

## New Old Thinking ■

In sorting out the glitter and gold of retirement and weighing the proper role of drugs and alcohol in our lives, it may be well to consider the new field of *psychoimmunology*.

Never heard of it? Maybe not under its new name, but you're probably familiar with its basics: that our overall state of health and happiness is largely determined by our thoughts and actions.

It applies to older people no less than younger folks, and maybe more, since we have more time to redefine our interests and refocus our lives.

It's particularly important in considering drugs and alcohol because it moves our focus away from chemicals, back to the place where things really happen—inside our hearts and minds.

If drugs or alcohol are a problem for you, *do something about it*. Talk it over with a friend or get professional help, if you need it.

If drugs *aren't* a problem, *do something anyway*. You'll feel better for it. And you'll push potential problems that much further away. ■



This is one in a series of publications on drugs, behavior, and health published by Do It Now Foundation. Please write or call for a list of titles, or visit our web site at [www.doitnow.org](http://www.doitnow.org).

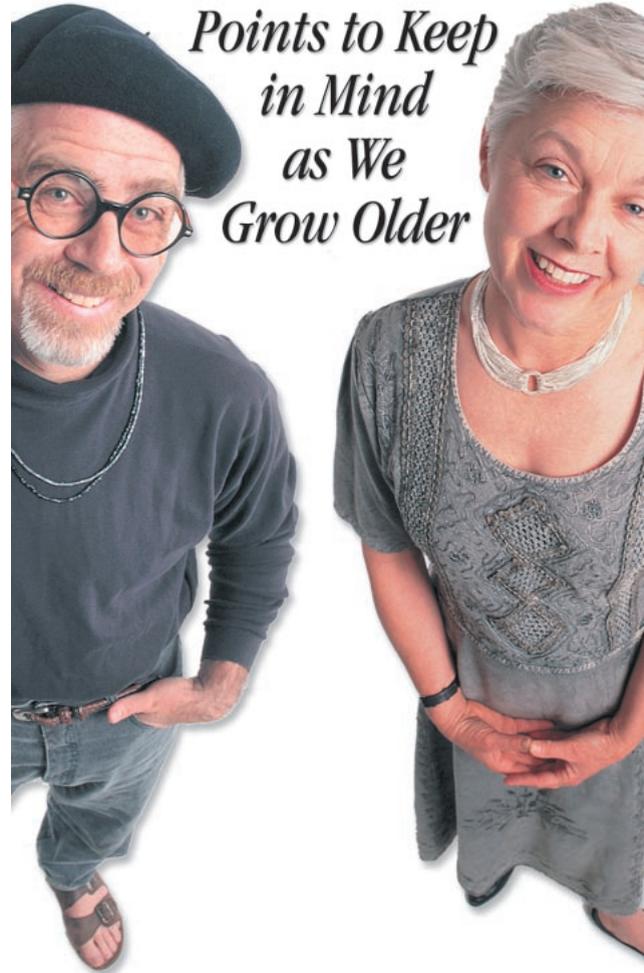


**Do It Now Foundation**

Box 27568 ■ Tempe, AZ 85285-7568 ■ 480.736.0599

# Drugs & Alcohol

*Points to Keep  
in Mind  
as We  
Grow Older*



*A Do It Now Publication by Justin Faberty*

## Future Shock ■

Sometimes it seems more glitter than gold. In fact, retirement—and the “golden years” it promises—*can* take some getting used to. That's how it is for a lot of us, anyway.

After a lifetime spent knuckling down to the pressures and pace of the workday world or the demands of a family, retirement “leisure” time can seem downright slow.

And for those forced to retire because of age or illness, the first weeks or months may be tinged with bitterness.

Growing older can bring new personal problems, too.

And one of the most serious—and least reported—is the use and misuse of alcohol and other drugs by older people.

*Drugs and alcohol?* If that sounds surprising to you, just consider the following facts. They're all taken from a recent federal study:

■ People age 60 and over make up 16.5 percent of the U.S. population, but take 30 percent of all prescription drugs and 40 percent of all sleeping pills.

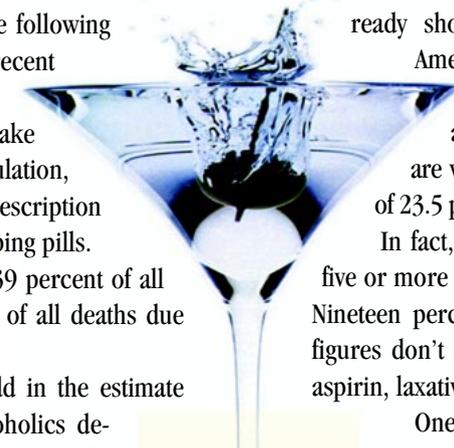
■ Older adults account for 39 percent of all hospitalizations and 51 percent of all deaths due to drug side effects.

Still not convinced? Then add in the estimate that one third of all older alcoholics develop their drinking problems late in life, and the full extent of the problem becomes clear.

That's why we've put together this pamphlet.



*Glitter or gold? Retirement years can be either, depending on you.*



*Myth Understanding. If you grew up believing that alcohol is a part of the “good life,” you might want to replace it with a new motto—if you haven't already: Balanced is better.*

People 60 and over make up 16.5 percent of the U.S. population, but take 30 percent of all prescription drugs.



