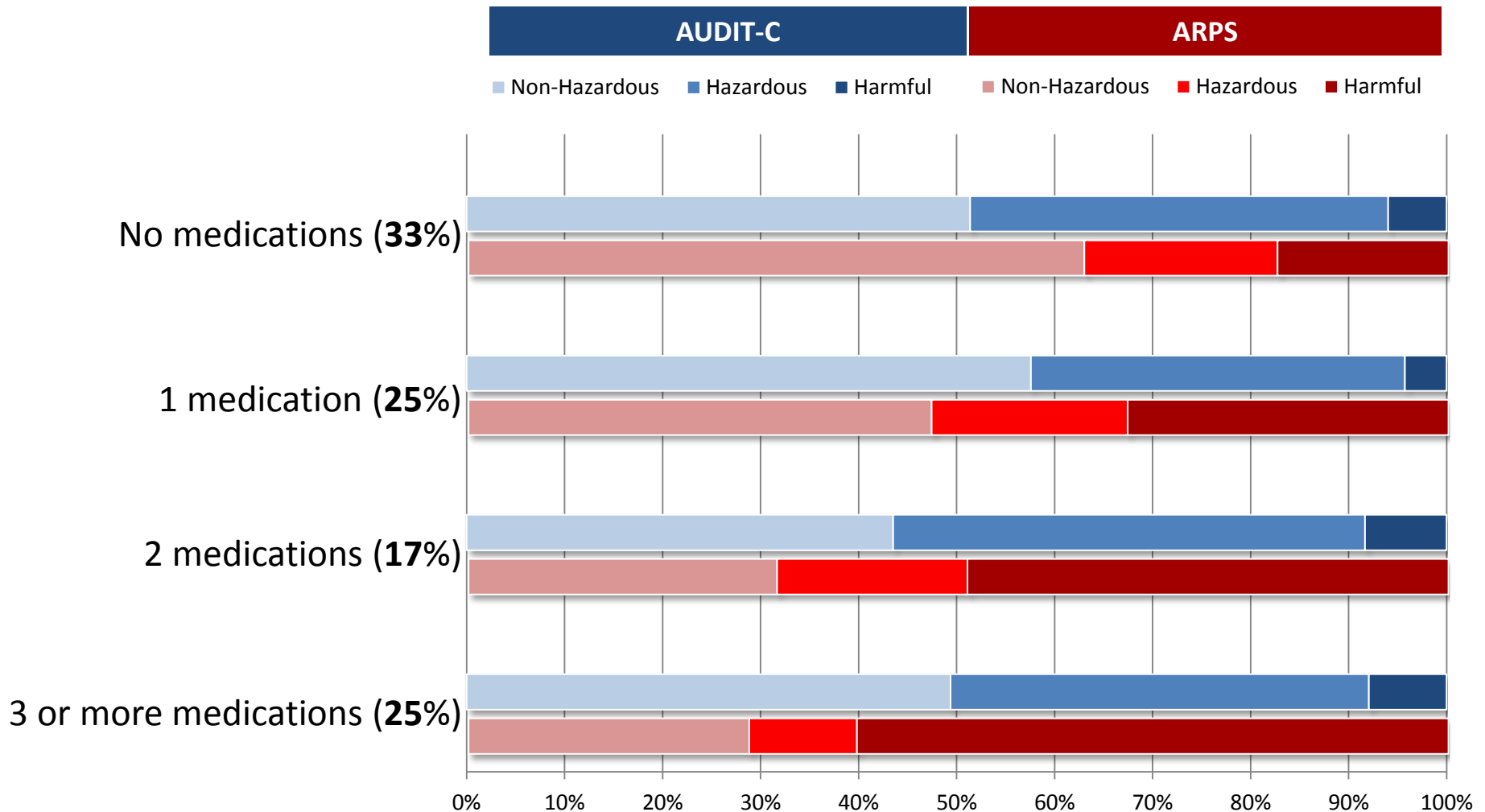


AUDIT-C

ARPS

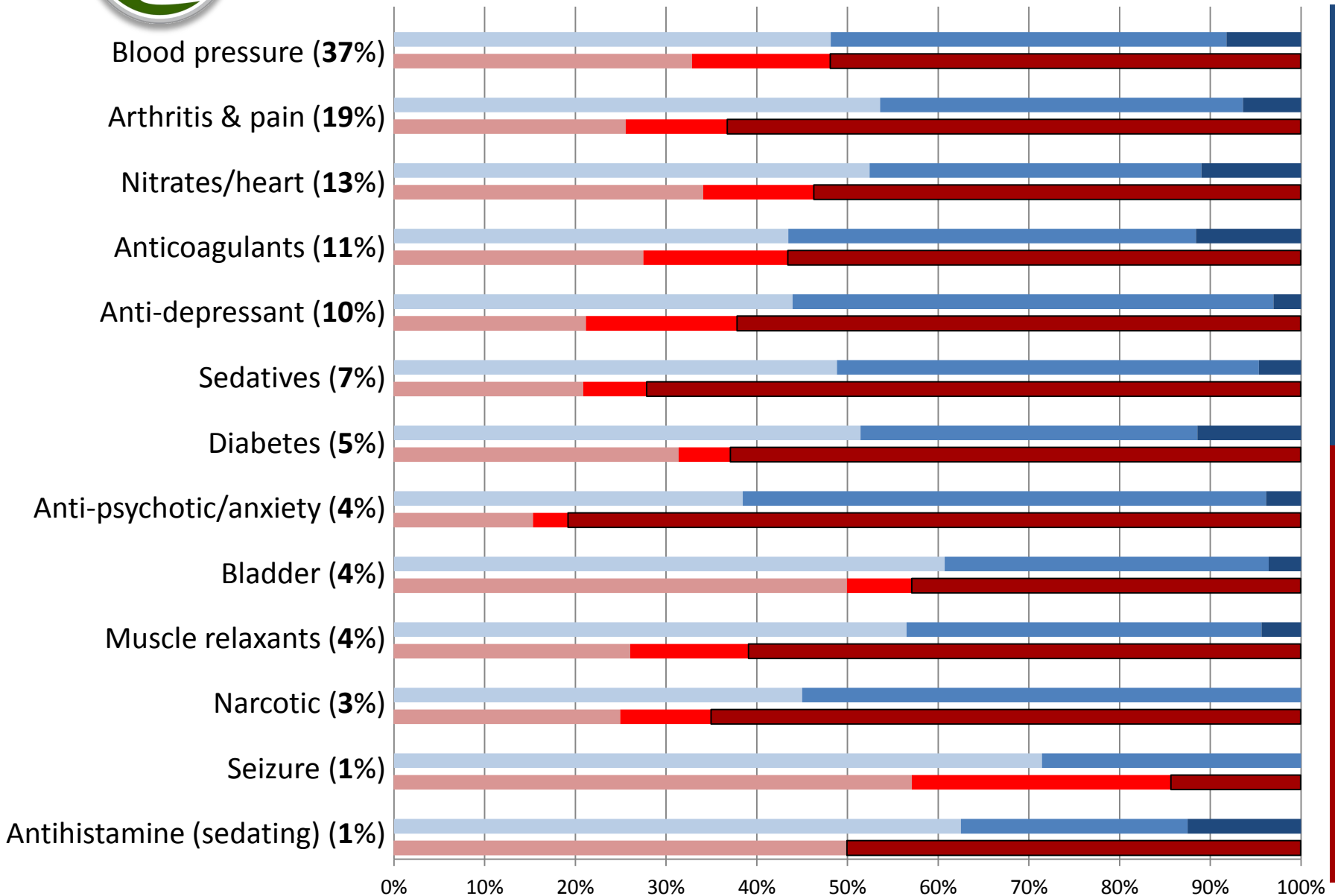
Impact of medication use on screening

