

# Trends in Alcohol Consumption and Related Harms for Australians Aged 85 Years and Older (the 'old-old'), 1990–2003

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

year old residential population. Data were provided by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW).

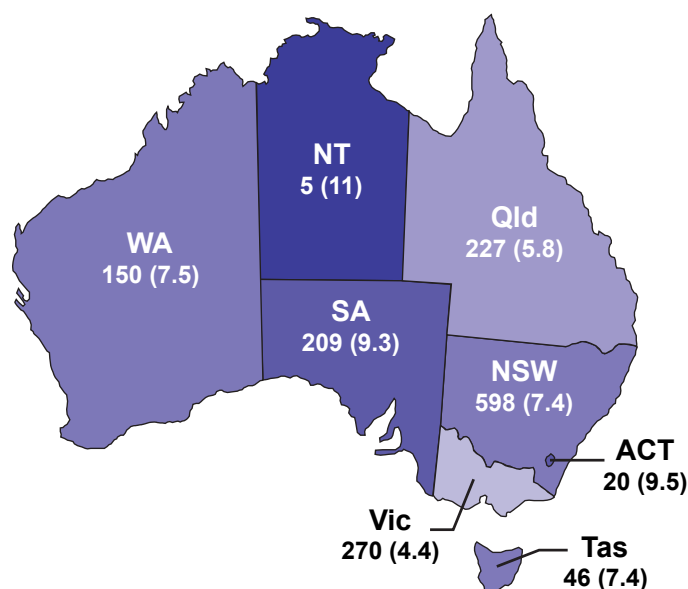
## Summary Points

- Over the last 10 years (1994–2003), an estimated 1,526 Australians aged 85 yrs and older (the 'old-old') died from alcohol-attributable injury and disease caused by risky/high risk drinking.
- Some 14,800 'old-old' Australians were hospitalised for alcohol-attributable injury and disease over a 9-year period (1993/94–2001/02).
- Since the late 1990s, several states and territories have begun to show increasing numbers of alcohol-attributable deaths among the old-old.
- National death rates among both metropolitan and non-metropolitan residents are following an increasing trend.
- Most states and territories showed marked increases in alcohol-attributable hospitalisations among the 'old-old' between 1993/94 and 2001/02.
- Australia-wide, levels of hospitalisation among people aged 85+ years are higher and increasing at a faster rate than for the 'young-old' (65–74yrs) and the 'older-old' (75–84yrs).
- The most common causes of alcohol-attributable death for the 'old-old' are strokes and falls.
- Fall injuries account for over 60% of all alcohol-attributable hospitalisations among the 'old-old'.

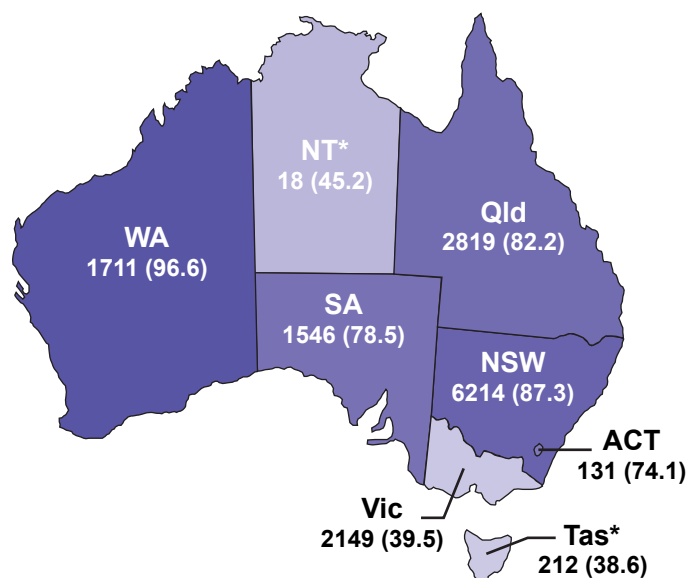
## Introduction

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 'old-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 85+



