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ALCOHOL USE AMONG ELDERLY AT HOME CARE

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Autumn 2014

Bachelor's degree in nursing

Oulu University of Applied Sciences

TIIVISTELMÄ

Oulun seudun ammattikorkeakoulu

Hoitotyön koulutusohjelma

Tekijä: Lotes Paaso

Opinnäytetyön nimi: Alkoholin käyttö ikääntyneillä kotihoidon asiakkailta

Työn ohjaajat: Eveliina Korkiakangas ja Terttu Koskela

Työn valmistumislukukausi ja – vuosi: Syksy 2014

Sivumäärä 40 + 2 liitesivua

Alkoholin käyttö vanhuksien keskuudessa on yksi vanhuksien hoitoon liittyvä ongelma, jota ei ole vielä tutkittu tarpeeksi. Tämän opinnäytetyön tarkoituksena oli tutkia kuinka yleistä vanhusten alkoholin käyttö on asiakkaiden keskuudessa, jotka ovat kotihoidossa. Kiinnostus aiheen tutkimiseen heräsi ikääntyneen hoitotyön harjoittelun aikana, havaittuani ikääntyneiden alkoholin käytön vaikuttavan heidän terveyteensä.

Tutkimus oli kvantitatiivinen. Aineisto kerättiin strukturoidun kyselyn avulla, johon vastaukset saatiin haastattelemalla tutkimukseen osallistuneet ikääntyneet. Useimmat asiakkaat olivat innoissaan haastatteluista ja monet olivat iloisia siitä, että joku kävi heidän luonaan tekemässä haastattelun. Aineisto analysoitiin lopuksi kuvailevilla, tilastollisilla menetelmillä. Saadut tulokset ilmoitetaan frekvenssien, keskiarvojen ja prosentiosuuksien avulla.

Yhtenä tämän lopputyön tarkoituksena oli myös kerätä ja luovuttaa tämä tieto kyseiselle kotihoidon yksikölle, jotta heillä olisi mahdollisuus tehdä asialle jotain potilaiden hoitosuunnitelman kautta.

Tähän tutkimukseen osallistui 20 haastateltavaa, joista vain muutamalla oli ongelmia alkoholinkäytön kanssa. Tutkimuksen perusteella voi siis sanoa, että alkoholin käyttö ei ole iso ongelma niiden vanhusten keskuudessa, jotka ovat kotihoidossa. Toisaalta kotihoidon henkilökunnan pitäisi silti huomioida paremmin ne vanhukset, joilla ongelma on, jotta he saisivat enemmän tietoa tai apua ongelmaansa.

Asiasanat: vanhus, alkoholi, kotihoito

ABSTRACT

Oulu University of Applied Sciences
Bachelor's Degree in Nursing and Health Care

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Title of thesis: Alcohol use among elderly at home care

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Term and year: Autumn 2014

Number of pages 40 + 2 appendices pages

Alcohol use is one of the problems within elderly that had not been studied enough. The purpose of this thesis was to describe how widespread alcohol problem is among elderly who are under the home care services. The idea of this research arose from the experience I had when I was doing my elderly nursing care practice and I observed how alcohol affected their health.

This research was quantitative. The data was gathered by interviewing the clients with the pre-made questionnaire forms. Most of the clients were excited about the interviews and some were even happy to be visited. The result of the data gathered was analyzed in the end, by using the descriptive method. Results were displayed through frequencies, averages and percentages. One aim of this thesis was to also collect and present this information to the home care unit, in order for them to do some proper actions through the nursing care plan.

There were 20 interviewees who participated in the research. Only few among the elderly interviewed had visible alcohol problem. As outcome it was pleasing to find out that the alcohol problem among elderly is not that common than what I had expected.

Based on this research there are clear conclusion to be made. The alcohol problem among elderlies in the home care is not a common problem, but the healthcare workers should still consider these clients more so that they could get necessary help and information regarding the dangers of alcohol.

Keywords: elderly, alcohol, home care

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1 INTRODUCTION

Alcohol problem is one of the common problems among all ages that are not easy to be solved or healed. Alcohol usage within elderlies is a big risk factor to their health. WHO defines that: *“Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person”*. (WHO, date, 21.08.2014) Already small amount of alcohol intake can have negative effect to the elderly, because of their physical condition is not anymore as good as younger people have. Addition to this, elderly are taking more medicines in which might have unexpected effect together with the alcohol.

During my nursing training practice, I saw the different outcomes of alcohol usage among the elderlies, who were living alone at home. I found this fact alarming, sad, and sometimes even disturbing. In my opinion this matter needed to be taken care of somehow, studied better and if necessary actions should be taken. Not only that they lived mostly alone at home, they are old and mostly of them need help from the healthcare worker in some of the tasks, that they're not capable of doing anymore. Some of patients were using many different medication including painkillers, sleeping pills and relaxing pills.

Since I first moved to Finland 2008, I had noticed that people in Finland in different age groups consumed larger amounts of alcohol, than the usual moderate consumption in the other countries I have been living in. They actually consume more than what their body can handle and the alcohol is often quite strong. Alcohol is also often part of most of the Finnish cultural activities, for example when warming up sauna, mid-summer day, weekend's get-together as well as some other holidays and other parties. These are some of the tradition some of the Finnish people have that had been passed on from many generations. Alcohol becomes part of every occasion and it is being served to lighten up the spirit of the parties. The government had tried to limit alcohol consumption through limiting the time of alcohol sales, age limits and making sure the buyer's condition is okay and they're not yet drunk upon buying alcohol from the shop.

The purpose of this thesis was to describe how widespread alcohol problem is among elderly who are under the home care services. The information was gathered with the help of pre-made questionnaires and personal interviews of the clients. The result was then analyzed with the use of descriptive analysis.

In the following chapters we get more in details with the theories about alcohol effect to elderlies, the challenges of this research, results and analysis of the survey and finally get familiar with the conclusion.

2 THE EFFECT OF ALCOHOL TO THE ELDERLY

This chapter explains the basic knowledge about alcohol and what kind of health effect alcohol has to elderly. How alcohol affect elderlies sleep, medication, physical and psychological health. Also the reasons why elderly people get addicted to alcohol are covered in this chapter. Chapter also briefly explains about the Finnish culture and alcohol related to the culture. Some important details about physical changes in elderly are being explained also in this chapter. This is to clarify the fact that alcohol intake among elderly people is a risk to their health due to the changes in human bodies when human gets older.

