

ALCOHOL DEPENDENCE IN PATIENTS OVER 60 YEARS OF AGE

Pektaş, Ö., Mirsal, H., Kalyoncu, A., Yılmaz, S., Serez, M.R., Beyazyürek, M.

Alcohol use peaks at around age of 35, and afterwards it declines. After about the age of 65 it is at its minimum level. The consequences of alcohol use and alcohol dependence in elderly patients. Research shows that 10% of elderly alcohol dependence patients undergo withdrawal delirium during their hospital treatment.

The purpose of present study is to evaluate sociodemographic and clinical characteristics of patients over 60 years of age who were under treatment in Anatolia Clinics. A retrospective analysis was carried out on patient characteristics using inpatient documentation and their current status have been confirmed either by mail or telephone contact. In total number of patient was 367 among them 23 were over 60 years of age (6.2%) The percentage of male elderly patient was 86.9% (n=20), that of female patients was 13.1% (n=3). Mean age was 61.8, 86.9 % (n=20) of patients were married and 13.1% were divorced Educational characteristics are as follows: 17.4 % (n=4) primary school, 39.1% (n=9) high school, and 43.5% (n=10) university degree. From the total, 82.6% percent of patients had one or more physical disorders such as hypertension, coronary ischemia, renal deficiency, gastrointestinal tract bleeding. The delirium tremens rate was 17.4% (n=4). According to SCL 90 R (that was applied half of the sample) the items in the depression index were found to be 0.88 April 1998 abstinence rate was 91.3%

Results show that although physical disorders and delirium tremens rate are higher among elderly patients, abstinence rate was as high as 91.3 % in average of 8 months.

The number of patients seen in the clinic during 1997 is 367. The male proportion was 90% (n=331) and that of female was 9.8 % (n=36). There were 23 (6.3%) patients over the age, Of these 86.7% (n=20) were male 13.1% (n=3) were female. Social demographic variables of the patients are given in table 1.

MARITAL STATUS	n	%
Married	20	86.9
Divorced	3	13.1

EDUCATION LEVEL	n	%
Primary	4	17.4
High school	9	39.1
University	10	43.5

The average age of the sample was 61.8 (male=62.3, female=61.3). At the intake physical examination of the patients revealed that 82.6% were suffering from diseases like hepatitis due to alcohol, hypertension, coronary ischemia, gastroin-

testinal bleeding. During treatment 4 patients (17.4 %) experienced delirium tremens. The depression index of the patients according to scl 90 was found to be 0.88.

DISCUSSION

Alcohol dependency is most often observed among people over the age of 35. The frequency of alcohol dependency decreases as the age increases (1). It is quite difficult to interpret the cause of this finding. It may be argued that as the age increases alcohol becomes less frequently used, stopped, or alcohol shortens life expectancy. If you consider geriatric as the ages above 60, it can be seen that the admission to our clinic in one year is remarkably a high percentage (6.2% n=23).

The male ratio in alcohol dependency is known to be 3:1 (1). It is generally accepted that at higher ages this ratio becomes equal. A consideration at admission to our clinic reveals that in the general population male to female ratio is 10 to 1. In the geriatric population on the other hand, it is 8 to 1.

These findings show that the male female ratio in our country is higher and it is well preserved in older ages.

The population of physical diseases in geriatric population is considerably high. Most of the geriatric patients (82.6%) are not displayed are or more disorders like, hepatitis, hypertension, coronary ischemia, gastro intestinal bleeding, and renal deficiency. The most common disorder was hypertension.

The frequency of delirium tremens due to withdrawal is not known. Some authors claim that delirium tremens occurs less than 1% of the time (4). It is usually seen 4 or 5 times more in male population. However in geriatric alcohol dependants it is seen much more frequently. The frequency was found to be 10% (5). In our sample this proportion was found to be 17.4% (n=4).

The fact that the patients were heavy drinkers and they had a physical disease might have contributed to this proportion.

The depression index of the patients according to scl 90 R was found to be 88. However this questionnaire could be given only to the half of the sample patients who were clinically diagnosed as depressive. The result of scl 90 R thus supports this diagnosis.

In sum, it was observed that the majority of this population (91.3% n=21) did not resume drinking in 8 month follow-up.

In a previous research carried out in 1996 in our clinic, the proportion of the patients who did not return to drinking was found to be 60% in a similar duration of follow-up.

This situation suggests that despite all negatives, relapse rate for geriatric population is lower than general population.

REFERENCES

- 1- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. 4. baskı Washington, DC: The American Psychiatric Association, 1994.
- 2- World Health Organization: International Classification of Diseases, clinical description and diagnostic guidelines, Geneva, 1992.
- 3- Victor M, Wolfe SM: Causation and treatment of the alcohol withdrawal syndrome, in Bourne P, Fox R (eds): Alcoholism: Progress in Research and Treatment, New York, Academic Press, 1973, pp 137-169.
- 4- Lipowski ZJ: Delirium: Acute confusional states. Oxford University Press, Inc., New York, 1990.
- 5- Kramp P, Hemmingsen R: Delirium tremens some clinical

-
- cal features. Part 1. *Acta Psychiatr Scand* 1979; 60:393-404.
- 6- Gross MM, Lewis E, Haste J: Acute alcohol withdrawal syndrome, in Kissin H, Begleiter H (eds.). *The Biology of Alcoholism Vol 3*. New York, Plenum Press, 1973, pp 191-263.
 - 7- Salum I (ed): Delirium tremens and certain other acute sequels of alcohol abuse. *Acta Psychiatr Scand, Suppl.* 235, 1972.
 - 8- Hillbom ME: Occurrence of cerebral seizures provoked by alcohol abuse. *Epilepsia* 1980; 21: 459-466.
 - 9- Newsom JA: Withdrawal seizures in an in-patient alcoholism program, in Galanter M (ed): *Currents in Alcoholism*, vol 6. New York, Grune and Stratton, 1979, pp 11-14.