- The addition of alcohol-related health conditions should increase risk



Impact of specific medications on screening

■ Non-Hazardous
 ■ Hazardous
 ■ Harmful
 ■ Non-Hazardous
 ■ Hazardous
 ■ Harmful

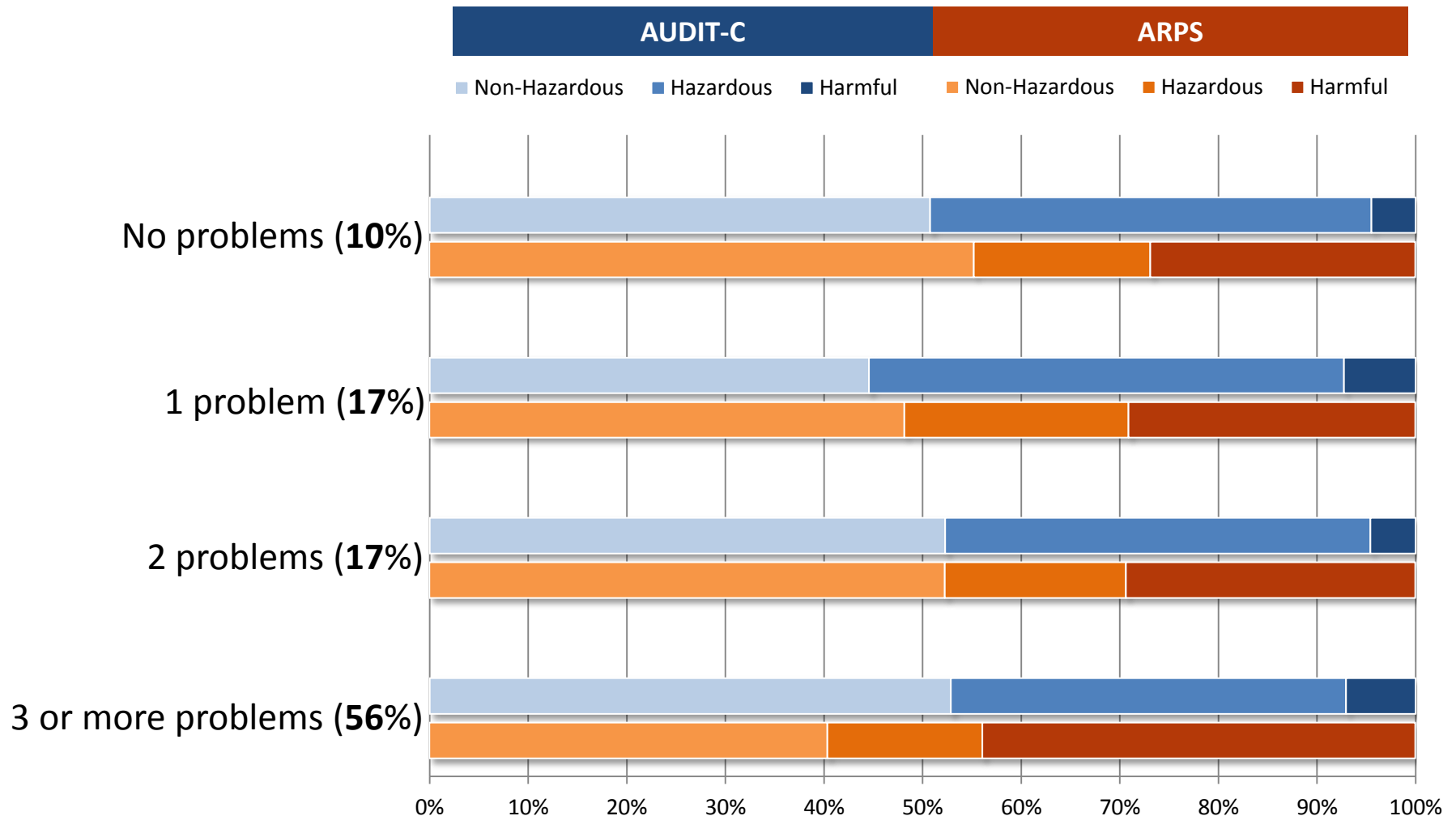


AUDIT-C