Those who have alcohol problem can seek help from different group of people such as healthcare workers, doctors, different private and government sectors. In Finland there are some clinics which offer help for those who have alcohol problem and as well as support help to their families, one example of this is the A-Clinic foundation.

A-Clinics, maintained either by municipalities or the A-Clinic foundation, are service units for people with substance abuse problems and for their families. A-Clinics employ healthcare and social work professionals, and provide individual, family and group therapy. Treatment is based on the opportunity to discuss and receive advice on intoxicants and the patient situation in general. The treatment at A-Clinics is free. An appointment is usually required, but many clinics are on call in the mornings in order to help those in need of urgent help. Detoxification centers provide monitored inpatient treatment that lasts for a few days. The treatment aims at breaking the circle of intoxicant use in a safe environment. After the patient has recovered from the effects of intoxicants, he receives information on the various forms of treatment and can plan the further treatment he will require. (Heinälä, P., 2011, date: 17.03.2014)

Mini-intervention

Mini-intervention means in social and healthcare, that someone starts a dialog about the guidance and consumption follow-up of the alcohol with the person who belongs to this

group. Mini-intervention includes recognizing the risk of excessive use of alcohol, motivational instructions, planning the changes and support for the changes. The goal is to effect on the drinking habits by discussing the health and giving practical advises. Mini-intervention doesn't include psychotherapy or any other special treatments. (Salaspuro, M., Kiianmaa, K., & Seppä K., 2003)

Several researches have proven the effectiveness of mini-intervention and it works same way for men and women. Mini- intervention works specially for early stage risk user and alcoholics. One out of ten risk user benefits of mini-intervention and the effect last 1-2 years. Almost all patients who seek social and healthcare services have positive or neutral attitudes towards alcohol use conversation. The initiative of conversations needs to come from the professional since only few percent of patients will start the alcohol use conversation themselves. (Huohvanainen, J. Kejonen, A., Lehmuskoski, K., Leinonen, S., Nykky, T., Pirskanen, M., Varjoranta, P., 2013)

In order that mini-intervention would be successful, it is important to get good contact with the patients and give motivation. The benefit of this method is that it doesn't stigmatize the patient as alcoholic and the responsibility stays with the patient over 65 years old. (Salaspuro M, Kiianmaa K & Seppä K., 2003)

With neutral, listening and compassionate attitude of the healthcare worker, they can help the patient to compare the positive and negative effect of drinking and this way help the patient to consider quitting drinking. The preliminary decision making is always left to patient himself, but the healthcare worker can help solving the conflict and help in the motivation. Motivational actions have been noticed to fit well for the patients who are reluctant and do not like been advised or warned. (Huohvanainen, J. Kejonen, A., Lehmuskoski, K., Leinonen, S., Nykky, T., Pirskanen, M., Varjoranta, P., 2013)

Mini-intervention is also recommended treatment way within the elderly who are using too much alcohol. Rehabilitation treatment within the elderly is more demanding and the response to the treatment needs to be followed more carefully. (Aalto, M., Holopainen, A., Duodecim 2008)

2.1 Alcohol

After caffeine and nicotine, alcohol is the most used substance in the world. Alcohol law defines any substance or product as alcohol, if it contains more than 2.8% of ethyl alcohol. Alcohol effect's on the human body's central nervous system by producing intoxicating and pleasuring sensations. Alcohol starts to digest to human body already from the mouth while consumed. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 23)

Antioxidants in red wine called polyphenols may help protect the lining of blood vessels in your heart. A polyphenol called resveratrol is one substance in red wine that's gotten attention. There is also Resveratrol in red wine that might be a key ingredient how it can helps prevent damage to blood vessels, reduces low-density lipoprotein (LDL) cholesterol (the "bad" cholesterol) and prevents blood clots. (Mayo Clinic, date, 22.04.2014)

2.2 Finnish culture and alcohol

According to the National Public Health Institute, the alcohol usage of elderly has increased steadily over the past few decades. Correspondingly non-drinkers have declined: in year 2009, 25% of men and 45% of women age between 65- 84 years old, said they haven't used any alcohol in the past years. In the year 1993 this figures were 32% of men and 63% of women. The amount of those who drink once a week has increased noticeably among the elderly who are highly educated and the younger end of the group. In year 2009, 40% of men and 18% of women, said they use alcohol at least once a week. In the year 1993 this figures were 24% of men and 8% of women. (Huohvanainen, J. Kejonen, A., Lehmuskoski, K., Leinonen, S., Nykky, T., Pirskanen, M., Varjoranta, P., 2013)

2.3 Physical changes in elderly

The weakening of the physiological function is based on cellular aging. The cellular functionality gets more difficult and on the other hand the cells are destroyed. These

changes doesn't happen same rate in all organs. So some organs age in the different rate. In average organ weakens the rate of 1% per year. (Pohjolainen, P., date, 02.04.2014)

The physical changes of aging

- **Physical changes:** body shortening, weight loss, increase of fat and muscle atrophy.
- **Nervous system:** brain tissue reduction and attenuation of regulatory system, psychomotor changes, increase of memory disorders.
- **Skin:** wrinkling, thinning of the skin and decrease of sweat glands.
- **Vascular system:** Vascular wall changes, flow resistance increase, heart valve calcification, weakening of the regulatory systems.
- **Lungs:** decrease in elasticity, reduction in surface area, deterioration of the cleaning mechanisms and suppression of the cough reflex.
- **Kidneys:** impairment of blood flow, reduction in secretory unit and suppression in regulatory system.
- **Digestive system:** saliva reduction, loss of many discriminating taste buds, reduction gastric acid secretion, suppression of intestinal function.
- **Senses:** vision impairment: visual acuity, eyes, night vision, depth perception, color discrimination ability, reduction accommodation and increase of gray- and green glaucoma.
- **Inner ear degeneration:** the treble resolution impairment, hearing impairment, and bone vestibular dysfunction.

- **Immune system disorders:** Impaired defense mechanisms: infections and malignant tumors are becoming more common, the body makes antibodies against itself. (Heikkinen, E., Rantanen, T., 2008)

2.4 Health effects of alcohol to the elderly

Alcohol effects in the human body in many different ways. Because of the physical changes of the elderly people, the effects of alcohol for them are more than the younger ones. It can affect their sleeps, medications, physical and psychological state.