Because unlike younger people—who are bombarded with drug information from an early age—older people are often overlooked when it comes to information on chemical abuse.

And information, and the understanding it can create, is the key to resolving the problem.

## Our Other ‘Drug Problem’ ■

In recent years, a good deal of interest has focused on the use of drugs by older adults. And what researchers have learned may surprise you.

For starters, they tell us something we already should know: that older adults are America's largest group of drug users.

According to a 2005 report, about a billion prescriptions a year are written for people over 65, an average of 23.5 prescriptions per person per year.

In fact, 37 percent of older Americans use five or more prescription drugs at the same time. Nineteen percent use seven or more. And these figures don't include over-the-counter drugs like aspirin, laxatives, and sleeping aids.

One result, according to experts, is over-medication—and risks to health.

The risks become even clearer when they're considered alongside aging-related changes that affect the way drugs work in the body.

That's because from about age 30 on, our bodies begin a process of change that fundamentally alters the internal environment in which drugs and alcohol act and produce their effects.

We accumulate more body fat, for one thing. As a result, fat-soluble drugs stay in the body longer, often at higher concentrations than in younger people. Organs that eliminate drugs also become less efficient. (See box below for details.)

In addition, many drugs hit us harder than they do younger people. Alcohol, caffeine, penicillin, and Valium™ (among others) trigger stronger effects. Anesthetics and hormones don't hit as hard.

The solution? There's more than one. Here are several worth considering:

- ▶ Be aware that *every* drug carries risks and benefits, and the risks change as our bodies change.
- ▶ Don't assume that there's a pill for every problem and a fast fix for every sleepless night.
- ▶ Become an informed, active participant in your own health care.

## ■ Body Talk

### Why Drugs Affect Us Differently

**1** **Heart.** Becomes less efficient and pumps less blood to brain, kidneys, and liver.

**3** **Kidneys.** Cell loss lowers efficiency in filtering blood and eliminating waste.

**2** **Body Composition.** More fat means less water to dilute drugs, longer duration.

**4** **Liver.** Less blood flow reduces metabolism, ability to eliminate toxins.



**Drugs and the Older Body.** *Drugs and alcohol affect us differently as we age. Changes in four key areas affect this process.*

Remember that no one is better suited to the task of keeping us well than we are ourselves. Sometimes the best solution to a health or emotional problem is activity—not a pill.

## The Alcohol Option ■

**D**rinking doesn't help much, either. Because even though many of us have used alcohol responsibly for years, we need to bear in mind that our bodies *are* different and they're going to continue to change.

And one change you may notice is you don't tolerate alcohol as well as you once did.

We also need to remember that with retirement, we *do* have extra time on our hands, time that can blur the distinction between alcohol use and abuse.

Some older people begin to drink more out of boredom or loneliness, or to ease the pain of losing a spouse, a family member, or a pet.

Some use alcohol to dull pain—and to relieve their emotional distress at growing old.

The problem is that drinking is a poor substitute for companionship and contributes to, rather than relieves, depression.

It also *creates* health problems and makes existing problems worse.

As a central nervous system depressant, alcohol interacts with other depressant drugs, intensifying their effects. Overuse can also speed physical decline of the body.



*Cheers! Want to find real fulfillment? Try looking for it with others. Somebody out there needs you.*

# O

## ne in five Americans over 60 has had an adverse reaction to a prescription drug, many the result of interactions between different drugs.

## Mixing Medications ■

**U**se of drugs in combination is another source of problems for many of us.

In fact, according to a recent study, one in five Americans over 60 has had an adverse reaction to prescription drugs, and many are the product of interactions between different drugs.

Most involve people who would never *consciously* overuse drugs.

But that doesn't make their problems—when they happen—any less real.

The simplest way to reduce risk is to avoid mixing drugs—including over-the-counter cold pills, allergy drugs, and sleeping aids. And it's

usually a good idea to stay away from alcohol if you're taking *anything*.

Also be aware of the risk of accidental overdose, particularly if you see more than one doctor for more than one condition.

Problems can arise when either your doctor forgets to ask about—or you forget to mention—other prescribed drugs you may be taking. The result's the same in either case.

A good way to avoid problems is to remember to tell your doctor (or doctors) about all other drugs you're using.

Or conduct the “brown-bag” inventory described in the box below and let your doctor sort things out.

## ▶ Managing Medicines: *What We All Can Do*

**I**f you take several different medications, you can reduce your risk of a dangerous interaction by conducting a “brown-bag” inventory. Simply put all the drugs that you've taken in the past month in a paper bag and review them with your doctor during your next appointment. This is a particularly good idea if you see more than one doctor for more than one ailment. Other ways to reduce risk:

- ▶ **Discuss drug effects and interactions with your doctor or pharmacist.** Find out if a new drug can be taken with other medications that you may be using. Be sure to mention any nonprescription drugs you may use regularly, including aspirin.
- ▶ **Check all instructions.** Make sure you understand how to take the medication. Does “every six hours” mean *every* six hours or every six *waking* hours? How long should you continue taking the drug—until it's gone or until you feel better?

▶ **Don't trade or self-prescribe medicines.** Don't exchange prescription drugs with friends or family, even if your symptoms seem similar. Don't take old medicines. Some drugs become ineffective or toxic as they're exposed to air or sunlight. ■



*Mixed bag.* *If you take more than one medicine, check for potentially dangerous interactions.*