

Trends in Alcohol Consumption and Related Harms for Australians Aged 65 to 74 Years (the 'young-old'), 1990–2003

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Summary Points

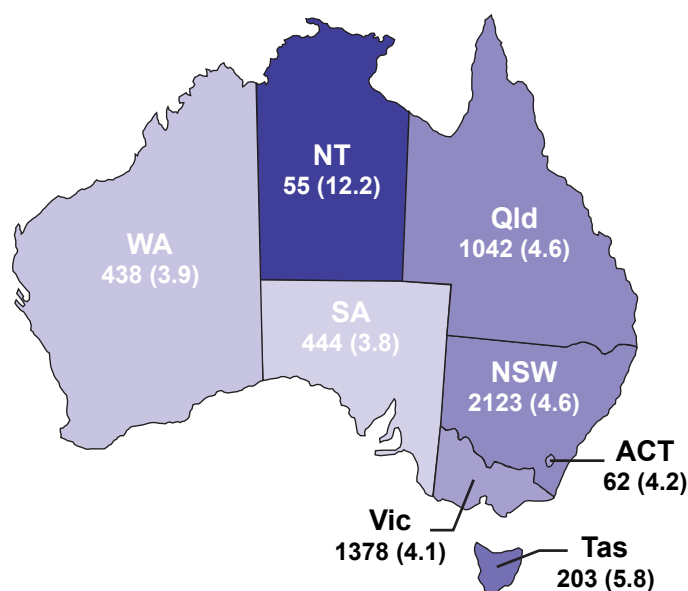
- Over the last 10 years (1994–2003), an estimated 5,746 Australians aged 65–74 yrs (the 'young-old') died from alcohol-attributable injury and disease caused by risky/high risk drinking.
- Over 61,000 'young-old' Australians were hospitalised for alcohol-attributable injury and disease over a 9-year period (1993/94–2001/02).
- In recent years, some states/territories have begun to show increasing numbers of alcohol-attributable deaths.
- Trends in alcohol-attributable hospitalisations among the 'young-old' from 1993/94 to 2001/02 varied between states/territories. Vic, Tas and WA indicated increased numbers of hospitalisations while the NT and NSW showed declines.
- Among the most common causes of alcohol-attributable death for the 'young-old' are alcoholic liver cirrhosis and haemorrhagic stroke. Falls, supraventricular cardiac dysrhythmias and alcohol dependence are common causes of hospitalisation.
- Indigenous Australians aged 65–74 yrs are more than twice as likely as their non-Indigenous counterparts to die from alcohol-attributable causes. Indigenous death rates for the 'young-old' have doubled in the last 10 years.
- Since the late 1990s, 'young-old' Australians living in non-metropolitan areas have been more likely to die from alcohol-attributable conditions than city dwellers.

Introduction

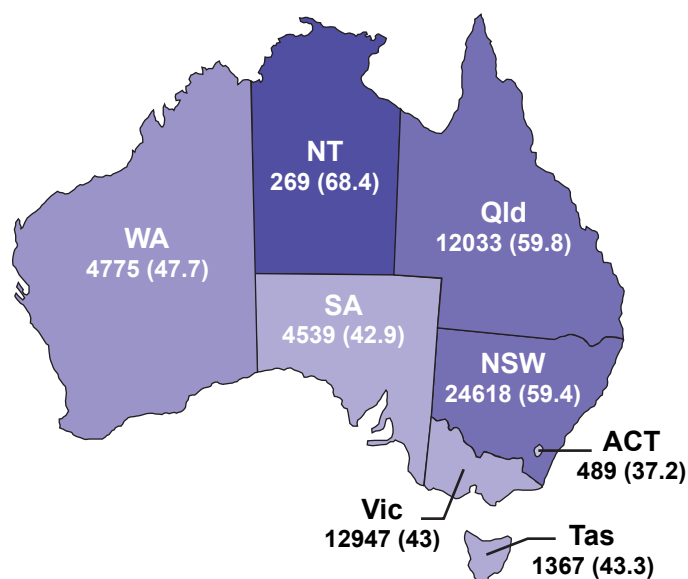
In August 2001, about 13% of Australians were aged 65 years or older (ABS 2002). It is estimated that by 2050, one in four Australians (25%) will be over 64 years old (ABS 2000). Rural and remote populations are expected to age at a greater rate than metropolitan populations (AIHW 2002). The aged population 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). There is some evidence that the 'young-old' are more likely to drink at risky levels than persons aged 75 years and over (O'Halloran *et al.* 2003) and it is likely to be this group that will 'drive' future health costs (Broe 2004). 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 'young-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 65–74 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 65–74 yr old residents) of alcohol-attributable deaths for 65–74 year olds over the last ten years, 1994–2003



Map 2: Estimated numbers and age standardised population rates (per 10,000 65–74 yr old residents) of alcohol-attributable hospitalisations for 65–74 year olds over the last nine years, 1993/94–2001/02

Figure 1: Alcohol-attributable deaths for 65–74 year olds, males and females, 1990–2003
 Legend: ■ males; ● females. Y Axis: Alcohol-attributable death rate per 10,000 65–74 yr olds.

