A case of double exclusion

Modern European societies are characterized by their permanent concern in reducing social exclusion to the lowest possible level. This can be regarded as a long and slow process where relevant progress has already been made in a few areas (e.g. women rights, child protection, etc.), while there is still room for marked improvement in other areas.

Alcohol-related problems are certainly a cause of social inequalities and one of the topics not well addressed in Europe, especially if we take into account the burden of disease attributable to alcohol and the limited efforts made to reduce it.\(^1\)\(^2\) In addition to this, the elderly are faced with the challenge of a life expectancy longer than ever before, under living conditions where social isolation and loss of family role are the norm.

At this point, no one can be surprised to discover that alcohol consumption by the elderly is a rather neglected topic. In other words, if your drinking may harm your health and you are old, no one will care... Some people may even think that it is wise (and compassionate) not to try to change drinking behaviour in elderly people. In fact, as a clinician, I have often heard this kind of rationale from some of my colleagues.

Hence, it is no surprise that an important message in the report by Hallgren et al.\(^3\) is that ‘little is currently known about the health, social and economic impacts of alcohol consumption in this cohort’. Drinking by the elderly can be taken as a case of ‘double exclusion’, which makes this topic almost impossible to survive in the scientific and policy arenas. There are researchers interested in alcohol but they are not likely to focus on the elderly, while researchers focusing on the elderly will probably not be very much interested in alcohol-related topics.

However, this lack of interest does not mean that the problem is not important. In fact, the few existing data show reasons for concern, as a marked increase in alcohol-related deaths in the elderly has been observed in some of the countries studied, while there are no specific guidelines to identify and address drinking problems in this age group.

In the near future, the elderly population is expected to increase, along with an increased life expectancy. The economic recession will not improve social conditions for the elderly and, on top of that, we expect drinking rates to increase in elderly females as a logical consequence of the changes currently observed in adults and youngsters.

In summary, there are reasons for not ignoring drinking problems in the elderly; therefore, initiatives like this report on alcohol and ageing and the VINTAGE project should be most welcomed. At this stage, we must admit that the dimensions of the problem are not fully known. Since the few available data show relevant reasons for concern and the current economic recession is likely to worsen the social condition of the elderly, action must be taken in order to identify the scope of the problem and to prevent the double exclusion phenomenon. The development of European guidelines to identify alcohol problems in the elderly both in primary health care and other health care settings can be seen as a major step forward.

References


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