

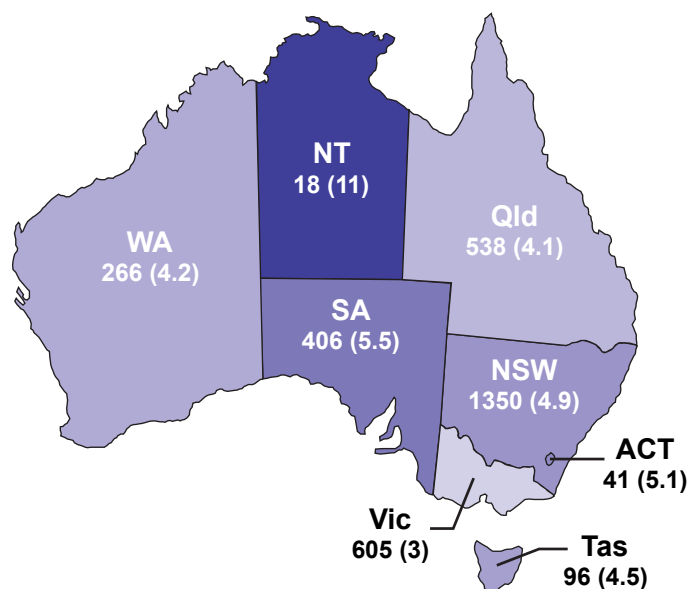
Trends in Alcohol Consumption and Related Harms for Australians Aged 75 to 84 Years (the 'older-old'), 1990–2003

Prepared by: Tanya Chikritzhs & Richard Pascal
National Drug Research Institute, Curtin University, WA

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

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.

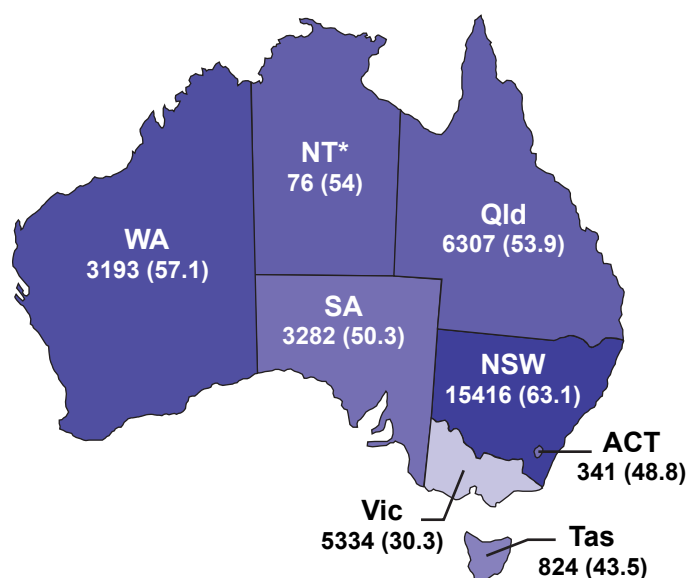


Map 1: Estimated numbers and age standardised population rates (per 10,000 75–84 yr old residents) of alcohol-attributable deaths for 75–84 year olds over the last ten years, 1994–2003

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



* For the NT, based on aggregates from 1993/94–1999/00 only

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

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.

