

PHYSICIAN FACT SHEET ON RESPONSIBLE DRINKING IN ELDERS

1. Physicians can safely accept patient consumption of 1 oz. of alcohol per day in any form with minimal end-organ damage.
2. About 8% of elders have a drinking problem and some will develop withdrawal during hospitalization for unrelated health problems.
3. Patients with excessive alcohol consumption are more likely to develop medical problems, such as hypertension, and complications, such as neuropathy or liver disease.
4. Some problem drinkers will maintain sobriety at one year if you provide basic advice to them about the health consequences of excessive drinking.
5. The CAGE alcoholism screening instrument requires approximately one minute for administration and is valid in older patients.
6. Alcohol can be a serious health hazard when consumed with benzodiazepines.
7. Alcohol is a poor hypnotic and may disrupt sleep.
8. All patients with cognitive impairment should be screened for drinking and encouraged to immediately cease consumption of all alcohol products.
9. Unexplained anemia, macrocytic indices, such as $MCV > 100$, elevated GGT or peripheral neuropathy may be produced by excessive drinking.
10. Alcohol-induced cognitive loss may slowly improve with long-term sobriety.
11. Alcohol damages heart, peripheral nerve, liver, pancreas, skeletal muscle, and brain.
12. Your patients benefit from screening for alcohol abuse in elders and providing basic counseling for problem drinkers.