



VINTAGE

Good Health into Older Age

VINTAGE project: best practices for prevention of alcohol-related harm in the elderly in the EU

Emanuele Scafato, Istituto Superiore di Sanità, Rome, ITALY

Director

**WHO CC for Health Promotion and Research on Alcohol
Osservatorio Nazionale Alcol - CNESPS**

President

Italian Society of Alcoholology - SIA

Alcohol Expert Meeting , Stockholm





VINTAGE

Good Health into Older Age



Alcohol Expert Meeting , Stockholm





VINTAGE

Alcohol and the elderly

Harmful alcohol use is common amongst older people, with estimates from the 2007 Eurobarometer survey that as many as **27% of European people aged 55+ years binge drink** (5+ drinks, 50g alcohol on one occasion) at least once a week during the previous 12 months (Eurobarometer 2007).

Alcohol use disorders are common in older people, and with an ageing European population will increase in absolute numbers (O'Connell et al 2003).





VINTAGE

Alcohol and the elderly



FACTSHEET



Alcohol Expert Meeting , Stockholm





VINTAGE

Alcohol and the elderly

CONTEXT AND NEED FOR EUROPEAN ACTION

What are the common patterns of alcohol consumption in the EU?

- Some 55 million adults are estimated to **drink to harmful levels** in the EU, 23 million of whom are considered to be **addicted**.
- The risk of becoming **alcohol dependent** is **higher in less advantaged social groups**, therefore contributing to health inequalities across society.





VINTAGE

Alcohol and the elderly

CONTEXT AND NEED FOR EUROPEAN ACTION

- The last 10 years have seen **sharp increases** in the numbers of **young people** with **hazardous drinking patterns**.
- Habits such as “**binge drinking**” (repeated heavy drinking, more than five alcohol units at a time, with the purpose of getting drunk) and **under-age drinking** (see box next page) put **young people** at **particular risk** from the dangers of alcohol abuse.

And what about the elderly ?





VINTAGE

Good Health into Older Age



Elderly people are more sensitive to alcohol because of physical changes



Body water to fat ratio: decrease
Less water , decreased alcohol dilution



Hepatic blood flow : decrease
Increased risk for liver damage



Liver enzymes: efficiency decrease (<6 gr ETOH/hr)
Impaired alcohol metabolism



Responsiveness of the brain: decrease
Faster effect on the brain, cognitive impairment





VINTAGE

Good Health into Older Age

Journal of Alzheimer's Disease 17 (2009) 7–31
DOI 10.3233/JAD-2009-1009
IOS Press

7

Review Article

Alcohol Drinking, Cognitive Functions in Older Age, Predementia, and Dementia Syndromes

Francesco Panza^a, Cristiano Capurso^b, Alessia D'Introno^a, Anna M Colacicco^a, Vincenza Frisardi^a, Maria Lorusso^a, Andrea Santamato^c, Davide Seripa^d, Alberto Pilotto^e, Emanuele Scafato^f, Gianluigi Vendemiale^{b,g}, Antonio Capurso^a and Vincenzo Solfrizzi^{a,*}

At present, there is no indication that light to moderate alcohol drinking would be harmful to cognition and dementia, and it is not possible to define a specific beneficial level of alcohol intake.

Alcohol Expert Meeting , Stockholm





VINTAGE

Good Health into Older Age

Nutrition, Metabolism & Cardiovascular Diseases (2009) xx, 1–9



ELSEVIER

available at www.sciencedirect.com



journal homepage: www.elsevier.com/locate/nmcd

Nutrition,
Metabolism &
Cardiovascular Diseases

Alcohol consumption and cardiovascular risk factors in older lifelong wine drinkers: The Italian Longitudinal Study on Aging

E. Perissinotto^{a,*}, A. Buja^a, S. Maggi^b, G. Enzi^c, E. Manzato^c, E. Scafato^d,
G. Mastrangelo^a, A.C. Frigo^a, A. Coin^c, G. Crepaldi^b, G. Sergi^c, for the ILSA
Working Group¹

Conclusion: Our results indicated in elderly moderate wine drinkers a noticeably safe metabolic, inflammatory and glycemic profile that might balance higher blood pressure, leading to a net benefit. These findings however need to be placed in relation to the known adverse social and health effects of heavy drinking.