Large consumption of alcohol increases health problems. Long term alcohol consumption causes the cerebral and cerebrum degeneration. Decision making, reasoning and memory are most likely to be affected if person is using large amounts of alcohol. Mental functions can at least partially recover if person stops alcohol consumption. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 31)

Sleep

Person who uses small amounts of alcohol, small dosage of alcohol can relax, take away anxiety and therefore help the person to fall asleep faster. Large amounts of alcohol effect on the sleep pattern by blocking the REM sleep which is vital for mental well-being. After large amount of alcohol intake sleep is often restless and light. Alcohol also increases snoring and apnea. For a person who uses sleeping pills, the alcohol increases the effect of the medicine. Sleeping pills effect longer in an elderly body, therefore there still risk of side effect even if they are not taking simultaneously. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 31)

Nutritional deficiencies

Food supplies energy and provides the building blocks needed to replace worn or damaged cells and the nutritional components needed for body function. Alcoholics often eat poorly, limiting their supply of essential nutrients and affecting both energy supply and structure maintenance. Furthermore, alcohol interferes with the nutritional

process by affecting digestion, storage, utilization, and excretion of nutrients. (National Institute on alcohol abuse and alcoholism, date, 13.05.2014)

Alcohol contains lots of energy. Even moderate daily alcohol use increases the risk of obesity, if the alcohol is consumed on top of the regular diet. Alcohol causes also fatty liver. Alcoholic person get most of their daily energy from alcohol, which includes almost none of the vital vitamins and minerals what human body needs. Diet becomes unbalanced. Large alcohol consumption can also lead to deficiency in nutritional digestion. Most significant digestion malfunctions are usually related to organ damages like liver and pancreatic diseases. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 32)

Medications

The combined effect of alcohol and medicines within elderly has not been studied enough. However there has been several researches which are closely related and therefor some conclusions can be made. It is very well known fact that we do not know enough about the combined effect of the medicines and that that effect can be very individual. We also know that elderly use a lot of medication which effect on the central nervous system like pain killer, sleeping pills, sedatives and anti-depressant. (Viljanen, M., A-klinikka säätiö, date, 22.04.2014)

The aging changes how the organs react to the medications. When the person is getting older the metabolism may slow down. This may lead to a situation where combined effect of the alcohol and medicine might still occur after longer period of time. (Viljanen, M., A-klinikka säätiö, date, 22.04.2014)

When consuming alcohol in an empty stomach or when a person is using laxative, this causes the alcohol level to rise quickly in a human body. Alcohol irritates stomach mucous membranes and increases the effect of anti-inflammatory drugs and therefore increasing the risk of gastrointestinal bleeding. (Alanko, A. & Haarni, I. 2007, 38)

Medicines which shouldn't be used with alcohol are sleeping pills, sedatives, some of the pain killers, epilepsy medications, some anti-depressant, allergy medicines, motion

sickness and diabetes medicines. Medicines which need precaution if taking alcohol are diabetes medications, anti-inflammatory drugs, cardio vascular medicines, viagra and anti-coagulant medicines. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 32)

Examples of some medicines commonly used by elderly and the effect it might cause if taken with alcohol:

Antibiotics. In combination with acute alcohol consumption, some antibiotics may cause nausea, vomiting, headache, and possibly convulsions; among these antibiotics are furazolidone, griseofulvin, metronidazole, and the antimalarial quinacrine. Isoniazid and rifampin are used together to treat tuberculosis, a disease especially problematic among the elderly and among homeless alcoholics. Acute alcohol consumption decreases the availability of isoniazid in the bloodstream, whereas chronic alcohol use decreases the availability of rifampin. In each case, the effectiveness of the medication may be reduced. (Alcohol screening, date, 10.05.2014)

Anticoagulants. The most commonly used medicine for anticoagulant is called varfarin (Marevan®). Marevan dosages are controlled for each individual, because of each human genome is different and therefore the amount of medicine needed differs also. High consumption of alcohol is not compatible with marevan treatment, and can be dangerous. In this case the marevan treatment should be stopped. (Mustajoki, P., Ellonen, M., 2014)

Antidepressants. Alcoholism and depression are frequently associated, leading to a high potential for alcohol-antidepressant interactions. Alcohol increases the sedative effect of tricyclic antidepressants such as amitriptyline, impairing mental skills required for driving. Acute alcohol consumption increases the availability of some tricyclics, potentially increasing their sedative effects; chronic alcohol consumption appears to increase the availability of some tricyclics and to decrease the availability of others. The significance of these interactions is unclear. These chronic effects persist in recovering alcoholics. (Alcohol screening, date, 10.05.2014)

Cardiovascular medications. This class of drugs includes a wide variety of medications prescribed to treat ailments of the heart and circulatory system. Acute alcohol consumption interacts with some of these drugs to cause dizziness or fainting upon standing up. These drugs include nitroglycerin, used to treat angina, and reserpine,

methyldopa, hydralazine, and guanethidine, used to treat high blood pressure. Chronic alcohol consumption decreases the availability of propranolol, used to treat high blood pressure, potentially reducing its therapeutic effect. (Alcohol screening, date, 10.05.2014)

Sedatives and hypnotics. Benzodiazepines such as diazepam (Valium) are generally prescribed to treat anxiety and insomnia. Because of their greater safety margin, they have largely replaced the barbiturates, now used mostly in the emergency treatment of convulsions. Doses of benzodiazepines that are excessively sedating may cause severe drowsiness in the presence of alcohol, increasing the risk of household and automotive accidents. This may be especially true in older people, who demonstrate an increased response to these drugs. (Alcohol screening, date, 10.05.2014)

Accident risk

When getting older many of the senses are declining. The main risk factors i.e. for falling down are muscle weakness, weakening of the balance control and eye sight as well as combination of different medicines. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 34)

Mental illness

Alcohol and mental illness are often seen together. Consuming large amount of alcohol and the heavy drinking habits decrease the state of mental health. Depression, anxiety, tension, various emotional problems and self-esteem weakness can be either causes for the alcoholism or they can be consequences as well. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 33)

