



UMEÅ UNIVERSITET

ALCOHOL AND AGING

A Multimethod Study on Heterogeneity and Multidimensionality

Wossenseged Birhane Jemberie

Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för
avläggande av filosofie doktorsexamen framläggs till offentligt försvar i
Hörsal UB.A.220 (Lindellhallen 2), fredagen den 24 mars, kl. 13:00.
Avhandlingen kommer att försvaras på engelska.

För att delta digitalt:

Zoomlänk: <https://umu.zoom.us/j/69035333445>

Fakultetsopponent: Docent, Neda Agahi,
Institutionen för neurobiologi, vårdvetenskap och samhälle,
Karolinska Institutet, Stockholm, Sverige.

Organization

Umeå University
Department of Social Work
Centre for Demographic and Ageing Research (CEDAR)

Document type

Doctoral thesis

Date of publication

03 March 2023

Author

Wossenseged Birhane Jemberie

Title

Alcohol and Aging: a multimethod study on heterogeneity and multidimensionality.

Abstract

Background and Objectives: With an ageing population, the number of older persons with substance use problems, particularly problematic alcohol use, is increasing. Despite growing recognition of the negative consequences of problematic alcohol use on older persons, there is a dearth of knowledge about the alcohol use profiles and the dimensionality of alcohol problems in older people. Moreover, little is known about older persons' experiences and perspectives on alcohol use in relation to their ageing and their personal goals regarding treatment and recovery. This thesis aimed to (i) describe the characteristics of older persons who accessed municipal substance use treatment and care services (addiction services) and to investigate their future hospitalization; (ii) examine the heterogeneity and multidimensionality of problematic alcohol use among older persons; and (iii) to shed light on the experiences and perspectives of older persons regarding ageing, alcohol problems and recovery. **Methods:** For studies I-III, municipal Addiction Severity Index (ASI) assessment data (between 2003 and 2017) from adults aged 50 years and older were used to select the study samples. Generalized linear regression models investigated hospitalization related outcomes among 3624 older persons in Study-I. In Study-II, a latent class analysis was applied on ASI data from 1747 individuals with alcohol problems. Study-III linked the ASI data from Study-II to hospital discharge and mortality data forming time-to-repeated-event dataset; Andersen-Gill regression model with a robust variance estimator was used for the analysis. Study-IV applied qualitative content analysis on interview data from ten older persons recruited from a specialist outpatient clinic for alcohol treatment. **Results:** Nearly three-fourth of older persons assessed for substance use severity at municipal addiction services were later hospitalized (Study-I). Individuals diagnosed with substance use disorders, psychiatric or dual diagnoses had more cumulative hospitalized days, higher rates of hospital readmissions, and shorter time to first admission following an initial ASI assessment at municipal addiction services (Study-I). Five distinct groups of older persons with comparable alcohol problem severity but with variation in onset age, psychiatric comorbidities, polysubstance use, social support and gender composition were identified (Study-II). The five groups varied in risks of repeated hospitalizations due to substance use and psychiatric disorders (Study-III). Older persons experienced their ageing and alcohol use having a dynamic interplay (Study-IV). They needed to constantly negotiate with their environment to maintain a positive ageing trajectory. They perceived moderate alcohol use fosters healthy ageing, but over time, experienced their alcohol use as unsustainable and a threat to their pursuit of healthy ageing. Stigma and ambivalence delayed treatment seeking (Study-IV). They accessed treatment programs which respected their preferences and autonomy, engaged them in goal setting and strengthened their agency. After reducing their alcohol use, positive changes in their biopsychosocial functioning encouraged them to continue their recovery journey even in the presence of setbacks (Study-IV). **Conclusion:** Most older persons who access municipal addiction services are hospitalized repeatedly. Many older persons with alcohol problems live with medical and psychiatric comorbidities suggesting multiple care needs from health and social care services. Incorporating older persons' desire for healthy ageing into alcohol treatment plan can facilitate treatment engagement and recovery. Many older persons aim to moderate their alcohol consumption. Clinicians can deliver person-centered care for older persons, by considering their heterogeneity in treatment goals, biopsychosocial functioning, and available resources. A multidimensional identification of alcohol use profiles could improve treatment by establishing the variation in alcohol problems among older treatment seekers. Older persons stay engaged in alcohol treatment programs which value their experiences and expertise, incorporate their personal treatment and life goals, respect their autonomy and agency, and involve them as active participants. Sensitizing service providers on old age substance use problems could provide multiple points of contact for screening of older persons and earlier referral to treatment. A streamlined data sharing within and between health and social care services fosters timely and equitable care and facilitates an integrated and person-centered care across the continuum.

Keywords: older adults, substance use disorder, alcohol use disorder, comorbidity, recovery, alcohol treatment, aging, healthy aging, integrated care, person-centered care, biopsychosocial model, register-based, longitudinal, latent class

Language

English

ISBN

print: 978-91-8070-009-2
PDF: 978-91-8070-010-8

ISSN

0283-300x

Number of pages

98 + 4 papers