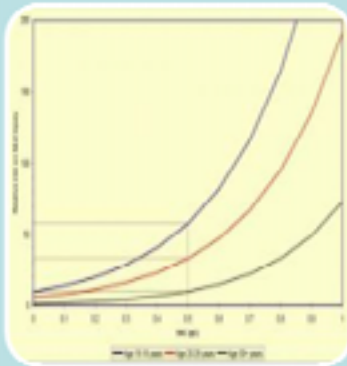
Alcohol Expert Meeting , Stockholm





ROAD ACCIDENT in the ELDERLY

The next priority ?



Same quantity of alcohol may cause a higher level in Blood Alcohol Concentration (BAC) in the elderly than among younger people

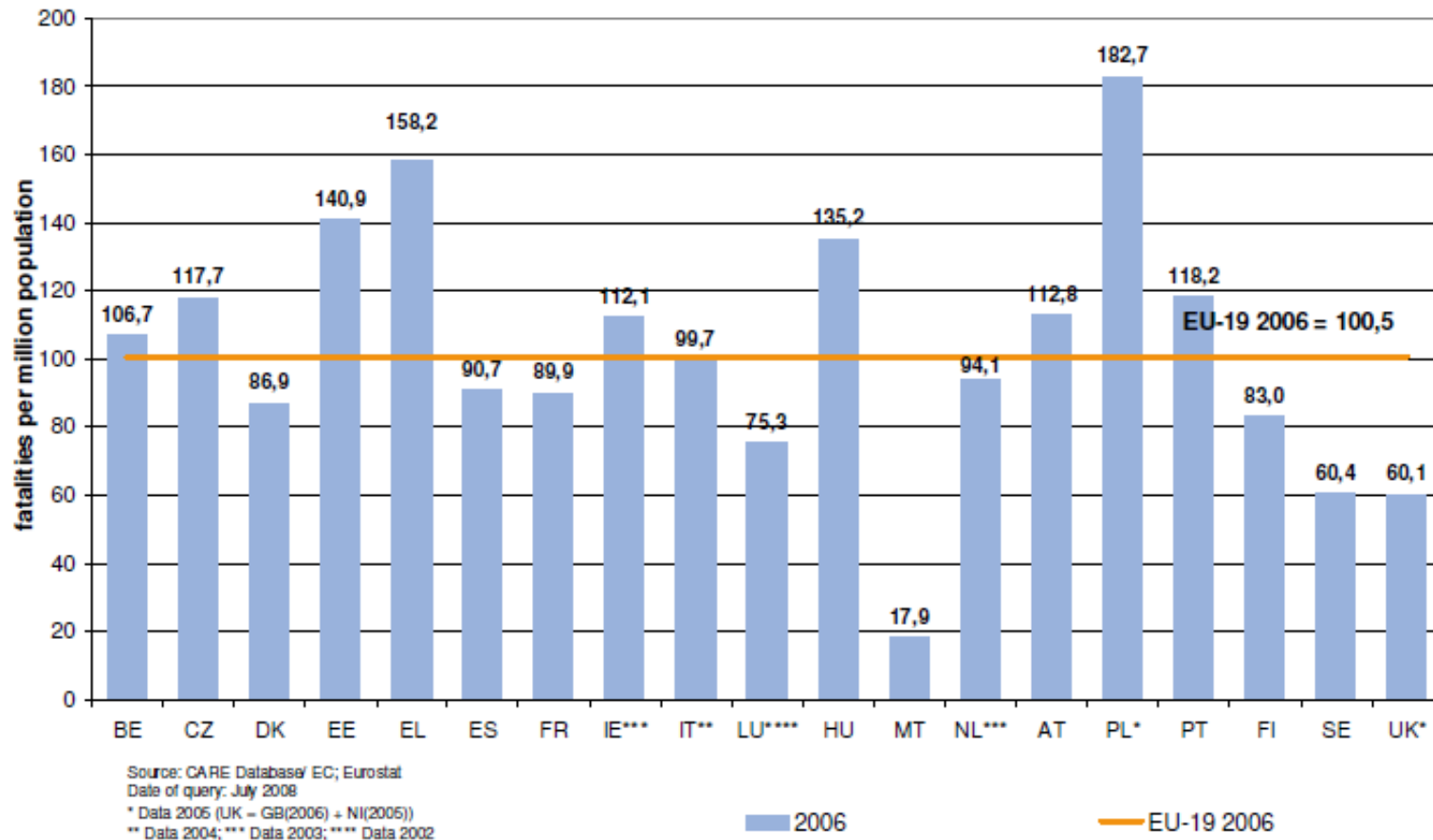


The risk for elderly car drivers to be involved in a road accident is 3 times higher after consuming even small amount of alcohol in comparison with the zero consumption