For some older people, particularly those with lifelong histories of depression, the development of a disabling illness, loss of a spouse or a friend, retirement, moving out of the family home or some other stressful event may bring about the onset of a depressive episode. It should also be noted that depression can be a side effect of some medications commonly prescribed to older persons, such as medications to treat

hypertension. Finally, depression in the elderly population can be complicated and compounded by dependence on substances such as alcohol which acts as a depressant. (Duckworth, K., 2009)

Alcohol can also effect on the illness which the medicines are taken for. Alcohol itself can increase or decrease the effect of the medicines by affecting the metabolism rate. Same way some of the medicines can affect the absorption rate of the alcohol. Same way alcohol and medicine can increase each other's side effects. Even if the medicines and alcohol doesn't have effect to each other, alcohol might cause irregular medicine intake by affecting the schedule when the medicines should be taken. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 34)

2.5 Why alcohol is harmful in our body especially in elderly?

Older adults are more sensitive to the negative health effects of alcohol than their younger counterparts. This is due to their generally poorer health status and increased likelihood that they use medications that may interact with alcohol. In addition, the normal aging process is accompanied by certain physiological changes that can exacerbate the potential for harm. For example, a decrease in total body water and an increase in body fat in the elderly affect the body's ability to absorb and metabolize alcohol, resulting in higher blood alcohol concentrations than in younger people for the same amount of alcohol consumed. For older people, therefore, alcohol consumption, in some circumstances, may be associated with greater risk for injury and sustained heavy drinking is associated with a number of negative health. Drinking may be a particular issue for older women. Hormonal changes accompanying menopause may contribute to elevated risk of breast cancer with increased alcohol consumption levels. (International center for alcohol policies, date, 17.05.2014)

Drinking alcohol affects the body in many ways. These effects can lead to physical and mental changes that can put alcohol users and others at risk of injury or death. Possible dangers include falls, household accidents, and car crashes. When a person drinks beer, wine, or another alcoholic drink, the alcohol is quickly absorbed in the blood and then carried throughout the body. A drink of alcohol stays in the body for about 2 hours after being consumed. This period of time can vary depending on the person's weight, gender,

and other factors. When a person drinks, the concentration of alcohol in the blood builds to a peak and then goes down. At first, alcohol often makes people feel relaxed and happy. Later, it can make them feel sleepy or confused. (Nihseniorhealth-a, date, 11.03.2014)

Some of the alcohol's adverse health impacts can result from acute intoxication or being binge drinking, even in a person who does not have a longstanding or persistent drinking problem. Alcohol poisoning, acute pancreatitis and acute cardiac arrhythmias represent dangers of that kind. On occasion, some of these conditions may have failure, or cause the acute onset of brain damage. A third category of harm is chronic disease resulting from long-term exposure to high doses of alcohol, with cancers and cirrhosis being prime examples. (Babor, T., Caetano, R. & Casswell, S. 2004, 20)

Like many other diseases, alcoholism is typically considered chronic, meaning that it lasts a person's lifetime. However, we continue to learn more and more about alcohol abuse and alcoholism; and what we're learning is changing our perceptions of the disease. (National institute of alcohol abuse and alcoholism, date, 14.03.2014)

Through aging the body's activities change. In the aging cells the water content decreases and the fat content increases, the metabolism slows down, and many of the senses are impaired. Occurring dehydration of elderly leads to that the same amount of alcohol will produce a higher blood alcohol content compared while younger and getting drunk happens more easily. The consumption of alcohol may then become adverse, even if the usage of alcohol does not increase. In elderly the alcohol withdrawal symptoms become more severe and they last longer duration. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 25)

Drinking too much – on a single occasion or over time – can take a serious toll on your health. To the brain, alcohol interferes with the brain's communication pathways, and can affect the way the brain looks and works. These disruptions can change mood and behavior, and make it harder to think clearly and move with coordination. Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including: Cardiomyopathy – stretching and drooping of heart muscle, arrhythmias, irregular heartbeat, stroke as well as high blood pressure. Research also shows that drinking moderate amounts of alcohol may protect healthy adults from

developing coronary heart disease. Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including steatosis, or fatty liver alcoholic hepatitis, fibrosis and cirrhosis. Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion. Drinking too much alcohol can increase your risk of developing certain cancers, including cancers of the mouth, esophagus, throat, liver and breast. (National institute of alcohol abuse and alcoholism, date, 14.03.2014)

Drinking too much alcohol can weaken also the immune system, making your body a much easier target for disease. Chronic drinkers are more prone to diseases like pneumonia and tuberculosis than people who do not drink too much. Drinking a lot on a single occasion slows your body's ability to ward off infections – even up to 24 hours after getting drunk. (National institute of alcohol abuse and alcoholism, date, 14.03.2014)

Older adults who abuse alcohol usually display symptoms of anxiety, nervousness, memory impairment, depression, blackout, confusion, weight loss and falls. In addition, physical examination of an older adult may indicate the effect of alcohol in the various parts of the body systems. Therefore it should be assessed carefully for the signs and symptoms such as impaired sensations in the extremities, poor coordination, confusion, facial edema, alcohol on the breath, liver enlargement, jaundice, ascites, trembling or fidgeting, lack of attention to personal hygiene, and poor eating habits. Secondary problems may include malnutrition, compromised hepatic function, and osteomalacia as a result of compromised metabolism of the vitamin D, cardiomyopathy, atrophic gastritis, and decline in cognitive status, especially to memory and information processing. Alcohol abuse may not be accurately assessed in older adult because of the many alcohol abuse symptoms such as falls, bruise, cardiovascular problems, hypertension, and memory problem may be resemble other medical disease process. Therefore, if an adult displays these symptoms, it is imperative that the nurse assess for the possibility of alcohol abuse in addition to medical illness and disease. (Annette, G. 2000, 395)

Alcohol affects men and women differently. In general, older men are more likely to drink alcohol compared with older women. But women of all ages are often more

sensitive than men to the effects of alcohol. Women's bodies tend to break alcohol down more slowly. Also, women have less water in their bodies than men, so alcohol becomes more concentrated. As a result, women may become more impaired than men after drinking the same amount. That is why the recommended drinking limit for women is lower than for men. (Nihseniorhealth-a, date, 11.03.2014)

Drinking for a long time is more likely to damage a woman's health than a man's health. Research suggests that as little as one drink per day can slightly raise the risk of breast cancers in some women, especially those who have been through menopause or have a family history of cancer. (Nihseniorhealth-a, date, 11.03.2014)

