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Problem Drinking and Associated Factors in Older Adults in South Africa

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Background

- Alcohol abuse poses special risks for increased morbidity and mortality among older adults.
- Little attention has focused on assessing alcohol use and associated factors among older adults in transitional societies such as South Africa

Sample

- We conducted a national population-based cross-sectional study with a sample of 3840 aged 50 years or older in South Africa in 2008.
- In this study we analysed data from all 2144 participants who were over 60 years old.
- The SAGE sample design entails a two-stage probability sample that yields national and sub-national estimates

Measures-1

Alcohol use frequency and average consumption was assessed; first “In the last 12 months, how frequently [on how many days] on average have you had at least one alcoholic drink?” Response options included 1=less than once a month to 4=five or more days a week; second “In the last 12 months, on the days you drank alcoholic beverages, how many drinks did you have on average? Response option is the number of drinks.

Risky drinking was defined in two ways: heavy drinkers (>7 drinks/week) and as binge drinkers (>3 drinks/one occasion/week).

These are considered Risky Drinking according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Exceeding these limits is associated with interpersonal and functioning problems for elders

Measures 2

Anthropometry. Height, weight, waist and hip circumferences

Physical activity was measured using the General Physical Activity Questionnaire (GPAQ).

Overall self-rated health status

Activity limitation (difficulty an individual may have in executing task or actions) was assessed with one item “Overall in the last 30 days, how much difficulty did you have with work or household activities?”

Symptom-based depression in the past 12 months was assessed based on the World Mental Health Survey version of the Composite International Diagnostic Interview science that makes a difference

Sample characteristics

Socio-demographic		N=2144	%
Gender	Male	881	42.2
	Female	1263	57.8
Age (years)	60-69	1233	61.1
	70 and over	911	38.9
Population group	African Black	1134	70.7
	White	170	11.6
	Coloured	375	13.1
	Indian or Asian	165	4.5
Marital status	Single	212	10.2
	Married	1014	52.1
	Separated/Divorced	101	4.7
	Widow	779	33.0
Education level	Less than primary	1119	51.2
	Primary	492	22.5
	Secondary	415	21.5
	More than secondary	86	4.8
Geolocality	Rural	749	36.8
	Urban	1392	63.2
Alcohol use	Ever used alcohol	548	23.7
	Alcohol use in past month	292	10.7
Risky drinking	Heavy drinker	106	4.0
	Binge drinker	97	3.7
Co-morbidity	Hypertension	700	36.7
	Diabetes	237	11.3
	Depression	68	3.7
	Tobacco use	435	18.6
	Obesity	839	45.8

Associations-1

	Heavy drinker		Binge drinker	
	UOR (95% CI)	AOR (%% CI)	UOR (95% CI)	AOR (%% CI)
<i>Gender</i>				
Female	1.00	1.00	1.00	1.00
Male	3.80 (1.64-8.83)**	3.55 (1.05-12.02)*	3.53 (1.52-8.20)**	3.79 (1.38-10.37)*
<i>Age</i>				
60-69	1.00	1.00	1.00	1.00
70 and over	0.66 (0.36-1.23)	0.59 (0.30-1.16)	0.48 (0.22-1.05)	0.41 (0.16-1.04)
<i>Population group</i>				
African Black	1.00	1.00	1.00	1.00
White	1.55 (0.54-4.44)	1.95 (0.75-5.10)	2.10 (0.84-5.28)*	3.01 (1.31-6.89)*
Coloured	0.63 (0.18-2.15)	0.49 (0.17-1.46)	0.53 (0.20-1.46)	0.48 (0.20-1.18)
Indian or Asian	0.47 (0.12-1.93)	0.40 (0.06-2.85)	0.52 (0.13-2.14)	0.51 (0.08-3.30)

Associations-2

	Heavy drinker		Binge drinker	
	UOR (95% CI)	AOR (%% CI)	UOR (95% CI)	AOR (%% CI)
<i>Marital status</i>				
Single	1.00	1.00	1.00	---
Married	2.59 (1.33-5.04)**	1.84 (0.70-4.88)	1.63 (0.74-3.55)	
Separated/Divorced	1.39 (0.35-5.55)	0.87 (0.14-5.46)	1.90 (0.46-7.90)	
Widow	1.12 (0.53-2.37)	1.05 (0.47-2.34)	0.83 (0.33-2.10)	
<i>Educational level</i>				
Less than primary	1.00	1.00	1.00	1.00
Primary	0.92 (0.48-1.79)	1.00 (0.49-2.05)	0.77 (0.39-1.51)	0.82 (0.43-1.57)
Secondary	0.80 (0.33-1.98)	1.44 (0.41-5.00)	1.06 (0.46-2.46)	1.26 (0.45-3.49)
<i>Wealth</i>				
Low	1.00	1.00	1.00	1.00
Medium	0.66 (0.37-1.17)	0.62 (0.32-1.18)	0.59 (0.32-1.09)	0.54 (0.27-1.09)
High	0.75 (0.27-2.11)	0.61 (0.23-1.18)	0.86 (0.33-2.26)	0.70 (0.28-1.73)
<i>Geolocality</i>				
Rural	1.00	---	1.00	---
Urban	1.14 (0.57-2.31)		1.32 (0.64-2.70)	

Associations-3

	Heavy drinker		Binge drinker	
	UOR (95% CI)	AOR (%% CI)	UOR (95% CI)	AOR (%% CI)
<i>Co-morbidity</i>				
Hypertension	0.72 (0.30-1.71)	---	0.92 (0.41-2.08)	---
Diabetes	0.12 (0.03-0.45)**	0.28 (0.06-1.27)	0.40 (0.13-1.24)	---
Depression	1.11 (0.48-2.59)	---	0.88 (0.29-2.66)	---
Tobacco use	7.27 (3.09-17.12)***	6.35 (2.47-16.33)***	5.26 (2.31-11.96)***	5.25 (2.20-12.52)***
Obesity	0.12 (0.06-0.23)***	0.13 (0.05-0.32)***	0.12 (0.06-0.27)***	0.14 (0.05-0.35)***
Subjective health status (bad/very bad)	1.03 (0.49-2.14)		0.94 (0.44-2.01)	
Activity limitation (Low, Moderate, High)	0.96 (0.62-1.50)		0.90 (0.59-1.39)	
Physical activity				
High	1.00		1.00	
Moderate	0.67 (0.30-1.47)		0.48 (0.19-1.25)	
Low	0.65 (0.31-1.38)		0.59 (0.26-1.36)	

Both heavy and binge drinking were adjusted mutually by gender, age, educational level, wealth and depression

Discussion-1

The study found that there was a decrease of alcohol use with age but this was not significant, as found in some other studies.

This would indicate that daily drinking would pose an increasing problem as with aging and would require specific attention.

Discussion-2

In concordance with other studies this study found an association between tobacco use and hazardous or harmful drinking.

Public health interventions should address multiple substance use risk behaviour.

The finding that obesity was protective of risky drinking in both older women and men is less clear

Conclusion

This study reveals moderate rates of risky drinking among older adults (60 years and more) in South Africa that puts them at risk of morbidity.

Alcohol problems among older adults are commonly under-recognized needing health care worker intervention.

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