



**Supporting older adults
who have an alcohol problem
and cognitive impairment**

A Good Practice Guide

What is Alcohol-Related Cognitive Impairment?

Alcohol-Related Cognitive Impairment (ARCI) is often caused by Alcohol-related Brain Damage (ARBD).

ARBD is an umbrella term for conditions affecting the brain caused by long-term harmful alcohol use. These include Wernicke’s Encephalopathy and Korsakoff Syndrome (amnesic syndrome), alcohol-related dementia, traumatic head injury and damage to blood vessels.

It is estimated that men who drink more than 60 units per week, and women who drink more than 50 units per week for a period of five years are more likely to experience problems with their cognitive functioning and intellect.⁽¹⁾

Many people with alcohol problems experience cognitive impairment, including difficulties with:

Remembering

Processing information

Concentrating

Planning ahead

Reasoning

Direction sense

Why are older adults more at risk of Alcohol-Related Cognitive Impairment?

Other causes of cognitive impairment in older adults include dementia, stroke and traumatic brain injury. However, the most common cause of cognitive impairment in people attending alcohol services is alcohol use.

Older adults with alcohol problems are more likely to have cognitive impairment than younger people with alcohol problems.⁽²⁾

This is for a number of reasons:	
As we age our brains are more susceptible to the toxic effects of alcohol.	Older adults are more at risk of stroke from blood vessel damage, caused by high blood pressure.
Older adults are more susceptible to falls and injuries that may lead to a traumatic brain injury and blood vessel damage.	Repeated alcohol withdrawal is associated with cognitive impairment, and can be more severe and last longer in older adults.
Loss of appetite may lead to poor nutrition which is a cause of thiamine deficiency. This is associated with Wernicke’s Encephalopathy and Korsakoff Syndrome.	Older adults are more likely to be taking over-the-counter and prescribed medication. When mixed with alcohol, this may put a strain on the liver resulting in a more toxic effect on the brain.

Supporting older adults with ARCI at Drink Wise, Age well

Half of the people aged 50 and over entering Drink Wise, Age Well alcohol services have cognitive impairment. This ranges from short-term memory problems to long-term difficulties with memory, attention and slowed thinking which significantly affects their lives.

The good news is that where cognitive impairment is caused directly by alcohol i.e. the direct toxic effect of alcohol or thiamine deficiency, the cognitive impairment is often reversible if the person stops or greatly reduces their drinking. This is not necessarily the case for a Traumatic Brain Injury or vascular damage caused by alcohol, however that is not to say the person would not benefit from harm reduction strategies.

Sadly, many people with cognitive impairment encounter barriers which prevent them receiving or fully benefiting from alcohol treatment. This may be because they:		
Are unaware that they need help with their drinking	Find it difficult to give an accurate alcohol history	Have difficulty concentrating and sustaining attention
Have trouble organising their thoughts and explaining things to others	Forget appointments	Find it difficult to learn new coping skills
Have difficulty managing their emotions	Find it difficult to make decisions	Have difficulty with social interactions

If someone has cognitive impairment but it has not been identified or screened for, it may be assumed that they do not want to engage with alcohol services or want to make changes to their alcohol use. Additionally, practitioners may assume that people with cognitive impairment don't have the mental capacity to consent to or benefit from alcohol treatment. There may be little practical support to help them access services and practitioners may not know how to tailor treatment to meet their needs.

Screening for Alcohol-Related Cognitive Impairment

At Drink Wise, Age Well, people who enter our service with cognitive impairment are just as likely to be treated successfully as people who don't have cognitive impairment. One reason for this may be that we screen people for cognitive impairment when they enter the service. If cognitive impairment is identified, we make changes to the way we deliver treatment.

NICE, Public Health England and the Scottish Government recommend routine cognitive screening in alcohol services.^(3,4,5) We use a screening tool called the Montreal Cognitive Assessment (MoCA). The [MoCA](#) is available free of charge however a paid for online training course must be completed before it can be used.