Many older adults take medicines, including prescription drugs, over-the-counter (non-prescription) drugs, and herbal remedies. Drinking alcohol can cause certain medicines to not work properly and other medicines to become more dangerous or even deadly. Mixing alcohol and some medicines can cause sleepiness, confusion, or lack of coordination, which may lead to accidents and injuries. It also may cause nausea, vomiting, headaches, and other more serious health problems. (Nihseniorhealth-c, date, 11.03.2014)

Some medicines and alcohol don't mix because dozens of medicines interact with alcohol and can be harmful. In example, taking aspirin or arthritis medications and drinking alcohol can increase the risk of bleeding in the stomach, taking the painkiller acetaminophen and drinking alcohol can increase the chances of liver damage, cold and allergy medicines that contain antihistamines often make people sleepy. Drinking alcohol can make this drowsiness worse and impair coordination. Drinking alcohol and taking some medicines that aid sleep, reduce pain, or relieve anxiety or depression can cause a range of problems, including sleepiness and poor coordination as well as difficulty breathing, rapid heartbeat and memory problems. Drinking alcohol and taking medications for high blood pressure, diabetes, ulcers, gout, and heart failure can make those conditions worse. (Nihseniorhealth-c, date, 11.03.2014)

How much alcohol is too much?

65 years old and above, should not consume more than two doses of alcohol at once. Maximum regular weekly serving should not be more than 7 servings. If elderly has

sickness or medications, many times these amounts are already too much. Therefore it is important, that elderly should be aware of the alcohol serving limits.

How much is one serving?

1 bottle (33 cl) beer, cider or long drink.

1 glass (12 cl) red or white wine.

1 small glass (8 cl) sherry, madeira, vermouth or any other stronger wines.

1 shot (4 cl) spirit, cognac, whiskey, rum or liquor.

How many servings?

1 pint or can (50 cl) beer = 1,5 servings.

1 bottle (33 cl) Alko's beer or similar = 1,3 servings.

1 bottle of wine (75 cl) red-/white wine = ~6 servings.

1 box of wine (2 l) red-/white wine = ~16 servings

1 bottle (75 cl) of strong wine = ~9 servings

1 half liter bottle of (50 cl) spirit of cognac = ~12 servings

(Sosiaali- ja terveystieteiden ministeriö, 2006)

In general, healthy men and women over the age 65 should not drink more than three drinks a day or a total of seven drinks a week. Drinking more than these amounts puts people at risk of serious alcohol problems. However, people can still have problems within these limits. Depending on their health and how alcohol affects them, older adults may need to drink less than these limits or not at all. Do not drink if you plan to drive a vehicle or operate machinery, take medicines that interact with alcohol, or have a medical condition that can be made worse by drinking. (Nihseniorhealth-b, date, 11.03.2014)

2.5.1 Problems of recognizing alcohol problems in elderly

Alcohol problem among the elderly is not easy to diagnose especially when they are living alone at home and need help from the nursing home care unit few times in a week. Most of them try to hide their alcohol problem by not drinking before the

healthcare worker will visit. Some are being diagnosed only after when they got already some sort of accident like falling, got fractures, sleep disturbance, sickness, undernourished, and poor hygiene that they are being found out that they are having already severe alcohol problem.

For those drinkers, who have drink through their life, the more severe psycho-physical symptoms begin to appear in the older age: motor function deteriorates, with drawl is more difficult, walking may become atactic (shaky, difficult to coordinate), dementia symptoms appear, etc. those who have drink more at working age, but already abstinent, should be aware that alcohol-related damage done in youth, might occur more strongly with aging. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 26)

Not everyone who drinks daily has a drinking problem. And, not all problem drinkers have to drink every day. You might want to get help if you, or a loved one, hides or lies about drinking, has more than seven drinks a week or more than three drinks in one day, or gets hurt or harms others when drinking. (National institute on aging, date, 17.03.2014)

The alcohol abuse risk factors in elderlies are gender, death of spouse or member of the family, illness and disabilities. Also other factors are depression, anxiety, other mental health disorder, variety of life crisis and the feeling of loneliness or the alcohol abuse positive disposition circle of friends. Retirement and release of liability, learning alcohol use at young age for example using alcohol as a way to manage stress situation, shame and guilt as well as pleasure-seeking life. (Levo, T., Viljanen, M., Koivula, R. & Aira, M., 2008, 54–55)

2.5.2 Ways to prevent excessive alcohol use among elderly

Many older adults decide to quit drinking in later life. There are many things person can do to cut back or stop drinking such as, counting how many ounces of alcohol they are getting in each drink, keeping track of the number of drinks they consume each day. Deciding how many days a week a person wants to drink. A person can plan some days that are free of alcohol. They should always pace themselves when they are drinking. They shouldn't have more than one alcoholic drink in an hour. Instead of alcohol,

person should drink water, juice, or soda. Person should always take something to eat before drinking. Alcohol will enter the body system more slowly, if the person has eaten some food before drinking. Person should ask support from their family and advice from healthcare provider to get the help they need to quit. (National institute on aging, date, 17.03.2014)

Person should take time to plan ahead some things that he/she can do by developing interests that don't involve alcohol. Person should avoid people, places, and times of day that may trigger them for drinking. To plan what he/she will do if they have an urge to drink. They should learn how to say "no, thanks" when they are offered an alcoholic drink. Person should always remember to stay healthy for the fun things in life - birth of a grandchild, a long hoped for trip, or a holiday party. (National institute on aging, date, 17.03.2014)

Elderly can seek help from the healthcare worker or from the local healthcare center and from A-Clinic Foundation. A-Clinic is a foundation which operates to reduce alcohol, drugs and other addiction problems.