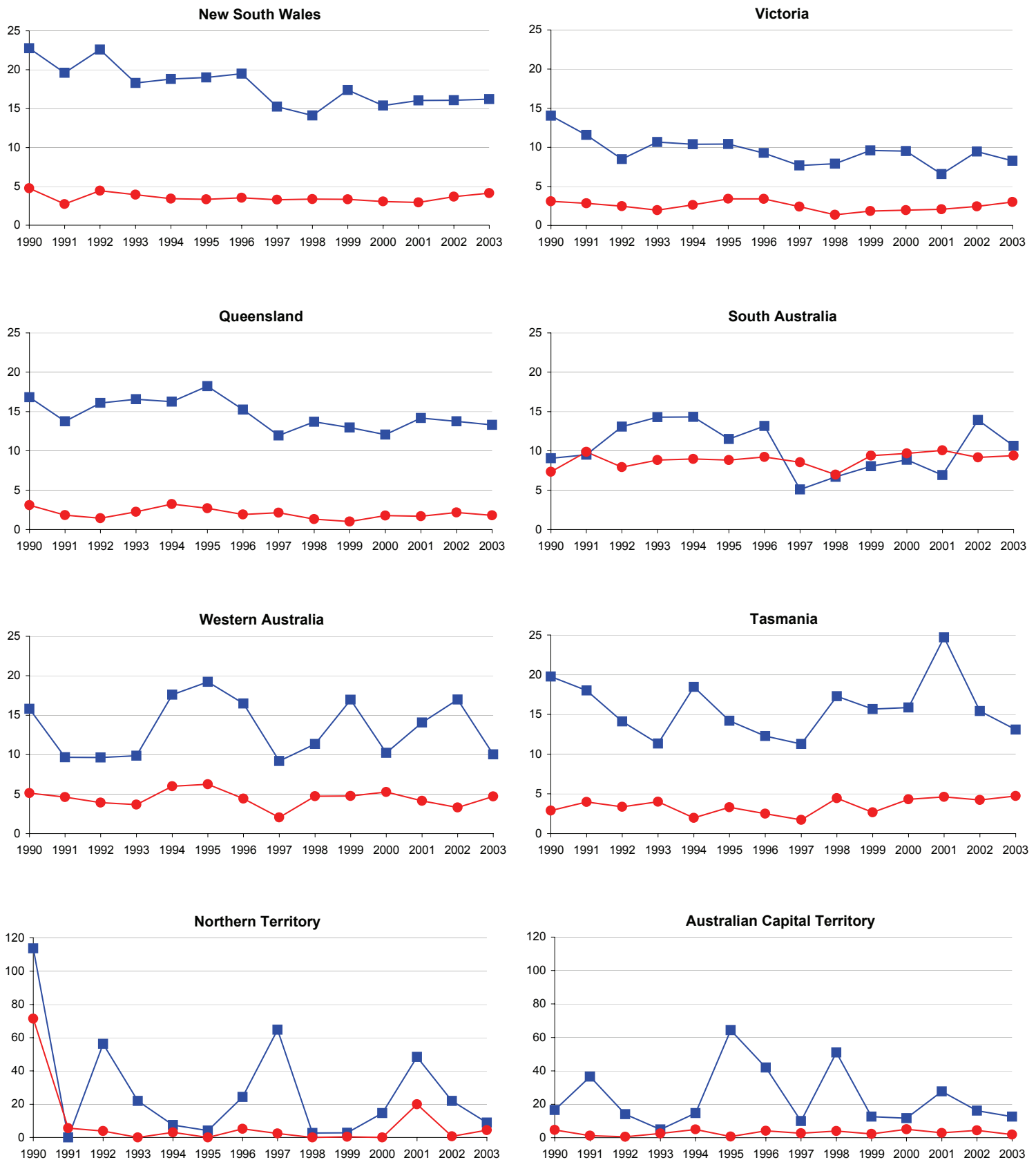
Map 1: Estimated numbers and age standardised population rates (per 10,000 85+ yr old residents) of alcohol-attributable deaths for 85+ year olds over the last ten years, 1994–2003