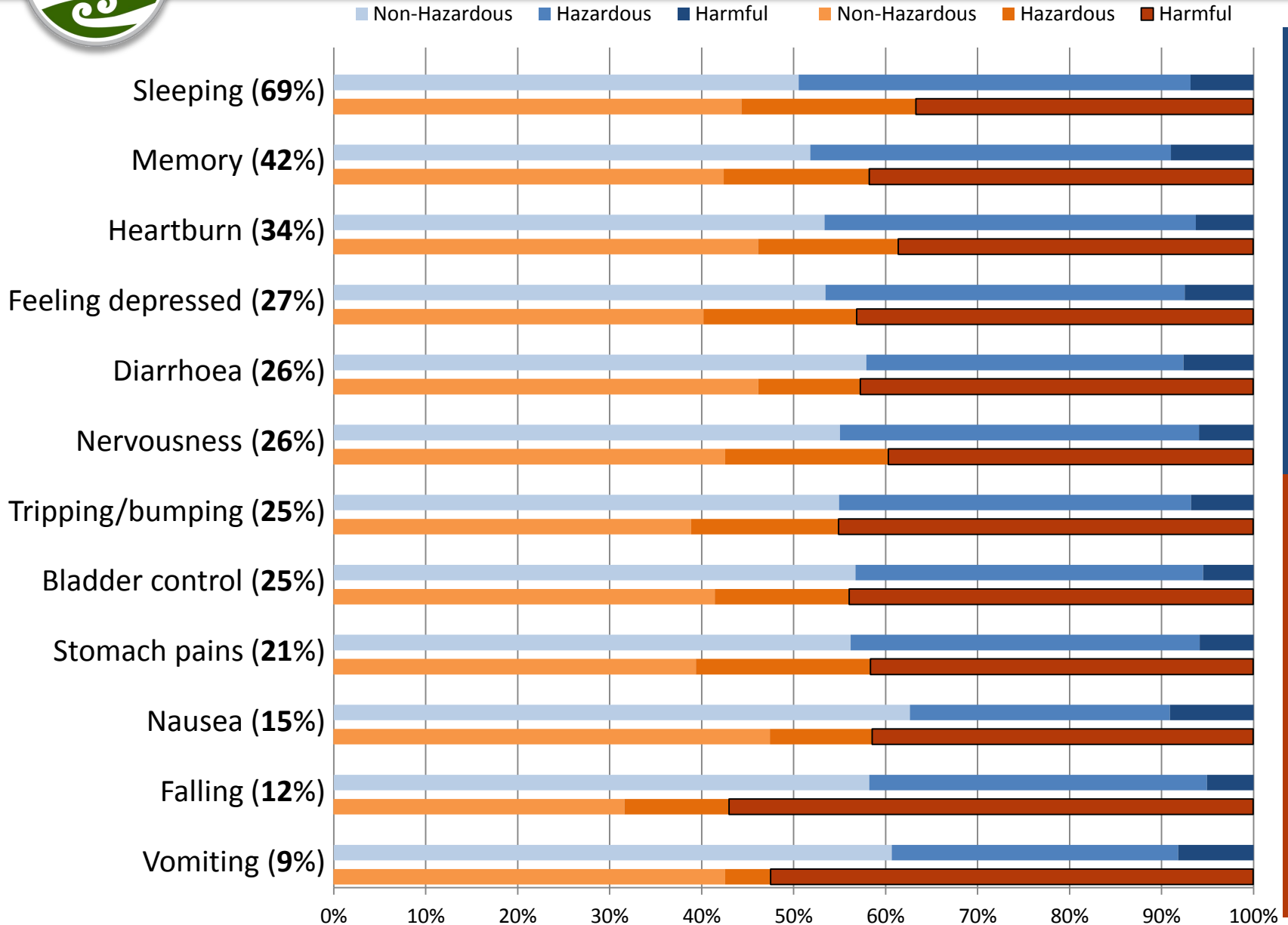
ARPPS

Impact of health problems on screening

- The addition of health problems (e.g., falls, vomiting) should increase risk



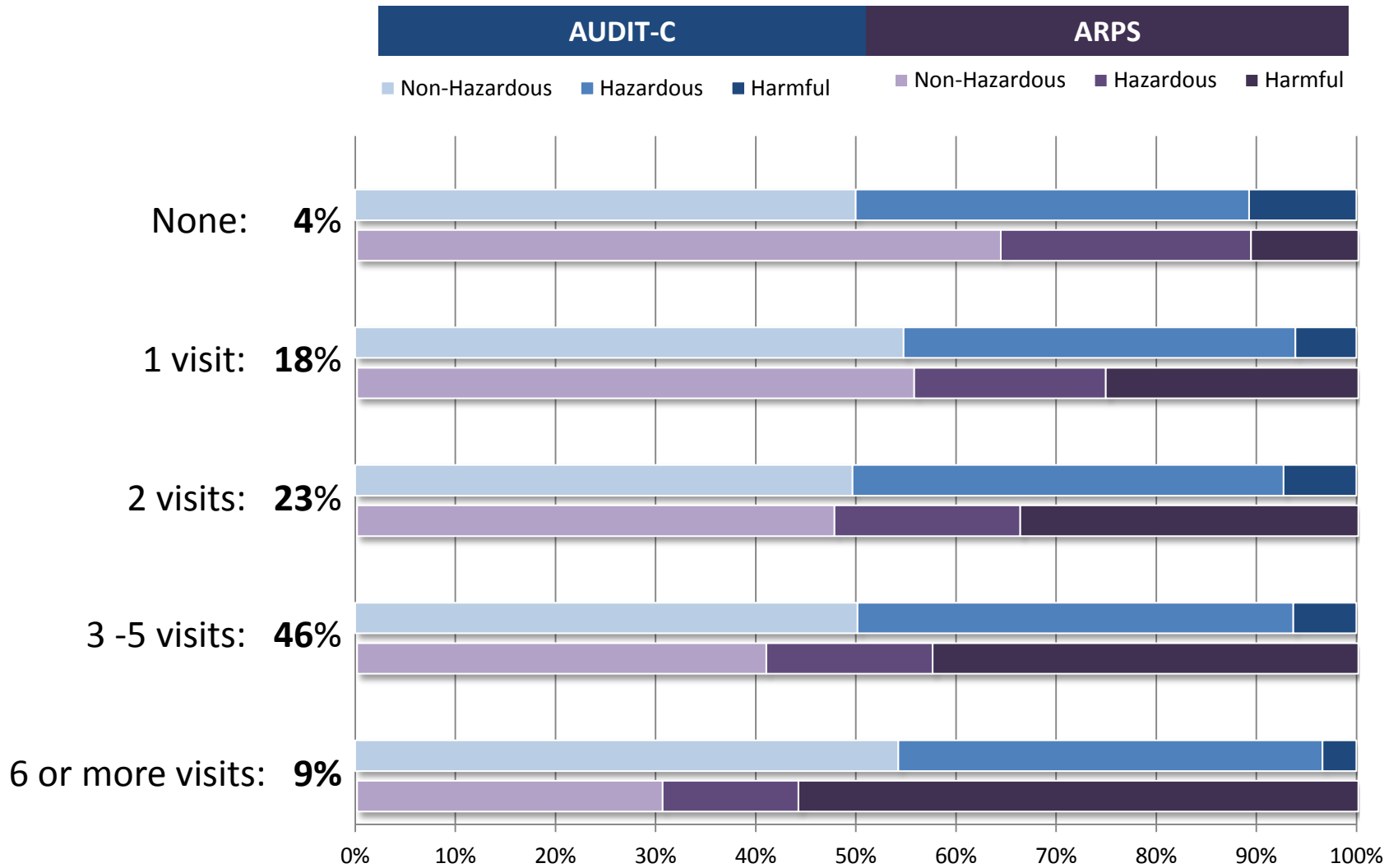
Impact of specific health problems on screening