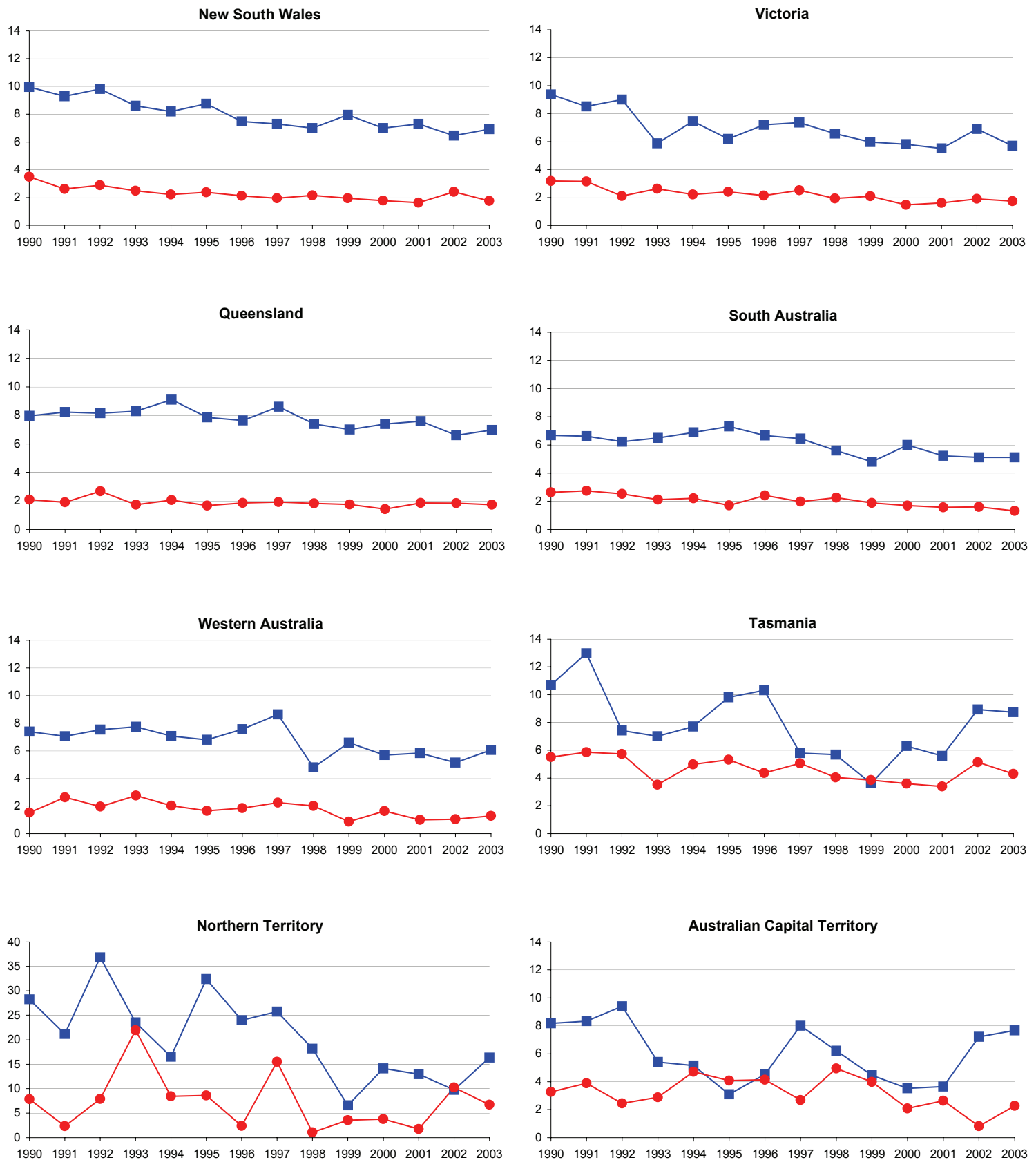