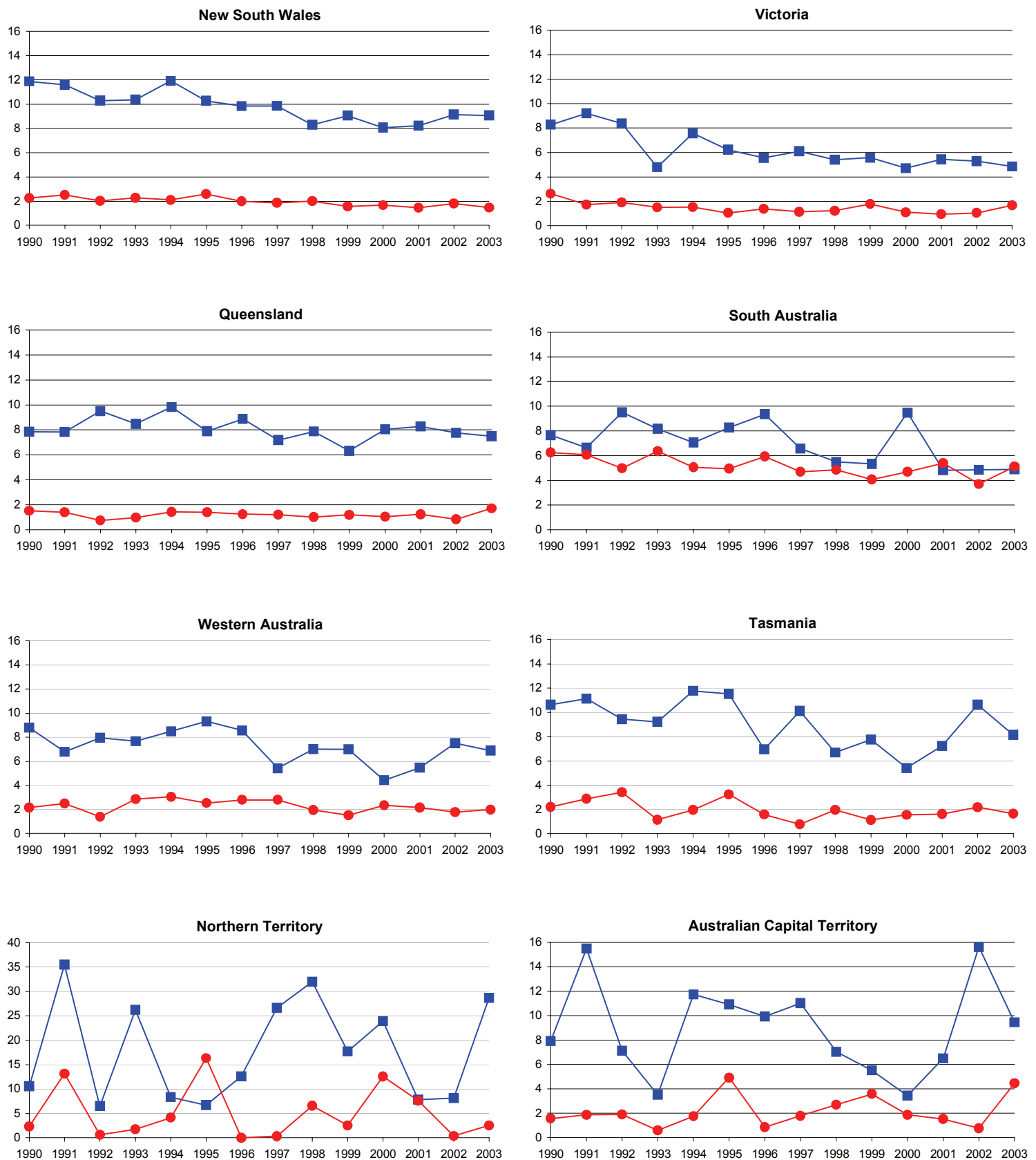
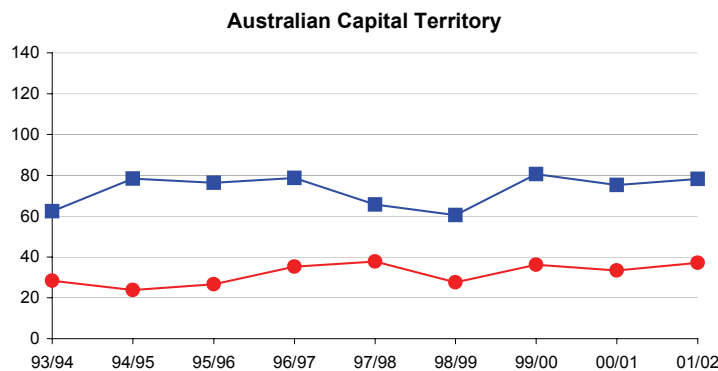
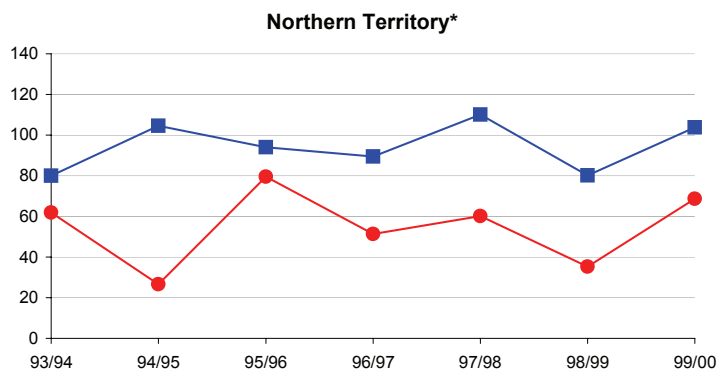
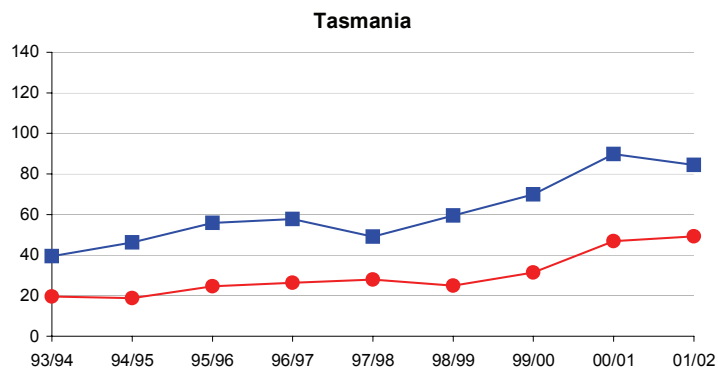
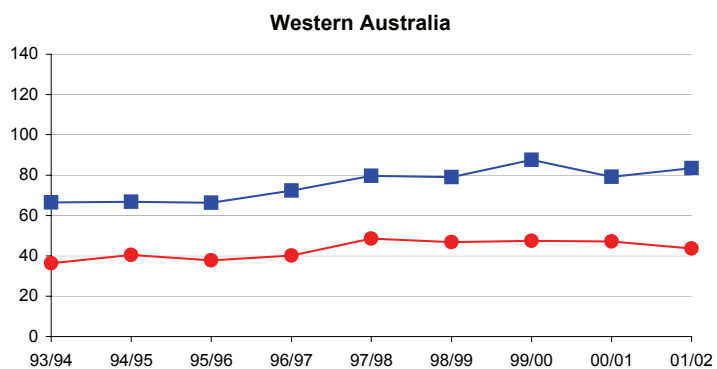