The A-Clinic foundation operates to reduce alcohol, drug and other addiction problems by providing versatile professional services. Through its regional units, the Foundation provides treatment, detoxification and rehabilitation services in order to improve the quality of life for both people with addiction problems and their families. (A-Clinic foundation, date, 25.04.2014,)

Particular attention is needed to preparing health providers to be able to adequately address the needs of the elderly. Recognizing and assessing problems may require special skills and tools not used for the general population. However, it is important that these approaches are integrated into the primary healthcare system, and that they are sensitive to the changing needs of an ageing population. In addition, attention is needed to follow-up care for older patients treated for substance abuse. Currently, they are less likely (than younger individuals) to receive aftercare. (International center for alcohol policies, date, 17.05.2014)

It has been suggested that the elderly are less likely than younger individuals to seek medical assistance; this is particularly true for older adults with harmful drinking

patterns, who also tend to be less likely to use preventive medical services recommended for their age group (e.g., mammogram, vaccinations, and glaucoma screening). Therefore, other venues may be an appropriate means of delivering targeted interventions to them. These may include pharmacies, senior centers, or other venues where the elderly are likely to gather. Particular attention is needed to those older individuals who are housebound and therefore even less likely to interact with health professionals. (International center for alcohol policies, date, 17.05.2014)

3 ELDERLY AT HOME ALONE AND ALCOHOL

3.1 Elderly being alone at home

Home care service goal is to support and help elderly with their daily routines. The goal and wish is that the patient can be responsible of their own life immediately when they are capable of. Working with the elderly who has alcohol problem has been difficult and frustrating, because the alcohol abuse is a difficult topic to talk about. When healthcare worker sees the patient is ashamed and secretive about their drinking problem, the healthcare worker becomes emphatic and doesn't talk about the problem anymore. (Alanko, A. & Haarni, I. 2007, 48)

Elderly home care services suffer from shortage of laborer and there is not necessarily enough time for the elderly. Workers have little or no knowledge of the substance abuse. However, they have a lot of knowledge of human encounter and they usually know their customer very well.

Home care unit often faces the most difficult problems. Other services can refuse to take the substance abuser, but the home is the last place where the elderly can be. On the other hand the experience is also that the elderly substance abuser may not always get the help, even if the patient is under the home care service.

A number of home care teams meet substance abuse problems every week. Most of them are multiple sicknesses, and they are prone to mental health problems. Home care unit are very concerned what medications can be given to this kind of person. (Viljanen M., A-Klinikasäätiö, date, 22.04.2014)

Elderly person is in a process of deterioration in some of the physical and mental functions, as well as their psychological state. These deteriorations are risk factors that can cause fall, accidents, depression and most of all health problems. That is why elderly should be given more attention, help or be monitored in order to know their health condition specially that they are living alone at home. Through the nursing home

care staff, planning can be provided for the elderly who need help with their daily routines or with their medication.

There are many reasons why people get involved with alcohol, but the reasons vary between the different individualities and personalities. Some of the older people choose to live alone at home despite of the loneliness they may feel, because for them living at their own home gives them more relaxed environment and they want it while they still can. But in to other people, being alone, losing someone, sickness, fear of death triggers them to use alcohol in order for them to try to forget. Children or relatives live in other town or sometimes elderly doesn't have anyone close who lives nearby. Or some might not have children or relatives at all.

Being alone at home and taking some alcohol can really cause a big problem, if not to be taken care of. Especially if elderly is the one who is already having some health problem and using too much alcohol, which is really a big risk. Through this study I can help to gather information and data on, how many elderly at home care service, are using alcohol and who are already at risk.

3.2 Alcohol problem among elderly at home

Gerontology expert Tuula Kankainen claims that in home care elderly's alcohol problem is been used to, but fear of shame has prevented to really act on this problem. In the healthcare this problem has been avoided by saying that it belongs to the social care. The overall responsibility, the functionality of multi-professional network and the common means how to handle elderly alcohol problems treatment and methods, has been left unclear. Gerontology and alcohol rehabilitation work have not encountered. (Alanko, A. & Haarni, I. 2007, 47-48)

It is estimated that in Finland 5-10% over 64 years old, at least sometimes are using alcohol at excessive amounts. Approximately 1% of this age group has prolonged alcohol dependency. Most of the elderly who has alcohol problem is expected to remain hidden from the statistics. (Suhonen, H., Päihdelinkki, 2009)

Older people are particularly vulnerable group in terms of excessive use of alcohol. Alcohol tolerance, binge behavior and alcohol abuse differs from young age. Illnesses brought by aging, impairment and medication together with alcohol are unpredictable risk. Cognitive symptoms caused by excessive use of alcohol compared to early stages of dementia are, at least to the layman, difficult to separate. Loneliness, depression, and experiences of alienation with excessive alcohol consumption revolve usually around each other in old age. (Suhonen, H., Päihdelinkki, 2009)

Lack of suitable care models and information of the elderly has also been seen as deficiencies of care. For some of the elderly, suitable model is when a doctor carries out a mini-intervention. For others, e.g. working through traumatic experiences requires a longer psychotherapy. After exploratory phase, older people tend to respond well to the treatment. Older women often are more ashamed of their condition, which is why the threshold for the treatment is often also high. (Suhonen, H., Päihdelinkki, 2009)

Often when facing an elderly with alcohol problem, a powerful actions in practice calls co-operation of home care, healthcare, rehabilitation professional and effective case management. Response to the treatment of the elderly is at least at the same level as in the younger age groups. (Suhonen, H., Päihdelinkki, 2009)

4 RESEARCH PROBLEM

The purpose of this thesis was to describe how widespread alcohol problem is among elderly, who are under the home care services. Also one of the purposes was to find out the situations, environment and plausible causes for using alcohol.

The aim of this study was to gather data, provide and present the information to the healthcare home care workers. All the clients were also informed about this matter. Through this research, the healthcare workers of the home care unit will have better knowledge and idea of those clients who belong to the risk group of excessive alcohol users. Also the probability of the risk group clients to get necessary help increases. To find out, who are having alcohol problem among elderly who are under the nursing home care, some interviews has to be made.

The study task was to conduct interviews of the clients with the use of pre-made questionnaires and personally visit the clients in their respective home. The other task also is to make sure that the client's right and confidentiality are protected throughout this research process.

The research problem questions are as follows:

1. How many clients in the home care unit have a problem with alcohol consumption?
2. How well do clients at home care know the dangers of alcohol and do they know where to seek for help?
3. Under what kind of circumstances the clients at home care use alcohol?