AUDIT-C

ARPPS

Primary health care: Past year doctors visits



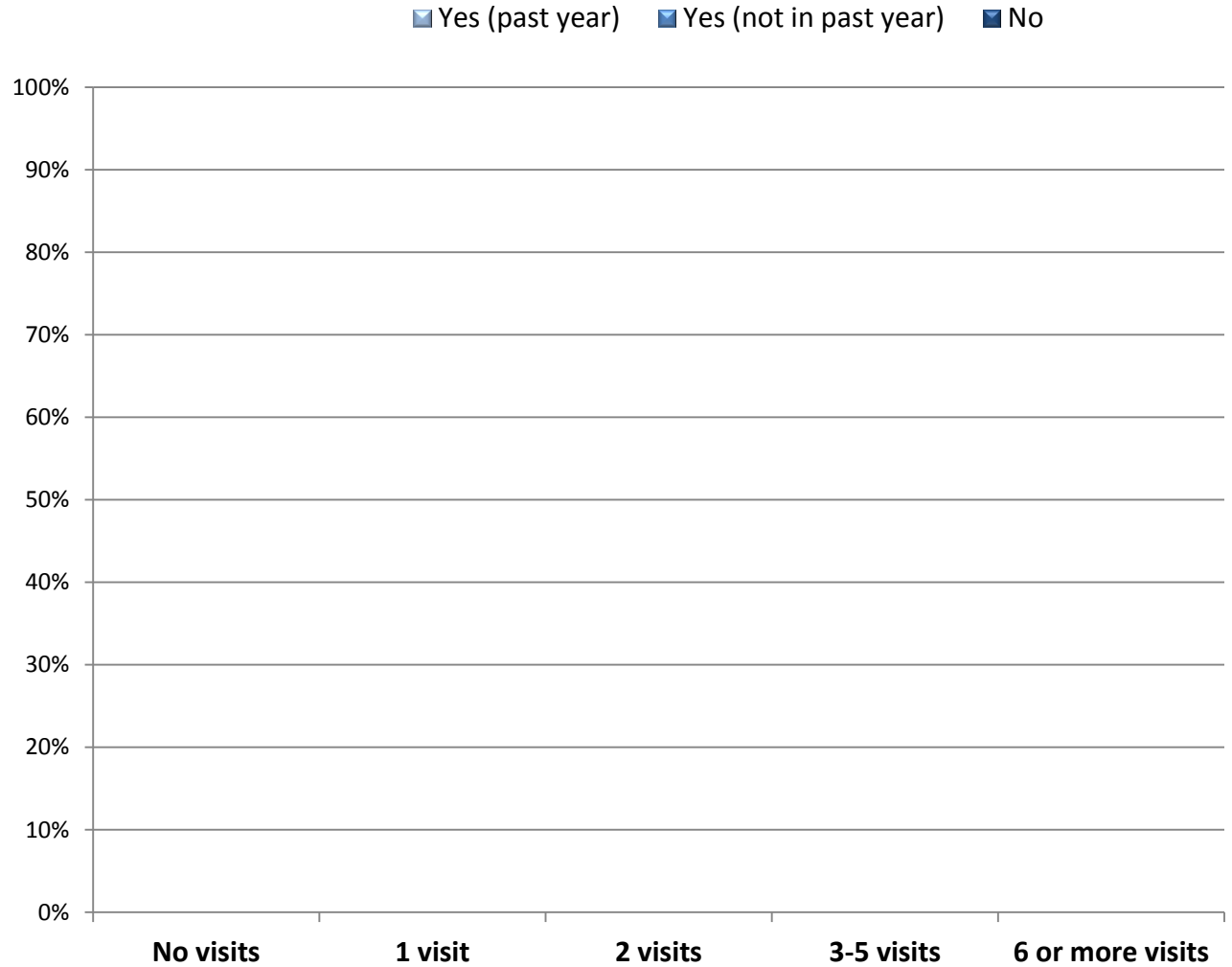


Primary health care: Ever been told to cut down / Doctors visits