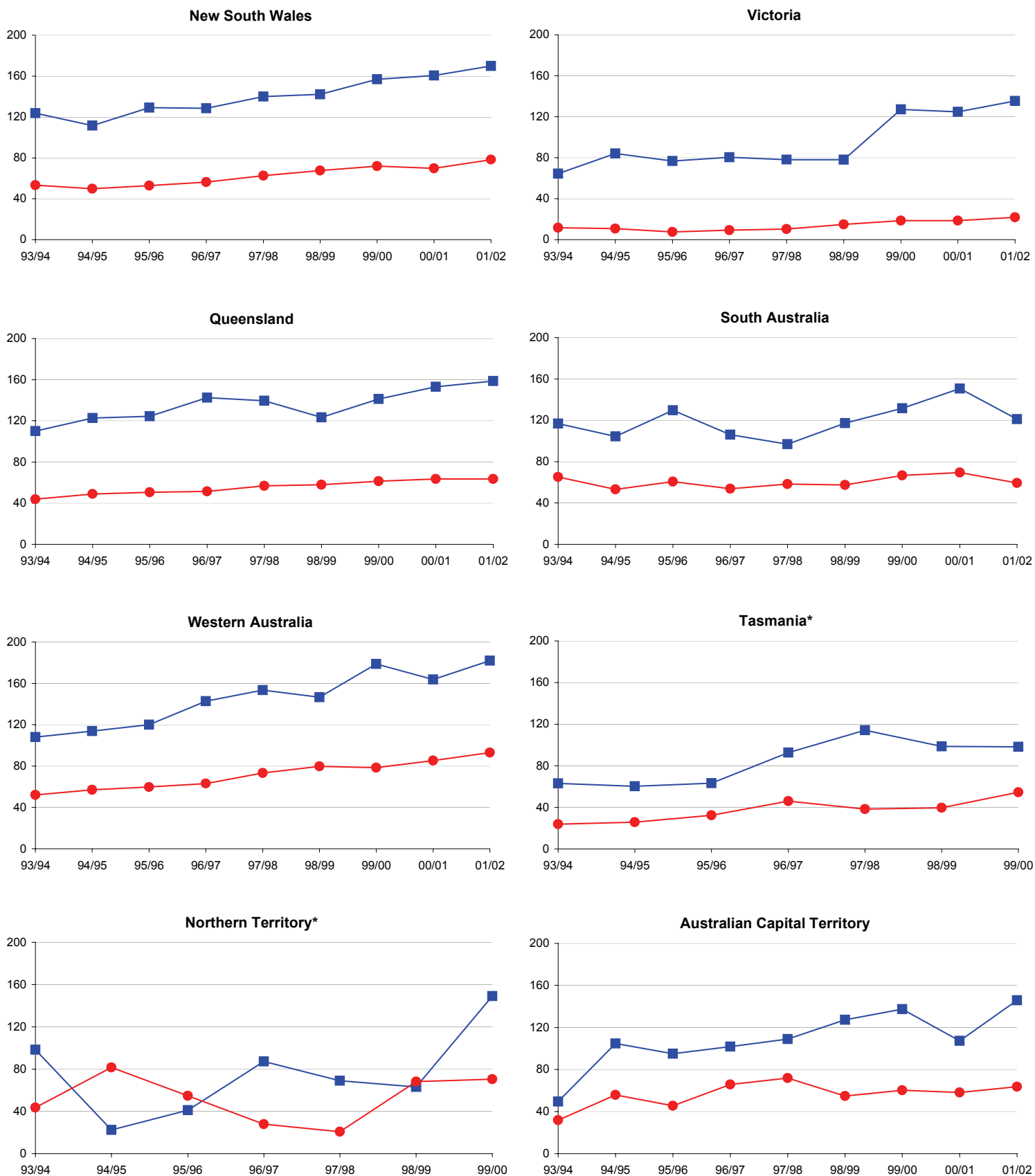
\* For the NT and Tas, based on aggregates from 1993/94–1999/00 only

Map 2: Estimated numbers and age standardised population rates (per 10,000 85+ yrs old residents) of alcohol-attributable hospitalisations for 85+ year olds over the last nine years, 1993/94–2001/02

**Figure 1: Alcohol-attributable deaths for 85+ year olds, males and females, 1990–2003**  
 Legend: ■ males; ● females. Y Axis: Alcohol-attributable death rate per 10,000 85+ yr olds.



