Alcohol Use Among Older Adults

Pocket Screening Instruments for Health Care and Social Service Providers

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

The Facts

Alcohol and prescription drug misuse affects as many as 17% of older Americans. It is estimated that as many as 2.5 million older adults in America have problems related to alcohol, and this age group experiences more than half of all reported adverse drug reactions leading to hospitalization. These statistics could get worse: The U.S. Bureau of the Census predicts that America's 65+ population will be the fastest growing age group over the next 25 years.

Screener Uses

The Center for Substance Abuse Treatment (CSAT) has prepared this Pocket Screener to help health care and social service providers:

- Identify signs of possible alcohol problems among older adults
- Intervene to help reduce alcohol consumption
- Assist in obtaining evaluation and treatment for alcohol problems for older adults

Screening

The enclosed card contains two questionnaires that you can administer to see if clients may need to be referred for a complete evaluation to determine the nature and extent of their alcohol use.

Referral Information

If you feel that the older person you have screened may have an alcohol problem that requires further evaluation, refer them to a local alcohol treatment program or provider. If no local provider or program is available, the back of this jacket contains a national hotline number that you can call for assistance.

Brief Intervention

You can help motivate relevant clients to accept and follow through on obtaining a thorough evaluation by taking a few minutes to provide a brief motivational intervention.

Discuss and write down for clients (if possible) what that individual considers to be the 'pros' and 'cons' of drinking, and telling their primary health care provider(s) about the amount and regularity of their alcohol use.

AUDIT-C and CAGE
Brief Alcohol Screening Instrument

For use by both medical and non-medical health and social service providers, volunteers, and aides

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Introducing the Topic of Screening

Make your client comfortable. Mention that alcohol use can affect many areas of health and may interfere with certain medications. It is important to know how much the client usually drinks and whether he or she has experienced any problems associated with drinking. Clarify that alcoholic beverages include wine, beer, and liquor such as vodka, whiskey, brandy, and others.

Questionnaire: Circle the number that comes closest to the client's answer.

1. How often do you have a drink containing alcohol?

(0) Never (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week

[If the response is 'Never' you can skip the next two questions and move directly to questions 4 through 7]

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2. How many drinks containing alcohol do you have on a typical day when you are drinking?

(0) None (1) 1 or 2 (2) 3 or 4 (3) 5 or 6 (4) 7 or more

3. How often do you have: **[for men]** five or more drinks on one occasion? **[for women]** four or more drinks on one occasion?

(0) Never (1) Less than monthly (2) Monthly (3)Weekly (4) Daily or almost daily

4. Have you ever felt you should cut down on your drinking?
Yes No

5. Have people annoyed you by criticizing your drinking?
Yes No

6. Have you ever felt bad or guilty about your drinking?
Yes No

7. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?
Yes No

Scoring

Add the numbers of the circled responses for questions 1, 2, and 3. The client should be referred for evaluation if there is:

- a score of 3 or more points on questions 1 through 3; or
- a report of drinking 6 or more drinks on one occasion; or
- a “yes” answer to one of questions 4 through 7, and any drinking is indicated in answer to questions 1 through 3

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

For use by clinicians, physicians and/or primary care providers

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

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

9. Have you ever made rules to manage your drinking?
Yes *No*

10. When you feel lonely, does having a drink help?
Yes *No*

Total S-MAST-G Score (0-10) ______

For clients who answer 'yes' to two or more of the S-MAST-G questions, a referral for a complete assessment of their alcohol use should be made.

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Referral: Brief Intervention

In cases of referral, you can employ the brief intervention related to client motivation described on the jacket of this pocket screener to strengthen the likelihood of follow-through with your referral.

If screening reveals that the older person may have a problem with alcohol use, a national hotline is available 24 hours a day to assist in locating treatment providers:

1-800-662-HELP (4357)

http://findtreatment.samhsa.gov

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This pocket screener 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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