

Continued from previous page activity, because it can mean a lot of things.” Sometimes, just doing *something* — getting the word out and

starting the dialogue — is a worthy accomplishment.

Dr. Huss agreed, noting that conversations can make a real and powerful difference. He recalled a patient who

came to him with confusion and hallucinations, which he diagnosed as Lewy Body dementia. “We talked, and he was adamant that he didn’t want to spend his last days in the hospital, and he didn’t

want aggressive measures. We talked about hospice, and he and his family agreed that this was a good option for him.” The patient entered hospice soon after and passed away peacefully at home a few weeks later. The early conversations prevented surprises and uncertainty in the last weeks and gave the patient and his family peace and comfort.

Visit the NHDD website (<https://www.nhdd.org/>) for more information, resources, and ideas. 

Caring for Consumers

From Cheers to Complications: Is It Okay for Older People to Have a Drink?

Michael Fingerhood, MD, FACP, associate professor of medicine and public health at Johns Hopkins University, talks about older adults and alcohol consumption.

Many people enjoy a drink now and again, but excessive alcohol use can be a problem at any age. And drinking can have some particular risks for older adults, especially those who are ill and frail. It’s important to know the truth about alcohol to determine whether an occasional drink is okay for you or a loved one or whether one’s drinking habits suggest a problem.

Older people — including those in an assisted living community or nursing home — have a right to enjoy life, which may mean an occasional beer, wine, or cocktail. Older adults who want to drink, have no medical issues that prohibit it, and are taking no prescription or over-the-counter drugs that interact with alcohol may drink safely in moderation. For older adults, moderate drinking is no more than one drink per day, where a drink is defined as 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits. Of course, they should not drink immediately before going to bed or before driving or pursuing physical activity. It also is important to note that nursing home residents need a physician’s order to allow them to drink, and this will include a limit.

Drinking even small amounts of alcohol can be dangerous, however. It can lead to falls and various household accidents. Alcohol also is a factor in many suicides, car crashes, and homicides. Excessive drinking over time can cause or contribute to:

- Some forms of cancer, liver damage, immune system disorders, and brain damage
- Worsening existing problems such as osteoporosis, diabetes, and high blood pressure
- Memory loss and mood disorders (which may be confused with signs of Alzheimer’s disease)

It is important to watch for signs that you or someone you love has gone from enjoying an occasional social drink to having a drinking problem. This type of problem can develop gradually, especially among older adults who have moved to a new home, have recently suffered a loss (such as the death of a spouse), or have experienced a negative life change such as a health problem or financial setback.

The signs of problem drinking in older adults include drinking alone or in secret, having a ritual of

drinking before/with/after dinner, losing interest in hobbies and activities, drinking in spite of warnings not to (such as because of health issues and potential interactions with medications), withdrawing from family or friends, sleeping too much or too little, or displaying confusion, memory loss, hostility, or depression.

Talk to your physician or other practitioner about whether it is safe for you or your loved one to drink alcohol. Your physician is there to help, not to judge, so be honest if you suspect that you or your older family member has a drinking problem.

Questions to Ask Your Practitioner

- Is there any reason my loved one or I can’t drink alcohol in moderation?
- What are the risks of drinking, given my loved one’s or my health and other issues?
- What should I do if I suspect a loved one has a drinking problem?
- Will the nursing home (or other senior care community) make my loved one or me move out because of a drinking problem?
- What are the treatments for alcohol abuse in older people?
- How do I get a physician’s order to give my loved one or myself permission to drink in the nursing home?

What You Can Do

- Talk to your practitioner about any or all medications you or your loved one take and whether it is okay to drink alcohol while you are taking those drugs.
- Talk to your practitioner if you or a loved one starts drinking more than moderate amounts of alcohol or shows signs of abuse.
- Seek help if you feel lonely, sad, depressed, or isolated. Let your practitioner and others help you have the best possible quality of life.

For More Information

- Facts About Aging and Alcohol: <https://www.nia.nih.gov/health/facts-about-aging-and-alcohol>
- Alcoholism in the Elderly: <https://www.aafp.org/aafp/2000/0315/p1710.html>
- Seniors and Alcohol Abuse: <https://bit.ly/2BZi86P>

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Technology

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Ms. Rose said. When there is, many elders embrace it. “We’ve seen 92-year-olds using a Breezie tablet telling [executives] exactly how they use that tablet.”

Ms. McAllister, who started her career as a certified nursing assistant in 1995, said she’s been struck by the intergenerational nature of the iN2L technology. “It’s really awesome when a grandchild can come in and spend an afternoon with her grandmother and they can really engage in something that speaks to both of them,” she said. Similarly, she said, staff have told her they’ve used the technology to forge better relationships with the residents. And the residents’ well-being has improved as well — scores on the Eden Alternative Well-Being Assessment increased 6% over the first 12 months of the computer system’s implementation.

The grant that funded the iN2L system (a civil monetary penalty grant from the Centers for Medicare & Medicaid Services) has been appreciated by all. At the Signature HealthCARE building in the small town of Erin, TN, the staff connect the mobile iN2L unit to the dining room’s big-screen television for music during meals, and they move it around as needed for blackjack or solitaire games, karaoke, and movement and exercise sessions. “If someone’s having a bad day, we might find broadcasts of old radio stations they used to listen to or an old TV show they used to watch, or we might visit the aquarium or listen to therapeutic music,” said Lisa Moore, the quality of life director at the Erin community.

“When one of our veterans was having a bad day, he [used the system’s flight simulator] to fly an airplane — something he used to do,” said Ms. Moore. “When you know your elder, you know what’s going to bring back good memories.” She recalled another resident with dementia who worried constantly that her home had been destroyed. “We Google-mapped it on the [iN2L] system