



Cognitive Decline Symptoms in Elderly People Due to Consumption of Alcohol

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ABSTRACT

To study alcohol consumption in older Norwegian adults with symptoms of cognitive impairment, assess the consistency between reports of older adults and their immediate relatives about an individual's alcohol consumption, and examine the clinical and socio-demographic variables associated with the agreement. Alcohol consumption was measured in 3608 older adults seeking specialist medical care for symptoms of cognitive impairment. The agreement between the participant and his family members regarding the participant's alcohol consumption was rated with a weighted kappa (κ). Logistic regression analysis for hierarchical data was used to examine variable associated with the match. Both participants and their family members indicated that more than 20% of participants drank one to three times a week, and that about 10% drank four or more times a week. The participant's relationship report for alcohol use was high ($\kappa=0.852$), and the variables associated with consent were no cognitive impairment, no alcohol in previous year or never as reported by the participant, and low levels of agitation on a psychiatric assessment.

Keywords: Alcohol; Dementia; Cognitive decline; Elderly people

DESCRIPTION

Dementia is a syndrome characterized by cognitive impairments and impairments in psychological, behavioral, social, and daily functions caused by a variety of diseases that affect up to 50 million people worldwide and despite with falling incidence rates, the total number of cases is expected to triple by 2050 due to the rapid aging of the population. A recent study by the National Advisory Unit on Aging and Health Norway estimates that 101,000 Norwegians currently have dementia, and that number is likely to more than double by 2050. The connection between dementia and alcohol has been discussed for many years; although the short-term neurotoxic effects of alcohol are well documented, the precise role of alcohol in the Developing dementia is complicated. The link between binge drinking and dementia was clearer, however, and a recent high-quality Lancet Commission 2020 study provides further support for this claim. Their meta-analysis found that consuming >21 units of alcohol per week increased the risk of developing dementia with a relative risk of 1.18 (95% CI 1.06; 1.31) compared to the lightest consumption. In Norway, older adults consume almost twice as

much alcohol as they did a few decades ago. This development is worrying given the role of alcohol in dementia and its potential negative effects on physical health, especially in older adults and because alcohol can worsen existing cognitive impairments. Dementia is independently associated with poorer health and cognitive decline, and the interaction between them could potentially worsen symptoms of both. As a result, rising consumption rates are likely to increase the need for care and treatment, which in turn will increase the burden on the health system, and knowledge about alcohol consumption is a problem, especially in older people with cognitive impairments-it is rare, although the Norwegian government has made a commitment to give priority to people with alcohol problems. What we know about older adults with cognitive impairment is that they tend to be less likely to report about their alcohol consumption, due to memory problems, the use of alcohol as a self-medication, and the stigma associated with alcohol consumption. In general, it is possible that people who drink a lot are also more likely to be under-registered. As a result, health workers run the risk of underestimating the effects of alcohol on their patients' health. Older patients about alcohol and even when asked, their

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accuracy in assessing alcohol consumption may not be ideal. Interviewing a close relative other than the patient about the patient's alcohol consumption could improve the alcohol consumption assessment. Little is known about the degree of correspondence between these two sources of information, but such knowledge could provide valuable information for both clinicians and policy makers. An accurate assessment is important not only alone, but also because alcohol consumption is essential information in diagnosing dementia and developing treatment plans. This paper has two main objectives: first, to outline the patterns of alcohol consumption in older adults who consult health care professionals about symptoms of cognitive impairment; second, we will assess the consistency between the reports of the participants and their families. Regarding the participant's alcohol consumption and examine clinical and socio-demographic variables that are related to whether or not these two sources of information match.

CONCLUSION

This article examined the alcohol use patterns of cognitively impaired older adults and found that more than 20% of participants drank alcohol one to three times a week, while about 10% drank alcohol four or more times a week. To indicate that a close relative can be a reliable source of information about alcohol use by older adults, and the agreement between the two sources is highest when the older adult states that he or she does not drink or drink 4 to 7 times a week and shows no signs of cognitive decline or arousal. Healthcare workers should consider these results when performing medical assessments or developing interventions for older adults. It is hoped that these results may strengthen the assessment and management of older adults with cognitive impairment and improve the situation of their careers and immediate family members.