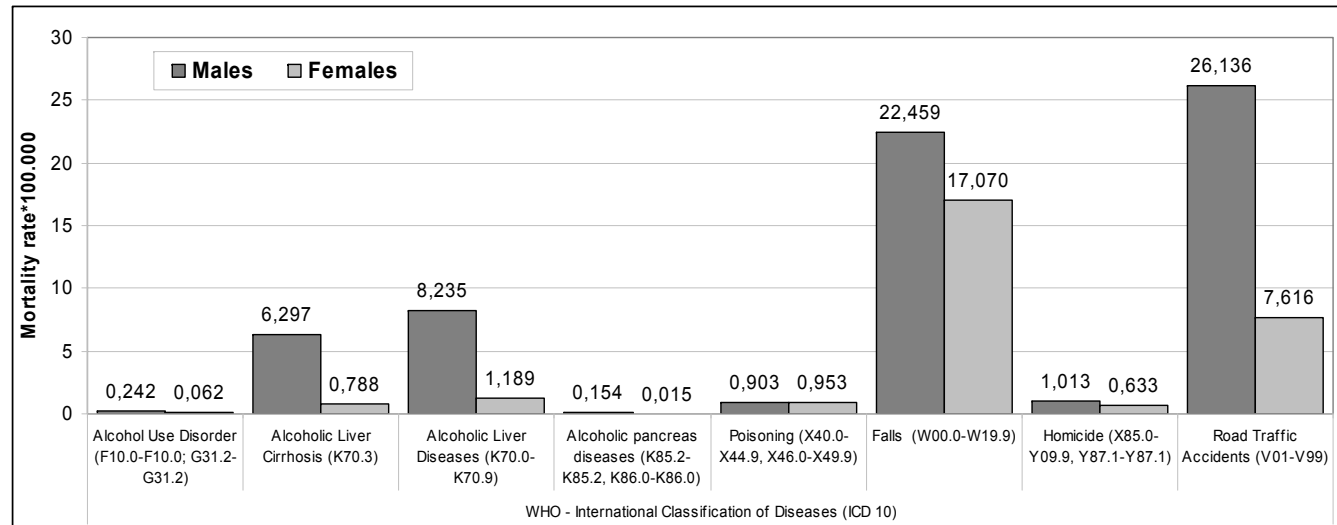


Figure 7: Fatalities of seniors per million inhabitants (aged 65+), 2006





Mortality rates aged 65+ (*100.000) Italy - 2003



Source: Data from the 2003-2007 Multiscopo ISTAT study processed by the Osservatorio Nazionale Alcol CNESPS and the WHO CC Research on Alcohol

In analysing the mortality rates a relationship has been found between alcohol consumption and the risk of involvement in accidental falls (Italian mortality rates (2003): M=22,46; F=17,07), the risk of homicide (Italian mortality rates (2003): M=1,01; F=0,63), and road traffic accidents (Italian mortality rates (2003): M=26,14; F=7,62).



Alcohol and disability with special consideration of traffic injury – Analysis, evaluation and consequences

Jürgen Rehm ^{1,2,3}, Robert Mann ^{1,2} & Jayadeep Patra ¹
¹ Centre for Addiction and Mental Health, Toronto, Canada
² Dalla Lana School of Public Health, University of Toronto, Canada
³ TU Dresden, Germany

Based on data on prevalence provided by

Emanuele Scafato

Istituto Superiore di Sanità, Osservatorio Nazionale Alcol

WHO CC for Health Promotion and Research on Alcohol and Alcohol-related Health Problems

