Comorbidities, Medications Make Drinking Risky for Older Adults

More than a third of drinkers 60 and older consume amounts of alcohol that are excessive or that are potentially harmful in combination with certain diseases they may have or medications they may be taking, according to a study published in the Journal of General Internal Medicine. Using data from 3,308 older patients accessing primary care clinics around Santa Barbara, California, the authors reported that just as many individuals were at risk from alcohol consumption in combination with comorbidities or medication as from alcohol consumption alone. They also found that at-risk drinking was associated with being younger, White, and less educated.

At-risk drinking was assessed using the Comorbidity Alcohol Risk Evaluation Tool, which categorizes older adults as at risk if they display at least one of the following drinking behaviors: They consume more than two drinks on most days; they consume one to two drinks on most days and have certain comorbidities, such as gout, hepatitis, or nausea; and they consume one to two drinks on most days and take select medications, such as antidepressant or sedative agents.

Specific findings include:

- 34.7% of older adults were at risk due to drinking alone or drinking in combination with comorbidities or medications, and 19.5% were grouped in multiple risk categories.
- Of those at risk, 56.1% were in at least two risk categories, and 31% were in all three.
- Participants who had not graduated from high school had 2.5 times the odds of at-risk drinking as those who had completed graduate school.
- Respondents with annual household incomes between $80,000 and $100,000 had 1.5 times the odds of being at risk as those with incomes under $30,000.
- Respondents who were 80 and older had half the odds of at-risk drinking as those between 60 and 64.
- Asians had less than half the odds of at-risk drinking as Caucasians.

Risk varied considerably, depending on patient characteristics. For example, a 62-year-old White male respondent who was married and had an annual household income of $90,000 was estimated to have a 57.1% adjusted probability of being an at-risk drinker, compared with an 8.1% adjusted probability for an 85-year-old Asian female patient who was widowed and had an annual income of $35,000. Study limitations included patients’ self-report of drinking frequency and quantity.

A study published in *Pediatrics* focuses on another group of individuals living with PTSD—young adult survivors of childhood cancers. The Childhood Cancer Survivors Study focused on 6,542 individuals older than 18 who were diagnosed with cancer between 1970 and 1986, along with 368 of their siblings as a control group. The study found that 589 survivors (9%) reported significant functional impairment and clinical distress, as well as symptoms consistent with a full diagnosis of PTSD. In comparison, 8 siblings (2%) reported impairment, distress, and PTSD symptoms.

Affected survivors reported symptoms such as increased arousal, phobias, startling easily, hypervigilance, avoidance of reminders of their cancer diagnosis and treatment, being on edge, and extreme anxiety. They also reported that the symptoms kept them from functioning normally.

Compared with modern cancer treatments, the survivors in the study often underwent far harsher treatment regimens commonly used in the 1970s and early 1980s, and within the group studied, those who underwent the more toxic and damaging therapies reported more cases of PTSD. Another possibility for exacerbation of PTSD symptoms is the fact that many of the young adults are facing the stressful situations typical for people at that age, such as finding a job, getting married, and starting a family.

In addition, many of the patients in the study who underwent harsh therapies are now coping with significant late effects such as infertility, cognitive impairment, and stunted growth, which can add to their stress levels.


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**Provider Courtesy, Trust, & Respect Necessary for Schizophrenia Patients**

In last month’s issue of JPN, complementary articles by Cleary et al. discussed patients’ expectations when receiving difficult news from their provider, as well as recommendations for providers about patient characteristics to consider when delivering potentially upsetting news. And according to a survey sponsored by Janssen, things seem to be on the right track: 80% of patients with schizophrenia say their psychiatrists do well or very well in treating them with courtesy and respect.

The quantitative double-blind online survey included 250 patients, ages 18 to 65, diagnosed with schizophrenia and currently receiving treatment from a health care professional for this condition; 250 unpaid caregivers of patients with schizophrenia who are currently receiving treatment from a health care professional for this condition; and 400 psychiatrists responsible for making decisions about medication for at least one adult patient living with schizophrenia.

The survey revealed that 66% of patients with schizophrenia have extreme trust or very much trust in their psychiatrists. Additional survey findings include:

- 78% of patients with schizophrenia say their psychiatrists provide explanations in a way they can easily understand.
- 66% of patients believe their psychiatrists are concerned for their emotional needs.
- 54% of patients and caregivers are very comfortable discussing medication options with psychiatrists.


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**Medical Interns Not Immune to Depression**

The percentage of clinicians who meet criteria for depression appears to increase significantly during medical internship, according to a report published in the *Archives of General Psychiatry*.
Lilly Honors Depression Awareness Leaders

Six individuals chosen for their outstanding commitment to educating others about depression were honored at the 2010 Welcome Back Awards, established 12 years ago by Eli Lilly and Company to fight the stigma associated with depression and to promote the understanding that depression is treatable.

The 2010 honorees are:

- Annie Sundberg and Ricki Stern (Destigmatization), New York, New York, directors and producers of the films *More Than Sad: Teen Depression* and *More Than Sad: Preventing Teen Suicide*.
- Trinidad de Jesus Arguello, PhD, LISW, RN (Primary Care), Arroyo, New Mexico, clinical social worker, psychiatric nurse, author, and program director of Tri-County Community Services, Inc.
- Susan G. Kornstein, MD (Psychiatry), Richmond, Virginia, professor of psychiatry and obstetrics/gynecology at Virginia Commonwealth University (VCU) and co-founder and executive director of the VCU Institute for Women’s Health.
- Danielle N. Butin, MPH, OTR (Community Service), Yonkers, New York, founder and executive director of the Afya Foundation of America, a large-scale medical supply recovery organization that works with major hospital systems to gather unused or overstocked supplies and sends them to well-established health organizations in Africa and the Caribbean.

The winners, selected by an independent panel of national mental health leaders, are awarded between $10,000 and $15,000 to be donated to the not-for-profit organization of each winner’s choice. Information about nominations for next year’s Welcome Back Awards can be found at [http://www.lilly.com/responsibility/servingpatients/outcomes](http://www.lilly.com/responsibility/servingpatients/outcomes).