



**Trends in alcohol related admissions for older people with mental health problems: 2002 to 2012**

This briefing examines trends in hospital admissions for older people with mental and behavioural disorders secondary to the use of alcohol over the past 10 years, using Hospital Episode Statistics (HES) for England. It draws upon data for all hospital activity in English NHS Hospitals and English NHS commissioned activity in the independent sector.

**Key Findings**

- The rise in the percentage of older people with mental and behavioural disorders associated with alcohol has now far surpassed their younger counterparts, with this trend becoming more pronounced over the past 5 years. Currently, in people aged 60 and over in England, hospital admissions for mental and behavioural disorders associated with alcohol use outnumber those with alcohol related liver disease.
- The number of older people between the ages of 60 and 74 admitted to hospitals in England with mental and behavioural disorders associated with alcohol use has risen by over 50% more than in the 15-59 age group over the past 10 years (a 94% increase in the 15-59 age group from 27,477 to 53,258 and a 150% increase in the 60-74 age group from 3,247 to 8,120).
- Those people aged 75 and over with mental and behavioural disorders associated with alcohol experience longer periods of hospitalisation than their younger counterparts.
- The number of people aged 60 and over admitted to hospitals in England with Wernicke Korsakoff syndrome has risen by over 140% over the past 10 years, with an almost static rise in the 15-59 age group.
- The overall findings cannot be explained purely by rising numbers of older people in the general population given that the population of people aged 65 and above in England and Wales increased by 11% between 2001 and 2011<sup>1</sup>.

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<sup>1</sup> Oxford Consultants for Social Inclusion. *Census 2011 shows large population changes in local areas*  
<http://www.oci.co.uk/news/2012/07/16/census-2011-shows-large-population-changes-in-local-areas>  
Accessed 22/02/13

- The findings show there is a pressing need for the NHS to address the needs of older people with mental health problems associated with alcohol misuse, both in preventing hospital admissions and ensuring appropriate community support following admission. This will require close collaboration between services providers to ensure clinically effective specialist assessment, intervention and care to improve health and social outcomes.

## **Background**

In recent years, there has been considerable awareness surrounding the impact of alcohol misuse and dependence on physical health in older people, particularly on damage done to the liver. However, more recent trends suggest that there needs to be an equal focus on mental health. Between 2011 and 2012, there were 9,814 hospital admissions across England for people aged 60 and over with alcohol related mental and behavioural disorders, compared with 9,275 admissions for alcohol related liver disease in the same age group<sup>2</sup>.

In 2011, the Royal College of Psychiatrists published the first report on substance misuse in older people, also highlighting the harmful effects of alcohol on mental health<sup>3</sup>. The report made recommendations for addressing substance misuse, including the misuse of alcohol, at the levels of national policy, public health, service delivery, training and research. As well as raising awareness of a growing problem that continues to impact on clinical services across the country, it also raised the need to provide a seamless approach to assessment, treatment and care, in order to ensure that services work together effectively. This is no better illustrated than in the prevention of hospital admissions through equipping health and social care professionals with competencies in screening and brief intervention for alcohol misuse in older people with mental disorders<sup>4</sup>. It has recently been shown that although older people's mental health services in hospital settings see only a small fraction of older people with alcohol related mental and behavioural disorders, assessment and referral to mainstream mental health teams for older people in the community is associated with positive outcomes for older drinkers<sup>5</sup>. Such outcomes may also have a positive outcome in the prevention of re-admission to hospital for alcohol related mental health problems.

## **HES data from 2002/03 to 2011/12**

Table 1 details the number of Finished Consultant Episodes (FCEs) per year between 2002 and 2006 for mental and behavioural disorders due to use of alcohol. The FCE approach is a more accurate record of individual episodes of patient assessment and treatment, rather than simply the number of admissions. From 2002/03 to 2005/06, the number of FCEs in the

<sup>2</sup> Data taken from Hospital Episode Statistics: [www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=203](http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=203) (Primary diagnosis: 3 character 2011-12)

<sup>3</sup> Crome I, Dar K, Jankiewicz S, Rao R and Tarbuck A. *Our Invisible Addicts. First report of the older persons' substance misuse working group of the Royal College of Psychiatrists*. The Royal College of Psychiatrists: London, 2011.