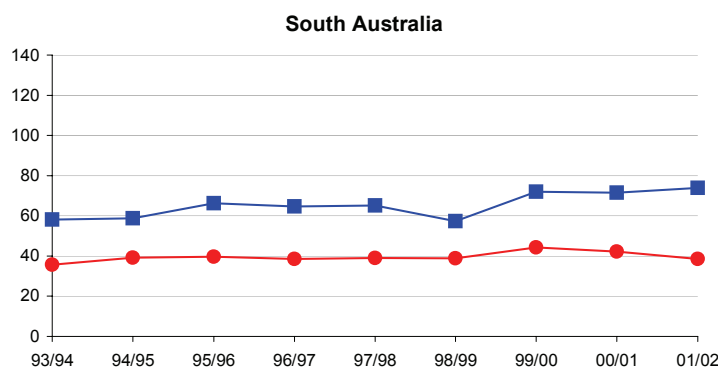
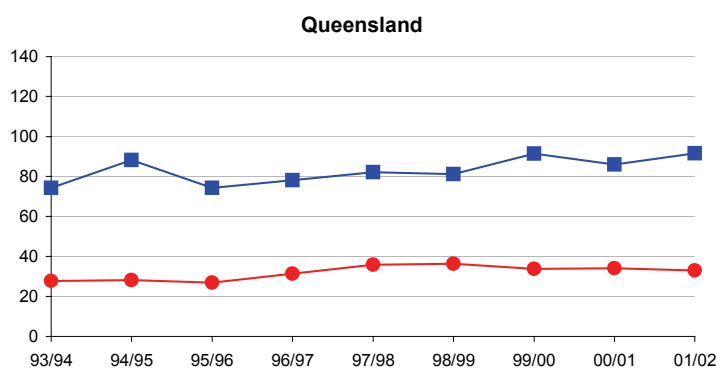
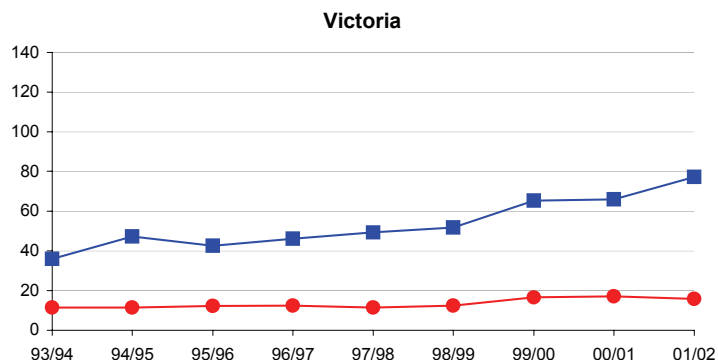
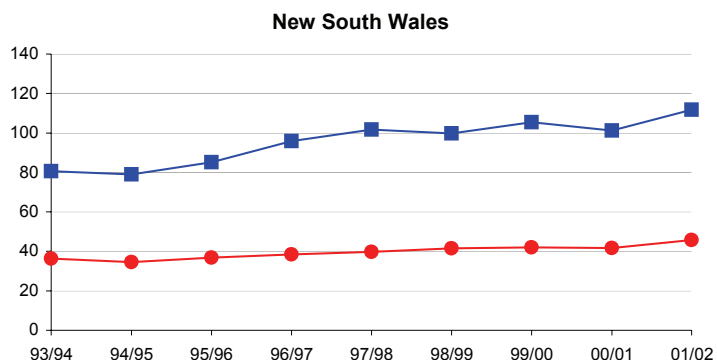