5 METHODS

The methodological research in use in this thesis is quantitative research. Quantitative research emphasizes on the object measurements and numerical analysis of collected data throughout the questionnaires or surveys in order to define the case under the study. This type of research is about asking opinions from people in a structural way to produce fact and statistics that will be used in the study. With this quantitative research project it can be used to generalize some concepts more widely and to predict future results or it can be used to investigate causal relationship which is the principle of or relationship between cause and effect. (Babbie, E., 2010, date, 02.04.2014)

Making the research in the home care requires necessary permits to be applied. I gathered all the information as well as made the questioner in advance and submitted it my adviser to be checked. Once achieving the necessary permits, I started my home to home visits with my clients to conduct the interviews to gather information needed for this research.

Pre-made structural questionnaires are used and home visit are to be rendered in order to obtain the necessary information needed for the research. The structural questionnaires are made in Finnish in order for the clients to read and understand the, if they want to read it by themselves. Once the necessary permits were granted, I went to meet the home care team head nurse and supervisor, where I got the first list of the clients to be interviews. I contacted the clients first through phone call and set a date for my visit. Then I conducted the home visit to the client to do my interviews. The clients were interviewed with the used of the questionnaire forms. Questionnaire forms are attached in the thesis Appendix 1.

5.1 Research target group

The target groups of this research are elderly people, who are under the care of home care service. I chose them as my target group, because they are the people who are living mostly by themselves alone at their own home and most of them have health

problems and that is why they need healthcare services. They are seldom being visited by their families or relatives and most of the time they are just alone at home. Being alone at home, can cause loneliness, which it can cause or lead to many different kind of problems like depression, excessive alcohol use and even sickness. That is why this group of people should have something to do to spend their time. Things such as elderly clubs, hobbies and other gathering, that doesn't involve alcohol. This way, their mind will be diverted, if they have something to do in order to avoid some problems and also this improves their daily lives. With the use of the quantitative research and the questionnaire forms, I can figure out how many elderlies are using too much alcohol.

Screening for problem drinking in the elderly is often underutilized and may not accurately reflect the nature and extent of problems. There is evidence that the tools used for screening younger populations, such as standard questionnaires and other instruments, may not be adequate for use among the elderly. It may be difficult to discern certain markers of problems such as decreased productivity, family problems, and decreased social participation among changes that accompany ageing. In fact, problems related to harmful drinking may be confused with other consequences of ageing. (International center for alcohol policies, date, 17.05.2014)

5.2 Data collection

The data was collected by interviewing with the use of the pre-made structural questionnaire forms in which can be found at the appendixes. I personally visited the client's home from Monday to Friday during the morning or afternoon on the month of June and July. I did my interviews alone, except for one time that the clients didn't answer the phone call that I made to inform about my interview plan. So I visited the client with healthcare worker who was attending the client that day. I originally estimated that the interviews of each client's would take around 10-15 minutes, but this estimate didn't go as planned.

I went to interview the clients almost every day weekday, before or after my work. I interviewed 2-3 clients per day and more during my day offs from work. The interviews were originally planned to last 10-15 minutes, but it took me almost 30-45 minutes per clients. The interview lasted longer due to the client's interest to talk someone. Most of

them even commented that “it was a good idea that this interview had happened because they got a chance to talk to some other people during their vacant time”. Others were so delighted, that there is someone who came just to talk to them about alcohol, even if they don’t drink alcohol, but even just to know that somebody is monitoring about elderly alcohol use situation. I found it so warming when talking to the elderly and the way they cooperate to my interviews and their willingness in participating for this research. In the beginning the interview time was so tight due to the schedule that I made for the interview. I didn’t realize at all in the beginning, that the interview will last longer than 20 minutes per client. But after the first few interviews I had made, I noticed not having enough time to each client’s. So I adjusted the time planned for each client’s so that I will have enough time to spend with them and that I do not need to be in a hurry for the following scheduled interviews. From then on I always made sure that I had enough time to spend to every elderly that I got to interview with.

5.3 Analysis

The data was analyzed by statistical methods. The components of descriptive analysis were frequency, mean and percent. These two components are mainly used when analyzing the interview results in this research.

In this research, no other statistical methods were used, because the amount of interview was only 20, and therefore it was not possible to study connections between variables reliably.

Clients who were not using alcohol were not expected to answer all of the questions, since they were related to alcohol use. One of the clients didn’t answer to the question number 12, but this has been noticed in the calculations.

6 RESULTS

Overall in this survey there were 20 clients from the three different home care teams, who agreed to be interviewed. There were 11 men and 9 women who participated in the interview. Men's age span was from 53 years old to 90 years old and the women age span was from 64 years old to 93 years old. The average age of the clients that was interviewed was 74.8 years old. Out of the 20 clients, 16 of them lived by themselves (10 men and 6 women). There were two whom live with their spouse and the other two lived with their relatives.

There were 4 clients out of 20 who are at the moment still consuming alcohol. There were three other clients who were consuming alcohol sometimes. The 85% of the client who were under the home care service needed help in medication, food service and everyday task. Few of them need special care like taking blood samples, blood pressure monitoring and one of them was bed patient.

From 20 clients 62.5% of them had received information or had read about alcohol related problem. There were five clients who got their information from their own doctors, three got it from their healthcare nurses, two got it by watching television or reading some books, one got the information from a friend, one knew it by himself as the clients spouse was a healthcare worker before and one got it from A-clinic personnel's because the spouse was once a patient in the A-clinic. Thing to be noticed, was that 32.5% of the clients didn't have any information or no one has told them anything about alcohol problems. One person didn't even answer this question.

During the interview some of the clients told that their drinking is social drinking, means that they drink with their friends in their home or at the friend's home. Other told that they drink by themselves, for example when going to have sauna, on the weekends and some special occasions. One of the clients drank at home, no matter what day of the week it was.

7 CONCLUSION

Based on this research there are two clear conclusions to be made. First of all, alcohol problem among elderlies in the home care is not a common problem. Based on the data gathered, only small percent of the clients are even using alcohol.

The other conclusion is that, even the percent of the clients who are using alcohol is small; the healthcare workers should still consider these clients more so that they could get necessary help and information regarding the dangers of alcohol.

8 RESEARCH RELIABILITY AND ETHICS

When selecting the research topic, there are different level ethical questions to be considered. The topic of the study as well as research problem can't offend anyone. The object of the study and research problem has to serve the actual goal of the research. Results will be usable in practice. Studied anonymity is guaranteed. (Leino-Kilpi, H., Välimäki, M., 2003)

In order to do my interviews, first I needed to apply permit from the Oulu City. As soon as I got the necessary permit signed, I then presented the permit to the head supervisor of the home care unit. After that, I was able to start doing the interviews.