Centro Nazionale di Epidemiologia, Sorveglianza e Promozione della SaluteEman

Alcohol-attributable burden of disease in 1,000 DALYS for Italy 2004

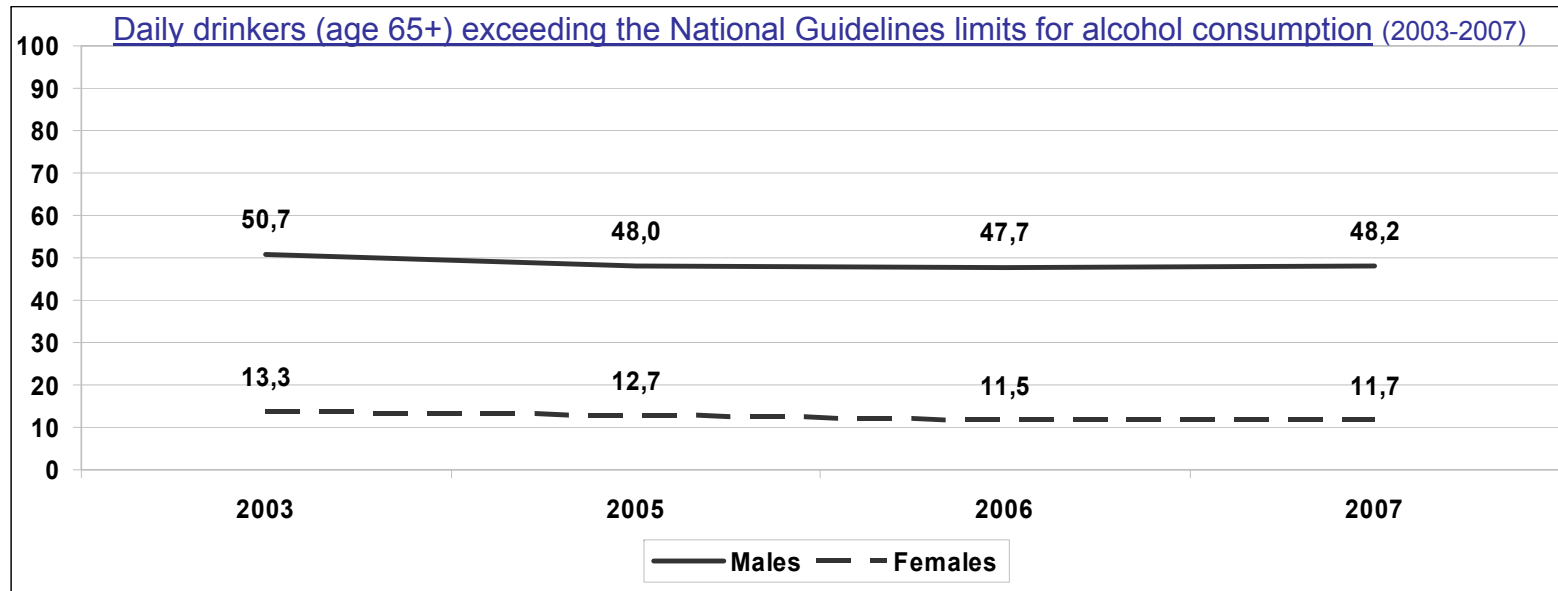
Disease Category	ITALY			EUR		
	M	W	T	M	W	T
Maternal and perinatal conditions (low birth weight)	0	0	0	11	9	20
Cancer	67	45	113	782	516	1298
Diabetes mellitus	0	0	0	0	7	7
Neuropsychiatric disorders	40	28	68	4573	1018	5591
Cardiovascular diseases	44	22	66	1927	489	2416
Cirrhosis of the liver	62	37	99	1680	839	2519
Unintentional injuries	84	17	101	4725	738	5463
Intentional injuries	13	3	17	1549	256	1806
Total 'detrimental effects' attributable to alcohol	311	154	465	15246	3872	19118
Diabetes mellitus	-17	-7	-24	-116	-56	-172
Cardiovascular diseases	-54	-42	-96	-488	-832	-1320
Total 'beneficial effects' attributable to alcohol	-71	-49	-120	-604	-889	-1493
All alcohol-attributable net deaths	240	104	345	14642	2983	17625
All deaths	3367	3214	6581	84476	67271	151747
Percentage of all net deaths attributable to alcohol	7.1%	3.2%	5.2%	17.3%	4.4%	11.6%



Daily drinkers exceeding the National Guidelines limits for alcohol consumption

The Italian guidelines for a healthy diet developed by INRAN – Ministry for Agriculture (incorporating the indications from WHO, the Ministry of Health, the ISS, Italy's National Health Institute, Osservatorio Nazionale Alcol CNESPS and the Italian Society of Alcoholology – SIA) consider as drinkers at major risk people who overcome the following daily alcohol amount (in Italy one glass of any alcoholic beverage (UA) is set to 12 grams):

- a) adult men who consume more than 40 grams of alcohol per day (2-3 glasses of any type of alcohol)
- b) adult women who consume more than 20 grams per day (1-2 glasses).
- c) any level of consumption is considered at risk before the age limit of 15 ;
- d) for 16-18 year-old individuals, 1 glass of any alcoholic beverage per day is the maximum level allowed,
- e) for people aged 65+, the level not to be overcome is 1 alcoholic beverage per day.