Figure 2: Alcohol-attributable hospitalisations for 75–84 year olds, males and females, 1993/94–2001/02
 Legend: ■ males; ● females. Y Axis: Alcohol-attributable hospitalisation rate per 10,000 75–84 yr olds.



*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

	Deaths (%)	Hospitalisations (%)
Males		
1 Haemorrhagic stroke	18	Falls 38
2 Alc. liver cirrhosis	16	Alc. dependence 11
3 Ischaemic stroke	10	Supravent. card. dysrth. 8
4 Non-pedestrian RI	6	Aspiration 5
5 Alc. psychosis	5	Non-pedestrian RI 4
Females		
1 Haemorrhagic stroke	13	Falls 44
2 Alc. liver cirrhosis	12	Supravent. card. dysrth. 12
3 Acute pancreatitis	7	Acute pancreatitis 6
4 Aspiration	7	Aspiration 5
5 Non-pedestrian RI	6	Alc. dependence 5

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

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).

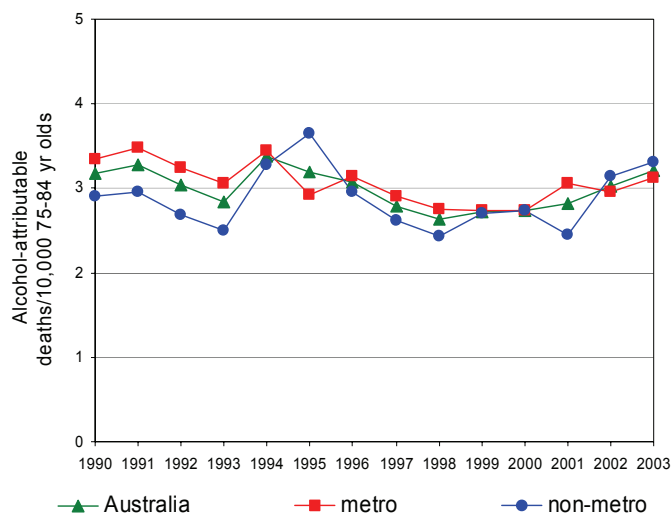


Figure 4: National, metro and non-metro alcohol-attributable death rates (per 10,000) for 75–84 year olds, 1990–2003

References

ABS (2000). *Population projections Australia 1999-2101* (ABS Cat. No. 3222.0). Canberra: Australian Bureau of Statistics.

ABS (2002). *Census of population and housing: selected social and housing characteristics Australia 2001* (ABS Cat. No. 2015.0). Canberra: Australian Bureau of Statistic

AIHW (2002). *Older Australia at a Glance 2002* (AIHW Cat. No. AGE 25). Canberra: Australian Institute of Health and Welfare.

Broe, G. (2004). From the president. *Australian Association of Gerontology Newsletter*, July, 1.

Chikritzhs, T. & Pascal, R. (2005) Trends in Alcohol Consumption and Related Harms for Australians Aged 65 to 74 Years (the ‘young-old’), 1990–2003. National Alcohol Indicators, Bulletin No.8. Perth: National Drug Research Institute, Curtin University of Technology.

Chikritzhs, T. & Pascal, R. (2005) Trends in Alcohol Consumption and Related Harms for Australians Aged 85 Years and Older (the ‘old-old’), 1990–2003. National Alcohol Indicators, Bulletin No.10. Perth: National Drug Research Institute, Curtin University of Technology.

O’Halloran, J., Britt, H., Valenti, L. et al. (2003). *Older patients attending general practice in Australia 2000-02*. (AIHW Cat. No. GEP12). Canberra: Australian Institute of Health and Welfare.

English, D., Holman, C., Milne, E., et al. (1995). *The quantification of drug caused morbidity and mortality in Australia, 1995*. Canberra: Commonwealth Department of Human Services and Health.

Citation The following citation should be used when referencing this work: Chikritzhs, T. & Pascal, R. (2005) Trends in Alcohol Consumption and Related Harms for Australians Aged 75 to 84 Years (the ‘older-old’), 1990–2003. National Alcohol Indicators, Bulletin No.9. Perth: National Drug Research Institute, Curtin University of Technology.

Correspondence Contact the National Drug Research Institute at GPO Box U1987, Perth, Western Australia, 6845.

Send email requests to: enquiries@ndri.curtin.edu.au Electronic copies of all NAIP bulletins are available at <http://www.ndri.curtin.edu.au>

Acknowledgements We would like to thank Celia Wilkinson for her helpful advice and Paul Jones for his expert assistance with formatting this bulletin.