We have found that most people using our service are happy to be screened for cognitive impairment. Our practitioners reassure people that it is not an intelligence test and that most people don't get all the questions right. They make it clear that any difficulties that they are experiencing may be temporary and caused by their alcohol use and use the opportunity to discuss the impact that alcohol can have on the brain. Importantly, they tell the person that the screening can't give a definitive diagnosis of cognitive impairment, it can only indicate that the person may be experiencing difficulties at that time.

ADAPTING SUPPORT FOR PEOPLE WITH ARCI

<p>We have found that in order to best meet the needs of people with cognitive impairment, it may be necessary to:</p>	
Simplify appointment letters and give reminders via text and phone calls	The practitioner should always introduce themselves and explain their role - sense check that this information has been taken in through clarification and repetition
Offer home visits or arrange transport for those unable to drive	
Give information in more than one way (e.g. role play, visual aids and practical demonstrations, visual drink diaries and unit cups)	Modify written material to make it concise and to the point
	Use labels and post-its
Allow for breaks and be sensitive to the person's attention span, allowing more time to answer questions	Provide people with notepads and encourage them to write down questions and thoughts as they occur
Develop a wider wellbeing plan that includes healthy eating, managing medication and home safety	For family members provide support and advice, and ensure they understand that behaviours are not intentional. Where appropriate include them in the support plan
After group sessions, meet the person and review main points	

If screening indicates that a person had cognitive impairment when they entered Drink Wise, Age Well, we repeat the screening if they stop or greatly reduce their drinking.

If this shows that their cognitive functioning has improved, it can encourage people to maintain a lower level of drinking. If there is no improvement, the person may be offered referral for specialist assessment via their GP, Community Mental Health Service or Specialist Addiction Service.

Thiamine deficiency – why is thiamine important?

Thiamine (vitamin B1) is an essential nutrient. The body can not produce it, so people have to get it from food or a supplement.

Thiamine Deficiency can be caused by;

Poor diet/eating habits leading to nutritional deficiencies

Inflammation of the stomach lining which can trigger frequent vomiting impairing absorption and depleting stores of thiamine

Damage to the liver which is the main organ for processing vitamins and minerals

Alcohol can affect the conversion of thiamine into the form which is beneficial to the body.⁽⁶⁾

A deficiency in thiamine resulting from chronic alcohol consumption can cause ARBD. Wernicke's Encephalopathy (WE) is a life-threatening medical emergency which is often mistaken for intoxication. Immediate intravenous administration of thiamine is vital for those with symptoms of WE to prevent death or irreversible brain damage. However thiamine can also be administered as a way of preventing ARBD.

The Royal College of Psychiatrists recommend that anyone attending alcohol services should be assessed for the risk of thiamine deficiency.⁽⁷⁾

SOURCES OF THIAMINE INCLUDE;

Meat and poultry

Whole grain cereals

Nuts, dried beans, peas and soya beans

Mental capacity

It is important to understand that an older adult with a cognitive impairment will not automatically lack capacity to make an informed choice about different decisions that affect their life.

They may have the mental capacity to decide some things (e.g. what to eat or wear) but not others (e.g. manage finances). They may also have fluctuating capacity. The starting point should always be that an adult has capacity. If they have capacity and refuse treatment, the law would say that their decision must be respected. However, it would be worth asking them again at different points if possible; the answer may change.

A GP or another health professional can carry out a mental capacity assessment. If the person does lack capacity, there is no reason that they would not benefit or be able to engage in alcohol treatment, though this may have to be part of a multi-agency care package and in line with legal frameworks. Also where someone does maintain a period of abstinence, it is vital that a capacity assessment is carried out again to see if any improvements have been made before making a definitive capacity assessment. For more information on legal framework in England, Wales, Scotland and NI go to:

[Royal College of Psychiatrists: England and Wales](#)

[Royal College of Psychiatrists: Northern Ireland](#)

[Mental Welfare Commission for Scotland: Good Practice Guide Alcohol Related Brain Damage](#)

Further information

You can get further information on alcohol, dementia and cognitive impairment from the links below.

[Alcohol Change UK](#)

[Royal College of Psychiatrists: Our Invisible Addicts](#)

[Royal College of Psychiatrists: Alcohol and Brain Damage in Adults](#)

[Age Scotland](#)

[Barod elearning](#)

References

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