Source: Data from the 2003-2007 Multiscopo ISTAT study processed by the Osservatorio Nazionale Alcol CNESPS and the WHO CC Research on Alcohol

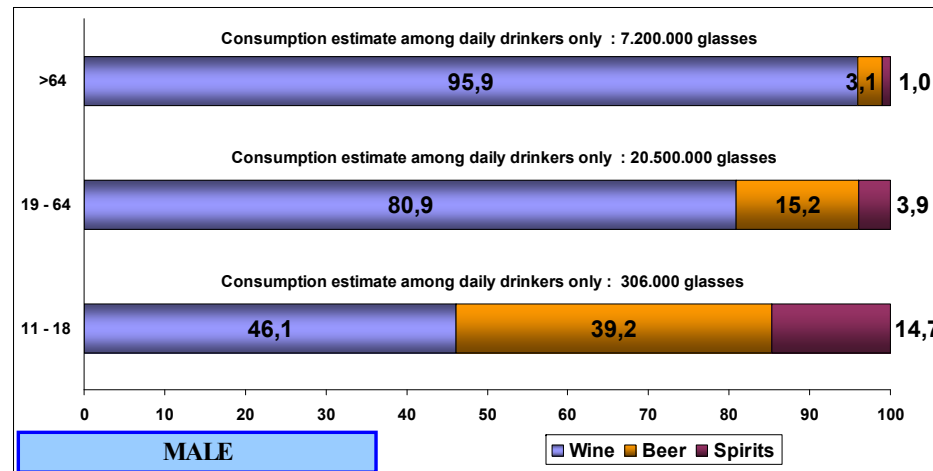




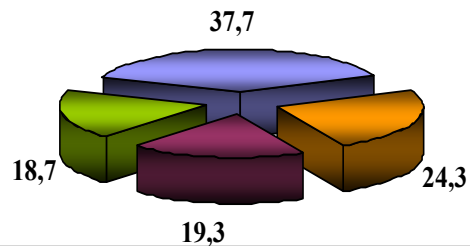
Alcohol consumption

INTAKE by daily drinkers ONLY by age

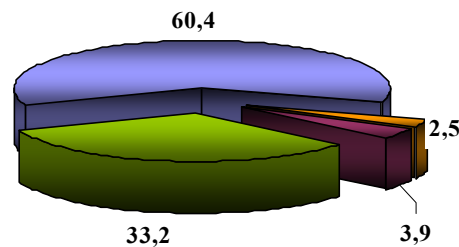
Contribution (%) of the different beverages to harmful consumption



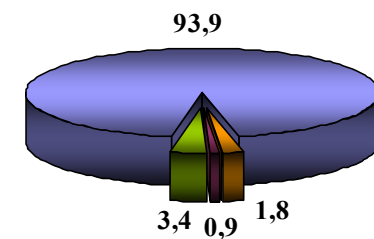
11-18
61.1 % of glasses in excess



19-64
19.5 % of glasses in excess



>64
59 % of glasses in excess



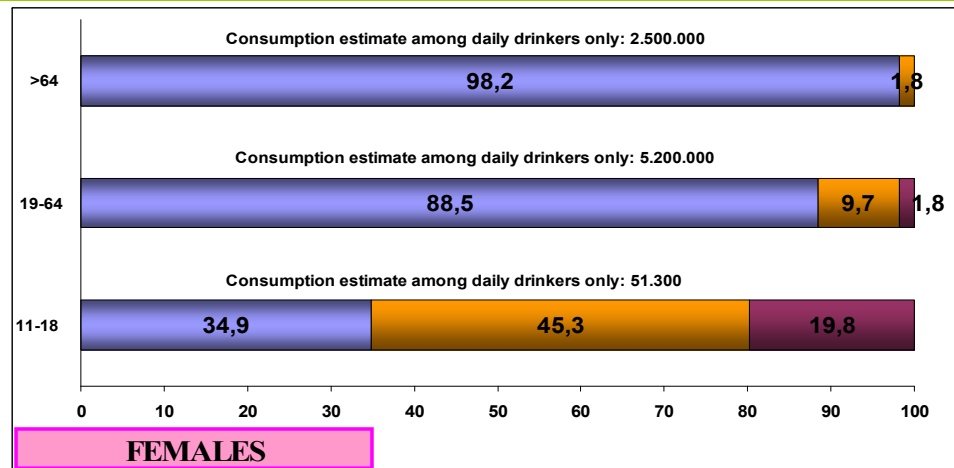
Contribution (%) of the different beverages to harmful consumption



