Trends in Alcohol Consumption and Related Harms for Australians Aged 75 to 84 Years (the ‘older-old’), 1990–2003

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Summary Points

- Over the last 10 years (1994–2003), an estimated 3,320 Australians aged 75–84 yrs (the ‘older-old’) died from alcohol-attributable injury and disease caused by risky/high risk drinking.
- Almost 35,000 ‘older-old’ Australians were hospitalised for alcohol-attributable injury and disease over a 9–year period (1993/94–2001/02).
- Death rates among ‘older-old’ Australians living in both metropolitan and non-metropolitan areas have increased steadily since the late 1990s. Tasmania and the ACT show particularly large increases.
- Most states and territories showed marked increases in hospitalisations between 1993/94 and 2001/02, resulting in an overall Australia-wide increase of over 67%.
- The most common causes of alcohol-attributable death for the ‘older-old’ are haemorrhagic stroke and alcoholic liver cirrhosis.
- Falls are by far the most common cause of alcohol-attributable hospitalisation among this age group.
- Since the late 1990s numbers of deaths occurring among residents of non-metropolitan areas have increased at more than twice the rate of those living in metropolitan areas.

Introduction

In August 2001, about 13% of Australians were aged 65 years or older (ABS 2002). It is estimated that by 2050, one in four Australians (25%) will be over 64 years old (ABS 2000). Rural and remote populations are expected to age at a greater rate than metropolitan populations (AIHW 2002). The aged population can be divided into three main groups: the ‘young-old’ (65–74 years), the ‘older-old’ (75–84 years) and the ‘old-old’ (85 years and older) (Broe 2004). A recent survey showed that about 13% of Australians aged 75 years and over (‘older-old’ and ‘old-old’ age groups) drink at risky levels for harm (O’Halloran et al. 2003). Despite ageing populations in developed nations world-wide, very little is currently known about drinking patterns and alcohol-related harms among the elderly. This Bulletin is one of a set of three examining trends in alcohol-attributable harms due to risky and high risk drinking across Australia for each of the three aged population groups (bulletins 8, 9 and 10) and examines alcohol-attributable deaths and hospitalisations among the ‘older-old’.

The estimates shown here are based on the aetiologic fraction method for quantifying alcohol caused mortality and morbidity (English et al. 1995) and are ‘alcohol-attributable’ i.e. caused as opposed to ‘alcohol-related’. Rates shown are age specific to the 75–84 year old residential population. Data were provided by the

Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW).

Map 1: Estimated numbers and age standardised population rates (per 10,000 75–84 yr old residents) of alcohol-attributable deaths for 75–84 year olds over the last ten years, 1994–2003

Map 2: Estimated numbers and age standardised population rates (per 10,000 75–84 yr old residents) of alcohol-attributable hospitalisations for 75–84 year olds over the last nine years, 1993/94–2001/02

* For the NT, based on aggregates from 1993/94–1999/00 only
Figure 1: Alcohol-attributable deaths for 75–84 year olds, males and females, 1990–2003
Legend: males; females. Y Axis: Alcohol-attributable death rate per 10,000 75–84 yr olds.
Figure 2: Alcohol-attributable hospitalisations for 75–84 year olds, males and females, 1993/94–2001/02
Legend: ■ males; ● females. Y Axis: Alcohol-attributable hospitalisation rate per 10,000 75–84 yr olds.

*Data on hospitalisations for injury among 75-84 year olds incomplete for the Northern Territory, 2000/01 and 2001/02
Trends in alcohol-attributable deaths and hospitalisations for states and territories

As shown in Figure 1 (overleaf) alcohol-attributable deaths have declined for most states/territories, although Tas and the ACT have demonstrated marked increases since 2000. Due to small resident populations, death rates in the ACT and the NT vary considerably from year to year. Overall, trends in alcohol-attributable death rates for 75–84 year olds are similar to those evident among 65–74 year olds (the ‘young-old’, see bulletin 8). On average, levels of alcohol-attributable deaths for the ‘older-old’ are about 28% lower than levels evident among the ‘young-old’ and 16% higher than for the ‘old-old’ (85+ yrs, see bulletin 10). In contrast to the overall decline in numbers of alcohol-attributable deaths, most states/territories show marked increases in hospitalisations between 1993/94 and 2001/02 (Fig. 2).

Common causes of alcohol-attributable death and hospitalisation among the ‘older-old’

The most common causes of death due to risky/high risk drinking for 75–84 year olds are haemorrhagic stroke and alcoholic liver cirrhosis for both males and females. The ‘older-old’ die from a wide range of alcohol-related diseases and the top 5 conditions only account for about 50% of such deaths. Falls are by far the most common cause of alcohol-attributable hospitalisation among this age group, accounting for over 40% of all such hospitalisations. This is consistent with findings on common causes of hospitalisation for the ‘young-old’ (65-74 yrs) and the ‘old-old’ (85+ yrs).

Table 1: Top 5 causes of alcohol-attributable death and hospitalisation (%), males and females

<table>
<thead>
<tr>
<th>Deaths</th>
<th>(%)</th>
<th>Hospitalisations (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Haemorrhagic stroke</td>
<td>18</td>
<td>Falls</td>
</tr>
<tr>
<td>2 AIC liver cirrhosis</td>
<td>16</td>
<td>AIC dependence</td>
</tr>
<tr>
<td>3 Ischaemic stroke</td>
<td>10</td>
<td>Supravent. card. dysrth.</td>
</tr>
<tr>
<td>4 Non-pedestrian RI</td>
<td>6</td>
<td>Aspiration</td>
</tr>
<tr>
<td>5 AIC psychosis</td>
<td>5</td>
<td>Non-pedestrian RI</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Haemorrhagic stroke</td>
<td>13</td>
<td>Falls</td>
</tr>
<tr>
<td>2 AIC liver cirrhosis</td>
<td>12</td>
<td>Supravent. card. dysrth.</td>
</tr>
<tr>
<td>3 Acute pancreatitis</td>
<td>7</td>
<td>Acute pancreatitis</td>
</tr>
<tr>
<td>4 Aspiration</td>
<td>7</td>
<td>Aspiration</td>
</tr>
<tr>
<td>5 Non-pedestrian RI</td>
<td>6</td>
<td>AIC dependence</td>
</tr>
</tbody>
</table>

Based on aggregates from 1994-2003 (deaths) and 2001/02 (hosp.)

National, metropolitan and non-metropolitan trends

The rates of alcohol-attributable death among the ‘older-old’ living in metropolitan and non-metropolitan areas are similar – with a difference of less than 10% on average between them. Following an overall slight decline in death rates among 75-84 year old Australians from the early- to mid-90s, there has been a steadily increasing trend in death rates since 1998. These increases are evident for both metropolitan and non-metropolitan residents. The upward trend is less marked, however, than for the ‘old-old’ Australian population (see bulletin 10).

References


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