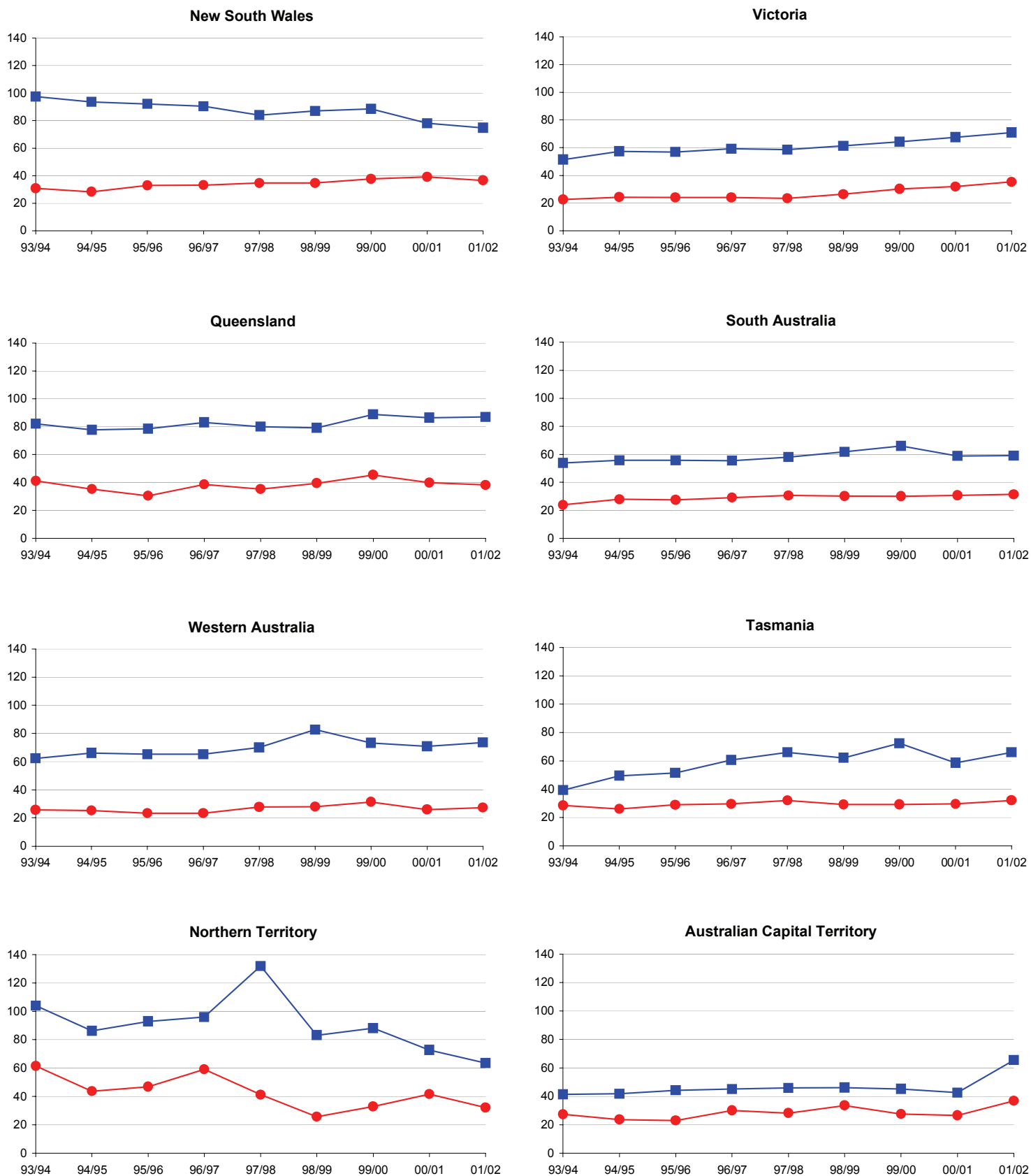