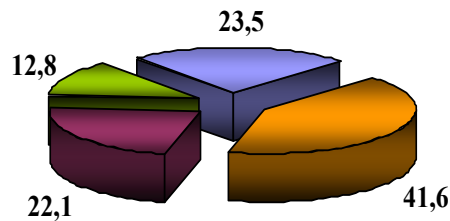
Alcohol consumption

INTAKE by daily drinkers ONLY by age

Contribution (%) of the different beverages to harmful consumption

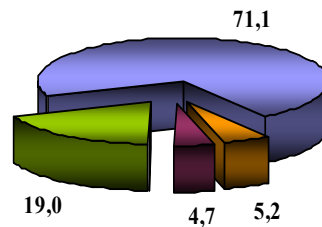


11-18
47.7 % of glasses in excess



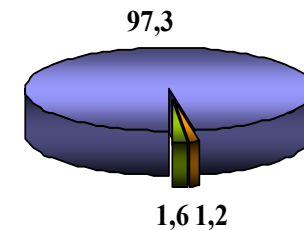
■ WINE ■ BEER ■ SPIRIT ■ MIX

19-64
15.6 % of glasses in excess



■ WINE ■ BEER ■ SPIRIT ■ MIX

>64
40.6 % of glasses in excess



■ WINE ■ BEER ■ SPIRIT ■ MIX

Contribution (%) of the different beverages to harmful consumption



ALCOHOL AND AGEING

REASONS FOR CHANGE “USUAL” ALCOHOL CONSUMPTION

- Chronic diseases or age-related conditions
- Interaction during therapies by means very common medications
- Decrease in cognitive and motor functions (attention, coordination etc.)
- Effects on different health problems
- Effects on social inclusion/exclusion and participation
- Increased risk for alcohol use disorders and dependence
- Lower probability to be early screened as a problematic drinkers





VINTAGE

Good Health into Older Age

Alcohol and the elderly:some gaps

- No/few specific nutritional guidelines
- No/few alcohol prevention for older people
- No/few specific norms for aged drivers
- No/few strategies, objectives and action by EU/WHO/MS alcohol policy
- Under-researched area