**Figure 2:** Alcohol-attributable hospitalisations for 85+ year olds, males and females, 1993/94–2001/02  
 Legend: ■ males; ● females. Y Axis: Alcohol-attributable hospitalisation rate per 10,000 85+ yr olds.



\*Data on hospitalisations for injury among 85+ year olds incomplete for Tasmania and 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 increased in several jurisdictions over recent years including; NSW, SA and Tas. Due to small resident populations, death rates in the ACT and the NT vary considerably from year to year. For the larger states, trends in alcohol-attributable death rates for 85+ year olds are similar to those evident among 74–85 year olds ('the older-old', see bulletin 9) but there is greater variability between the two groups for the SA, WA, Tas, the NT and ACT. There have been marked increases in alcohol-attributable hospitalisations for both males and females among the 'old-old' across most states and territories. Overall, alcohol-attributable hospitalisation rates among the 'old-old' are higher and increasing at a faster rate than for any other age group over 65 years.

**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 Australians aged 85 and older are very different to those which occur among the 'young-old' and the 'older-old'. Almost 40% of all male alcohol-attributable deaths among the 'old-old' are due to a form of stroke, while females die from a wider range of injury or disease (haemorrhagic strokes, falls and supraventricular cardiac dysrhythmias the most common). Fall injuries account for over 60% of all alcohol-attributable hospitalisations among the 'old-old'.

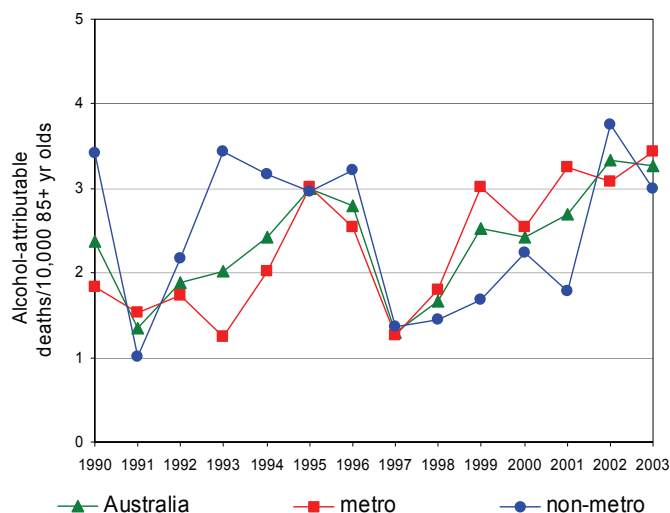
**Table 1:** Top 5 causes of alcohol-attributable death and hospitalisation (%), males and females

	Deaths (%)	Hospitalisations (%)
<b>Males</b>		
1 Haemorrhagic stroke	21	Falls 64
2 Ischaemic stroke	18	Aspiration 8
3 Falls	12	Supravent. card. dysrth. 5
4 Alc. liver cirrhosis	5	Ischaemic stroke 3
5 Supravent. card. dysrth.	5	Non-pedestrian RI 3
<b>Females</b>		
1 Haemorrhagic stroke	14	Falls 63
2 Falls	12	Aspiration 9
3 Supravent. card. dysrth.	12	Supravent. card. dysrth. 7
4 Aspiration	10	Acute pancreatitis 5
5 Acute pancreatitis	9	Alcohol abuse 2

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

**National, metropolitan and non-metropolitan trends**

In 1997, there was a sharp decline in overall alcohol-attributable death rates among Australians aged 85 years and older. Since that time however, death rates among both metropolitan and non-metropolitan residents have risen markedly. In 2003, the death rate among the 'old-old' metropolitan population reached its highest peak in more than a decade. For non-metropolitan residents there was a sharp increase in 2002 when alcohol-attributable deaths reached their peak. It should be noted that relatively small numbers of people live beyond 84 years and therefore death rates among this age group tend to be more variable than for other age groups.



**Figure 4:** National, metro and non-metro alcohol-attributable death rates (per 10,000) for 85+ 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 75 to 84 Years ('the older-old'), 1990–2003. National Alcohol Indicators, Bulletin No.9. 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 85 Years and Older (the 'old-old'), 1990–2003. National Alcohol Indicators, Bulletin No.10. 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](mailto: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.