Figure 2: Alcohol-attributable hospitalisations for 65–74 year olds, males and females, 1993/94–2001/02
 Legend: ■ males; ● females. Y Axis: Alcohol-attributable hospitalisation rate per 10,000 65–74 yr olds.



Trends in alcohol-attributable deaths and hospitalisations for states and territories

As shown in Figure 1 (overleaf) the larger states show declining trends in alcohol-attributable deaths for males and females. Tasmania, the NT and the ACT each show some evidence of increases in recent years. From 1993/94 to 2001/02, alcohol-attributable hospitalisation rates in Vic, Tas and WA all indicated increasing numbers of hospitalisations among the 'young-old'. Conversely, the NT and NSW (males only) showed declining trends for this age group (Fig. 2).

Common causes of alcohol-attributable death and hospitalisation among the 'young-old'

The most common causes of death due to risky/high risk drinking for 65–74 year olds are alcoholic liver cirrhosis (males) and haemorrhagic stroke (females). The top 5 types of disease and injury account for less than 60% of all deaths caused by drinking among the young-old. The most common conditions leading to hospitalisation include falls, supraventricular cardiac dysrhythmias, alcohol dependence, alcoholic liver cirrhosis, alcohol abuse and acute pancreatitis.

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

Deaths (%)		Hospitalisations (%)	
Males			
1	Alc. liver cirrhosis	27	Falls
2	Haemorrhagic stroke	11	Supravent. card. dysrth
3	Alc. cardiomyopathy	7	Alc. liver cirrhosis
4	Oesophageal cancer	6	Alc. dependence
5	Liver cancer	5	Alcohol abuse
Females			
1	Haemorrhagic stroke	23	Falls
2	Alc. liver cirrhosis	21	Alc. dependence
3	Female breast cancer	9	Supravent. card. dysrth.
4	Non-pedestrian RI	4	Alc. liver cirrhosis
5	Alc. dependence	4	Acute pancreatitis

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

Indigenous Australians

On average, 'young-old' Indigenous Australians are about 2.5 times more likely to die from risky/high risk drinking than their non-Indigenous counterparts. There has been a dramatic increase in Indigenous deaths for this age group since 1998, with the 2003 death rate similar to that recorded over a decade ago in 1990.

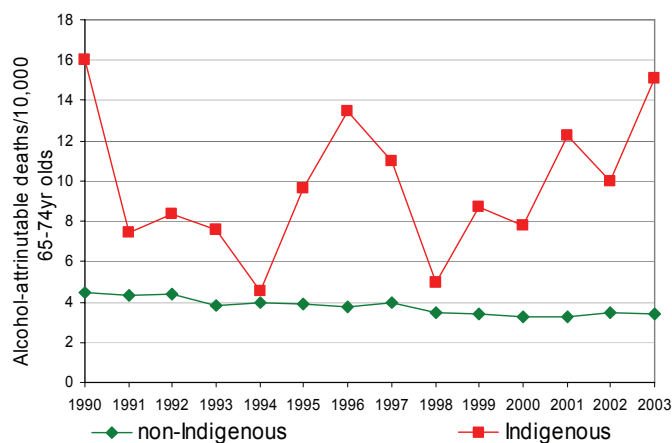


Figure 3: Indigenous and non-Indigenous alcohol-attributable death rates (per 10,000) for 65–74 year olds, 1990-2003

National, metropolitan and non-metropolitan trends

The rates of alcohol-attributable death among 65–74 year olds living in metropolitan and non-metropolitan areas are similar – with a difference of less than 10% on average between them. However, there is greater variability among deaths rates for non-metropolitan residents. With the exception of recent years, metropolitan death rates have declined steadily, but there is little evidence of overall decline for non-metropolitan areas.

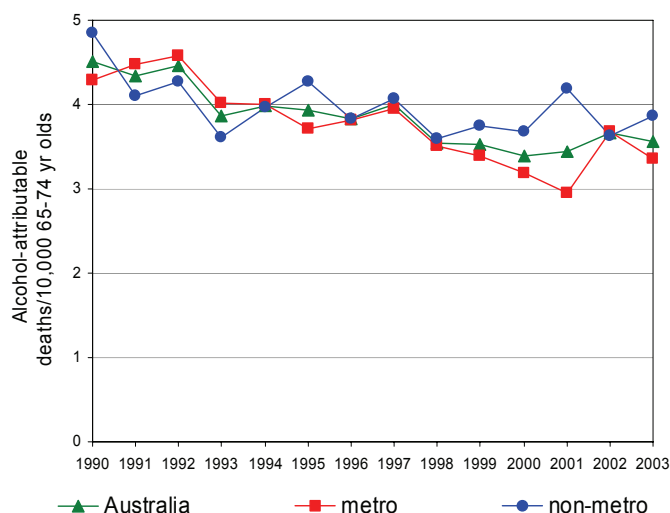


Figure 4: National, metro and non-metro alcohol-attributable death rates (per 10,000) for 65–74 year olds, 1990–2003

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