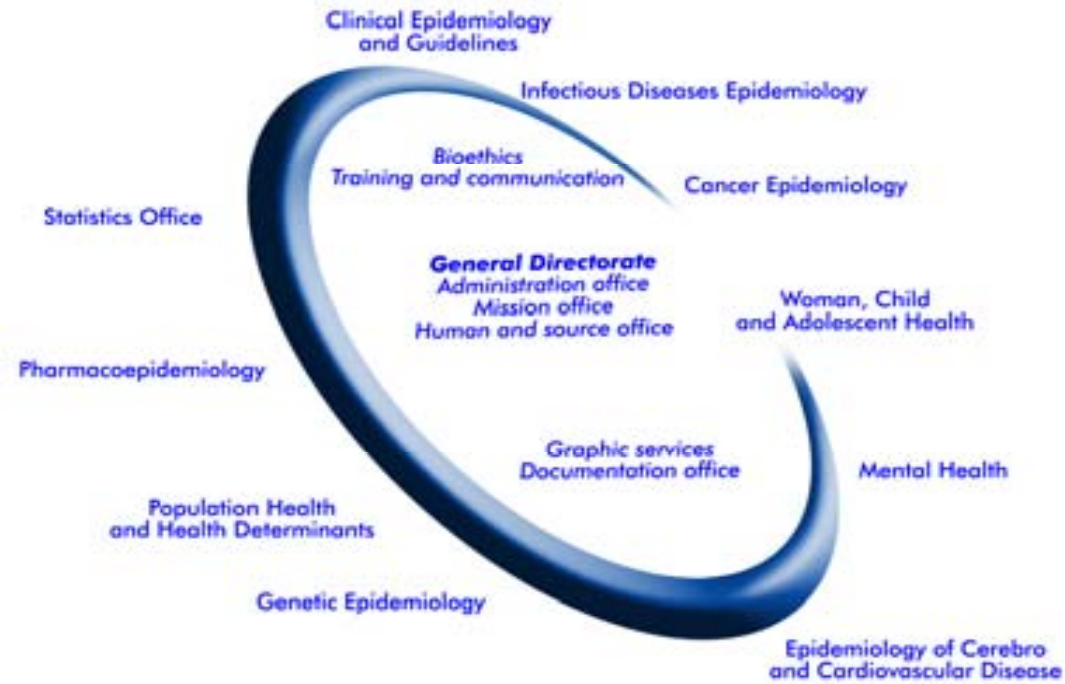
Istituto Superiore di Sanità

Seventy-five years of history (1934 – 2009).

The Istituto Superiore di Sanità (ISS) is the leading technical and scientific public body of the Italian National Health Service. Its activities include research, control, training and consultation in the interest of public health protection.

Full staff: 2300





CNESPS - National Centee for Epidemiology, Surveillance and Health Promotion





ISS- CNESPS Population Health Unit

Main projects 2000-2008 (budget : € 7 milioni)

EU - INTERNATIONAL	NATIONAL
APN - Bridging the Gap	PRISMA
ELSA, ECAT,	INTEGR.PROJECT ALCOHOL
PHEPA & WHO PHASE IV	IPIB
ERA-AGE	OSS. NAZ. ALCOL
ERA-NET AGEING	ULISSE- FRAILTY ELDERLY
ECHI I & II, ECHIM	NIH/ISS agreement
PATHWAYS FOR HEALTH	WHO CC ON ALCHOL
BUILDING CAPACITY	EPIDEM. AGEING
AMPHORA	IL PILOTA
FUTURAGE	ILSA - Ageing
VINTAGE	IPREA - Alzheimer

Alcohol Expert Meeting , Stockholm





VINTAGE

Good Health into Older Age

VINTAGE

Short overview





VINTAGE

Objectives and Methods

The main aim of VINTAGE is to improve knowledge and to build capacity, at European, national and local level, in order to prevent the harmful use of alcohol among elderly subjects:

- **provide evidence-based information** on the impact of alcohol on health and well-being → **systematic reviews**
- **collect examples of best practices, effective policies and programmes** regarding the reduction of harmful alcohol use → **structured template**
- active **dissemination** of reports, best practices, relevant laws and infrastructures → **specific website**





VINTAGE

- DISSEMINATION -

To ensure that information about and the main findings of the project (all relevant reports, examples of best practices, and relevant laws and infrastructures) are actively disseminated, along with relevant key findings and implications for policy and programme development, **to those responsible for alcohol policy and programme development**, including those working in the fields of health and welfare of older people at the European, country, regional and municipal levels, **in order to help build the capacity and knowledge of such personnel in making informed and evidence-based decisions.**





VINTAGE

Associated Partners

Maastricht University	UNIMAAS	Onno van Schayck
Gencat	GENCAT	Joan Colom
Institute of Public Health Slovenia	IVZ	Sandra Rados
Institute of Public Health Rep. Ceca	SZU	Hana Sovinova
Stakes - Finlandia	STAKES	Salme Ahlström
Institute of Alcohol Studies	IAS	Aneurin Owen

Alcohol Expert Meeting , Stockholm





VINTAGE

Collaborating Partners

<i>Collaborating organisation</i>		
<i>Organisation</i>	<i>Town / City</i>	<i>Country</i>
University of Bergen (for HP-Source)	Bergen	Norway
Deutsche Hauptstelle für Suchtfragen (for PhP project)	Hamm	Germany
National Foundation for Alcohol Prevention (STAP)	Utrecht	Netherlands
HCPB (for FP7 funded AMPHORA research project on alcohol policy)	Barcelona	Spain
Center on Aging, National Research Council, University of Padua	Padua	Italy
Department of Neurological and Psychiatric Sciences, Univ of Firenze	Firenze	Italy
Memory Unit, Center for Aging Brain, Dept of Geriatrics, UNI BARI	Bari	Italy
Società Italiana di Alcolologia (SIA)	Bologna	Italy
EUROCARE ITALIA	Padua	Italy
Centro Alcologico Regione Toscana	Florence	Italy
AICAT (Associazione Italiana Club Alcolisti in trattamento)	Salerno	Italy
Università Cattolica Sacro Cuore. Istituto Medicina Interna e Geriatria	Rome	Italy

Alcohol Expert Meeting , Stockholm





VINTAGE

Evaluation report referees conclusion

This project is of high relevance to the implementation EU strategy to support Member States in reducing alcohol related harm, to the Work plan and to Community health programme. Scientific reviews on health and alcohol consumption in elderly and on effective practices will contribute to the knowledge and good practice exchange at EU and country level.