Yes (in past year) **3%**

Yes (not in past year) **4%**

No **93%**



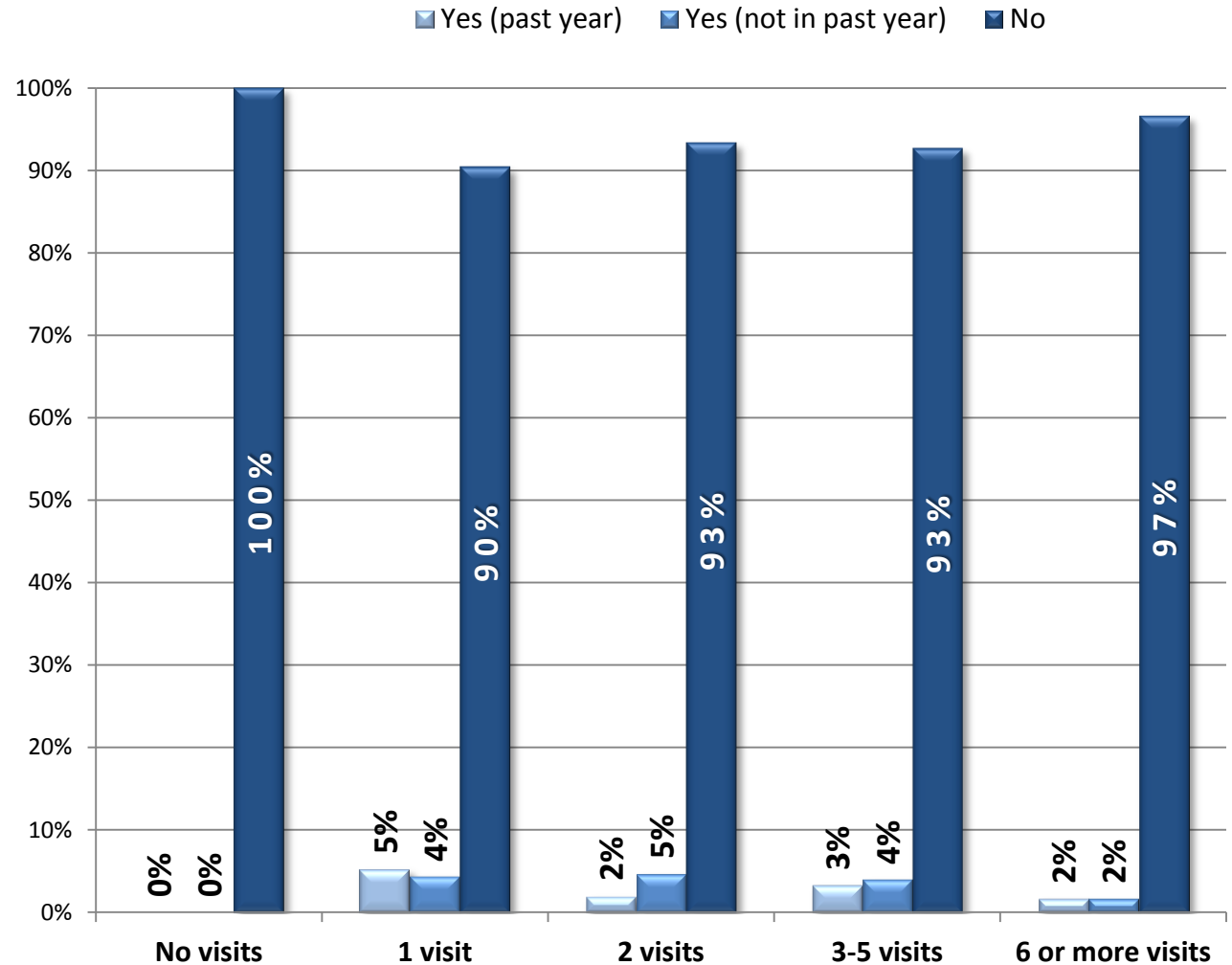
Times they have visited the doctor in the past year