<sup>4</sup> Rao RT. Older people and dual diagnosis—out of sight, but not out of mind. *Advances in Dual Diagnosis* 2011 ; 4: 1

<sup>5</sup> Rao R. Outcomes from liaison psychiatry referrals for older people with alcohol use disorders in the UK. *Mental Health and Substance Use*. 2013(ahead-of-print):1-7.

15-59 age group rose by 8981 (47%) for men and 4111 (51%) for women. In those aged 60 and over, there was a rise of 1770 (32%) for men and 400 (61%) for women. The comparative overall rise was 48% for the 15-59 and 52% for the over 60 age groups and is broadly similar to rises of 47% and 51% in the broader measure of hospital admissions for mental and behavioural disorders due to use of alcohol for the 15-59 and age groups over the same time period, shown in Table 2.

What is more striking for the FCEs shown in Table 1 is that both men and women in the 75 and over age group spend approximately double the time in hospital per FCE compared with men and women in the 15-59 age group. It is likely that a large number of the older patients may have more complex mental and physical problems associated with alcohol use, thereby prolonging the individual length of stay on in-patient wards. Another possibility may be the inadequate provision of appropriate community facilities to support older people with mental and behavioural disorders due to use of alcohol<sup>6</sup>.

Between 2002/03 and 2005/2006, there was a 56% rise in the number of admissions for mental and behavioural disorders due to use of alcohol in the 60-74 age group, compared with a 47% rise in the 15-59 age group. This difference has been even more marked in recent years, such that between 2002/03 and 2011/12, the percentage rise in these admissions for the 60-74 age group has been almost double that of the 15-59 age group (Table 2). What is more, the average age of admissions has risen from 41 in 2002/03 to 45 in 2011/12. These trends cannot be explained wholly by a corresponding increase in the older population over this time frame, given that the population of people aged 65 and above in England and Wales increased by only 11% between 2001 and 2011.

There also remains considerable regional variation in the proportion of hospital admissions for older people with mental and behavioural disorders due to use of alcohol, as compared with other alcohol related diagnoses. In London, this proportion varies between boroughs by as much as 6 fold, varying from 3% to 18% (Figure 1). There may be a variety of determinants for these differences, including level of deprivation and ethnicity, but may also be influenced by the varying rates of detection of mental and behavioural disorders among older people in hospital<sup>7</sup>.

### **Specific challenges to the NHS for older people with mental and behavioural disorders due to use of alcohol**

With increasing longevity and a growing trend of rising alcohol misuse in older people, the health and social care burden from older people with alcohol related brain injury has implications for service provision and it has so far been unclear as to the extent of this problem. In view of this dearth of information, HES data was extracted for hospital admissions given a diagnosis of amnesic syndrome secondary to use of alcohol. Amnesic syndrome (more commonly known as Korsakoff's syndrome) is the commonest form alcohol related memory impairment and is associated with profound difficulties with orientation, memory and behaviour. Although this disorder has its onset in late middle-age, there has

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<sup>6</sup> Rao T, Crome I. Substance misuse among care home residents. *Nursing & Residential Care* 2011; 13: 594-596.

<sup>7</sup> Rao R. Outcomes from liaison psychiatry referrals for older people with alcohol use disorders in the UK. *Mental Health and Substance Use*. 2013(ahead-of-print):1-7.

been a progressive increase in the average age of hospital admissions for patients with amnesic syndrome over the past 10 years, rising from 54 in 2002/03 to 60 in 2011/12. The most striking observation, however, is that although there has been a 1% rise in the number of patients admitted with this disorder over the past decade, this compares with a 140% rise for people aged 60 and above (Table 3).

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