The project could also have potential impact on the health of citizens, health services utilization, sustainability of health systems and consequently on reduction of health inequalities





VINTAGE

Timing of Work Packages (WP) and Deliverables (D)

Duration of the project 18 months: 01.03.09-31.08.10

WP lead partner	Month																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
WP1 - Project coordination Istituto Superiore di Sanità			MC	D1						D4 MC						MC		D7
WP2 - Results dissemination Istituto Superiore di Sanità			W	D2		D3												
WP3 - Project evaluation Istituto Superiore di Sanità																		D8
WP4 - Evidence based Maastricht University													D5					
WP5 - Experience based Generalitat de Catalunya																D6 D		

All deliverables will be submitted to the Executive Agency for Health and Consumers (EAHC)

- D1 Protocol
- D2 Dissemination plan
- D3 Website dissemination
- D4 Interim technical and financial report
- D5 Report on alcohol and older people
- D6 Report on best practices
- D7 Final technical and financial report
- D8 Evaluation report
- MC Management committee meeting
- W Launch of website
- D Launch of database





VINTAGE

WP1 – Coordination of the project

Managent Team composition

Project coordinator, WP1, WP2, WP3 leader	Emanuele Scafato, ISS
ISS staff	Lucia Galluzzo, Claudia Gandin, Silvia Ghirini, Sonia Martire
WP4 leader	Onno van Schayck, Peter Anderson, UNIMAAS
WP5 leader	Joan Colom, GENCAT

Managent Team Meetings

Rome, May 2009	Barcelona, Dec. 2009	Rome, Jun. 2010
----------------	----------------------	-----------------

Alcohol Expert Meeting , Stockholm





VINTAGE

WP2 – Dissemination of results

Electronic dissemination of the project main findings (reports, examples of best practices, laws and infrastructures) through a specific **website**:

- hosted by **ISS**, in partnership with **DHS** (Pathways for Health Project website) and **UiB** (HP-Source website of infrastructures for alcohol policy)
- **links** with all websites of associated and collaborating partners
- elaboration of a **dissemination strategy** to a list serve of relevant **stakeholders** (governmental, non-governmental and private organizations working in the field of older people)





VINTAGE

WP3 – Evaluation of the project

An external evaluator will be undertaken, following a case study standard methodology

- **Process evaluation**

- ✓ analysis of written documentation (meeting notes and minutes, reports, etc.)
- ✓ network survey to project staff and members

- **Output evaluation**

- ✓ review of project deliverables in terms of scientific accuracy, readability, usability and ease of access

- **Outcome evaluation**

- ✓ assessment of long-term increased health and well-being of elderly subjects
- ✓ 3 intermediate measures (dissemination, hits to websites and numbers of documents downloaded, stakeholders intention of modifying existing policies and practices)





VINTAGE

Reporting

Interim Report: period 01.03.2009-31.12.2009

- deadline for partners 31.01.2010, deadline for coordinator 28/02/2010
- progress report on technical implementation of the action
- detailed financial statement of the eligible costs incurred, consolidated statement and breakdown between each beneficiary
- request for further payment

Final Report: period 01.03.2009-31.08.2010

- deadline for partners 30.09.2010, deadline for coordinator 31.10.2010
- final report on technical implementation of the action;
- final detailed financial statement of the eligible costs incurred, consolidated statement and breakdown between each beneficiary
- request of balance payment





VINTAGE

GOOD HEALTH INTO OLDER AGE

THANK YOU FOR YOUR ATTENTION

Emanuele Scafato
ISTITUTO SUPERIORE DI SANITÀ'
NATIONAL HEALTH INSTITUTE
Via Giano della Bella, 34
00161 Rome, Italy

Tel : (+39) 06 4990 4028 o 4029 (segr.)
Fax: (+39) 06 4990 4193
Mob. (+39) 346 6959152

E-mail: emanuele.scafato@iss.it

Alcohol Expert Meeting , Stockholm