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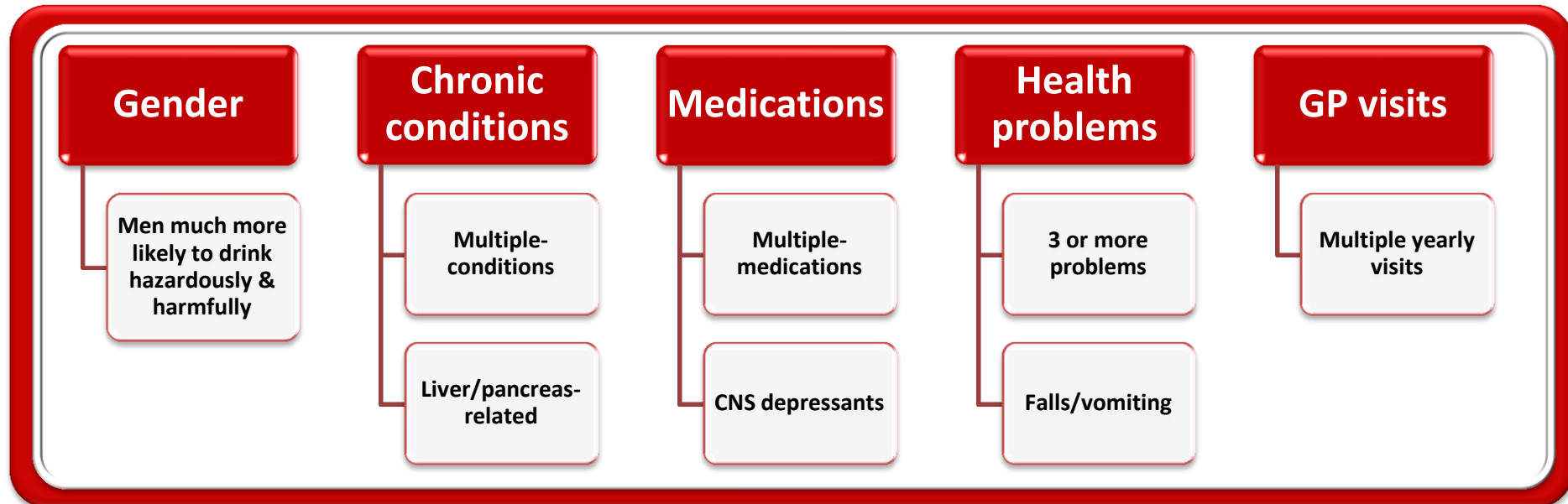
No **93%**



Times they have visited the doctor in the past year

Older adults drinking in New Zealand

- Heavy drinking despite chronic conditions, meds & health problems
- ‘Non-hazardous’ misnomer; conditions, meds & health problems increase risk
- 96% saw GP in past 12 months; 9% \geq 6 times
- Only 7% *ever* told to reduce drinking
- GP is key point of medical contact; 1st contact is the key





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Thank you



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