There were ~90 clients overall from three different team in the home care health unit where I did my research. I had 20 clients in total, that I got a chance to interview for this thesis, which is 22.22% of the total amount of clients in this home care unit. These 20 clients were the ones who are still able to answer the questions and who gave permission to be interviewed. Since this interview was voluntary as all interviews are, the clients were being asked first by the healthcare staff for the permit to be interviewed. After the client's approval to be interviewed, I called them to set for the date and time of my visit to do the actual interviews. I personally did the interviews by visiting the clients in their homes. All interviewees were treated equally and interview did not cause them any harm in any way. The interviews also did not have any effect on the client's treatment or care.

It would had been better, if I could have had more clients, because the more the clients there is, more information I could have gathered. One of the most important things upon doing this research was to consider the ethical point of view on behalf of the client's. Client's privacy and rights had to be considered in a way, that no such information would be released in this research that would jeopardize the client's confidentiality. No names of the clients were written in any of the questionnaires form nor were they mentioned in the research. Also it was important that no clients would get offended anyway by this research.

9 DISCUSSION

In my opinion this study went well and the information gathered was useful to the home care healthcare workers and home care unit in a way that they can use this research material for their knowledge. It would be a big help to the home care unit in Oulu or even in the whole Finland to have a much wider study about elderly and alcohol. As well as in the healthcare schools should also implement more studies or use the topic as a part elderly nursing care course or training. This would help the students to learn more about elderly and alcohol. For the clients itself, it gave them ideas where to seek help, if they needed some advices or help regarding alcohol use. Also the interview was a nice change in the daily routines of the clients, as it gave them excitement and social interactions with other people.

Based on my experience upon doing the interviews, this kind of interview would be beneficial also in other parts of Finland because they give insight of elderly's alcohol usage. Alcohol usage within elderly is not well studied field and it would need more information or data gathering so that it could be studied more in detail. *“Despite 2000 years of alcohol consumption, and several hundred years of harmful alcohol use, most publications on health effects have ignored the elderly, and most recent public concern in this field has centered on issues related to youth.”* (Whelan, G., 2014) This form of research in my opinion can already collect some useful data for the home care units. I even had wished that I would have had more than 20 clients to interview with. I was even trying to get some other clients from other home care units, but the permit that I got was only for the specific home care unit I applied for.

While doing this research, I gathered little by little some of the information from the books, newspapers, magazines as well as from internet and school materials regarding alcohol and the risks it causes. Every now and then I took note of some of the important information in order for me to learn more about the elderly people and alcohol. I also studied Geriatric during the spring of 2013 and the Gerontology in which it help me a lot with the theories in this research.

The experience I got from doing this research was invaluable, because I got a chance to get insight to a problem which has not been studied enough. I also learned, that by giving proper information or guidance to the elderly about alcohol, can give them awareness about the harmful effect to the body what the excessive alcohol use can cause. Listening to the client's opinion about the interviews gave me a glance on how much the elderly are longing for someone to talk to. This means that they would need more social interactions.

As much as I would love to gather more clients as I had wished for, it can still be possible in my opinion, that in the future, someone will be also interested to do similar research in other part of the city. This would give a lot of help to the healthcare worker to monitor and follow-up as well as give more knowledge to the elderly about the effect of alcohol in the body, and they would know the status of the alcohol use within their respective home care units.

In the future, this kind of research could be taken even further with such topics as: "How alcohol use and loneliness together affect elderlies in home care unit?", "How the healthcare worker handle alcohol problem among elderly in home care unit?", "Can loneliness at home care lead to alcoholism?" This kind of studies would produce even more useful information and could lead for better treatment for elderlies who are struggling with the alcohol.

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APPENDICES

Appendix 1. Questionnaire

Appendix 1

Lotes Paaso

Sairaanhoitaja opiskelija

Oulun Ammattikorkeakoulun SOTE Yksikkö

Opinnäytetyön kyselylomake

Alkoholin käyttö ikääntyneillä kotihoidon asiakkailla.

Oulu kotihoidon yksikkö

Kysymykset:

1.) Sukupuoli ja ikä?

- a. Mies
- b. Nainen
- c. Ikä: _____

2.) Asuu?

- a. Yksin
- b. Puolison kanssa
- c. Lähiomaisen kanssa

3.) Mikä on kotihoidon avun tarpeen syy?

- a. Lääkitys: _____
- b. Sairaus: _____
- c. Liikkumisongelma: _____
- d. Ruoka: _____
- e. Muu: _____

4.) Nautitko alkoholia?

- a. Kyllä
- b. Ei

5.) Mitä juot?

- a. Olutta/siideriä
- b. Viiniä
- c. Väkevää
- d. Muu: _____

6.) Kuinka usein?

- a. Joka päivä
- b. 2-3 kertaa viikossa
- c. Kerran viikossa tai harvemmin

7.) Tiedätkö paljonko on alkoholin normaali annos?

Vastaus: _____

8.) Montako annosta juot? (Annos = 1 olut/ 4 cl)

- a. 1-2
- b. 3-4
- c. 5-6
- d. Enemmän

9.) Minkä ikäisenä olet aloittanut nauttimaan alkoholia?

Vastaus: _____

10.) Onko suvussasi esiintynyt päihdeongelmaa?

- a. Ei
- b. Kyllä

11.) Miten juot alkoholia?

- a. Yksin
- b. Ystävän kanssa
- c. Sukulaisten kanssa
- d. Muu: _____

12.) Onko kukaan kertonut sinulle alkoholiin liittyvistä ongelmista?

- a. Ei
- b. Kyllä

JOS TODENNÄKÖISTÄ, ETTÄ ON ALKOHOLIN KÄYTTÖ ON LIIAN SUURTA:

13.) Tiedätkö, kuka voi neuvoa sinua päihdeongelmissa?

- a. En
- b. Kyllä

14.) Oletko ajatellut lopettaa alkoholin käyttöä?

- a. Ei
- b. Kyllä

15.) Tarvitsetko mielestäsi apua päihdeongelmaan?

- a. Ei
- b. Kyllä Jos vastaus kyllä, millaista?

16.) Onko sinulla kysymyksiä tai kommentteja liittyen tähän kyselyyn?

KIITOS. ☺