

Aging and Alcohol Abuse

Anyone at any age can have a drinking problem. The fact is that families, friends and health care professionals often overlook their concerns about older people's drinking. Sometimes trouble with alcohol in older people is mistaken for other conditions that happen with age. But alcohol use deserves special attention. Because the aging process affects how the body handles alcohol, the same amount of alcohol can have a greater effect as a person grows older. Over time, someone whose drinking habits haven't changed may find she or he has a problem.



Facts About Alcohol and Aging

- Some research has shown that as people age they become more sensitive to alcohol's effects. In other words, the same amount of alcohol can have a greater effect on an older person than on someone who is younger.
- Some medical conditions, such as high blood pressure, ulcers and diabetes, can worsen with alcohol use.

- Many medicines – prescription, over-the-counter or herbal remedies – can be dangerous or even deadly when mixed with alcohol. This is a special worry for older people because the average person over age 65 takes at least two medicines a day. If you take any medicines, ask your doctor or pharmacist if you can safely drink alcohol. Here are some examples:

- Aspirin can cause bleeding in the stomach and intestines; the risk of bleeding is higher if you take aspirin while drinking alcohol;
- Cold and allergy medicines (antihistamines) often make people sleepy; when combined with alcohol this drowsiness can be worse;
- Alcohol used with large doses of the pain killer acetaminophen can raise the risk of liver damage;
- Some medicines, such as cough syrups and laxatives, have a high alcohol content.

Effects of Alcohol

Even drinking a small amount of alcohol can impair judgment, coordination and reaction time. It can increase the risk of work and household accidents, including falls and hip fractures. Also, it adds to the risk of car crashes.

Heavy drinking over time can cause certain cancers, liver cirrhosis, immune system disorders and brain damage. Alcohol can make some medical concerns hard for doctors to find and treat. For example, alcohol causes changes in the heart and blood vessels. These changes can dull pain that might be a warning sign of a heart attack. Also, drinking can make older people forgetful and confused. These symptoms could be mistaken for signs of Alzheimer's disease. For people with diabetes, drinking affects blood sugar levels.

People who abuse alcohol may be putting themselves at risk for serious conflicts with family, friends and coworkers. The more heavily they drink, the greater the chance for trouble at home, at work, with friends and even with strangers.

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How to Know if Someone Has a Drinking Problem

There are two patterns of drinking: early and late onset. Some people have been heavy drinkers for many years, but over time the same amount of liquor packs a more powerful punch. Other people develop a drinking problem later in life. Sometimes this is due to major life changes like shifts in employment, failing health or the death of friends or loved ones. Often these life changes can bring loneliness, boredom, anxiety and depression. In fact, depression in older adults often goes along with alcohol misuse. At first, a drink seems to bring relief from stressful situations. Later on, drinking can start to cause trouble.

Not everyone who drinks regularly has a drinking problem, and not all problem drinkers drink every day. You might want to get help if you or a loved one:

- Drink to calm your nerves, forget your worries or reduce depression;
- Gulp down drinks;
- Frequently have more than one drink a day;
- Lie about or try to hide drinking habits;
- Hurt yourself, or someone else, while drinking;
- Need more alcohol to get high;
- Feel irritable, resentful or unreasonable when not drinking;
- Have medical, social, or financial worries caused by drinking.

Getting Help

Studies show that older problem drinkers are as able to benefit from treatment as are younger alcohol abusers. To get help, talk to your doctor. He or she can give you advice about your health, drinking and treatment options. Your local health department or social services agencies can be a resource.

There are many types of treatments available. Some, such as 12-step help programs, have been around a long time. Others include getting alcohol out of the body (detoxification); taking prescription medicines to help prevent a return to drinking once you have stopped; and individual and/or group counseling. Newer programs teach people with drinking problems to learn which situations or feelings trigger the urge to drink as well as ways to cope without alcohol. Because the support of

family members is important, many programs counsel married couples and family members as part of the treatment process. Programs may also link individuals with important community resources.

Scientists continue to study alcohol's effects on people and to look for new ways to treat alcoholism. This research will increase the chance for recovery and improve the lives of problem drinkers.

Source: National Institute on Aging

Your Child Has Been Diagnosed with Autism – Now What?

The diagnosis of autism is often devastating for parents. Fortunately, early intervention and treatment can often make a vast difference in the life of the child with autism and the life of his or her family.

The feelings a family goes through when a child is diagnosed with autism or a related disorder are similar in many ways to mourning after a death in the family. For some parents, the diagnosis may represent the loss of the perfect child, the perfect family. Their expectations may be turned upside down.

For one thing, the parents may be hearing "autism," but that word covers a broad spectrum of developmental disorders. Because these different labels can be confusing, it has been proposed that the term "autism spectrum disorder" be used for what up to now have been called different developmental disorders, such as Asperger's Disorder and Pervasive Developmental Disorder.

Parents of children with autism frequently know even before a diagnosis that their child is not developing normally, particularly with respect to communication or social skills, and they have often sensed this from very early in the child's life. Some children appear to develop typically, then regress before the age of three.

Many parents feel some relief when they learn there is a

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name for what is happening to their child. Medical terms have specific meanings that they can understand.

The most common first reaction is panic followed by a stage of helplessness, guilt, anger and depression. Why did this happen? Did the parents do something wrong? "Why does the neighbor have a perfect child and you don't?"

At this stage, many parents sweep into action. If they go on the Internet they will be swamped with information, some of it is contradictory and some of it plain wrong. However, used wisely, the Internet can be an excellent resource for learning how to help your child.



A parent's first stop on the Internet should be the Autism Society of America, a widely recognized clearinghouse of reliable information. Another good site is the Indiana Resource Center for Autism. Parents often are comforted to realize they are not alone and to discover how many people and resources are willing and available to offer help.

The parent's next order of business usually is to contact the local school system. Under federal law, autistic children are entitled to an education specific to their needs. The school system can affirm the diagnosis, assess the child's needs and come up with an individualized education plan (IEP). Here it is important to remember that each child is different and that no

one methodology works for every child, or even for most children. Often the best plan is to match features of research-based interventions to the child's unique profile.

Parents should know that the earlier the intervention, the better the results. For most children, the first efforts at treatment may focus on communication problems, using speech and language therapy if possible, with special attention to nonverbal communication.

Federal law mandates a "free and appropriate education;" state and local authorities may (but not need to) provide services above and beyond this federal mandate through their education systems. The services available to students with autism are, ideally, designed for each child's needs. Several methods using pictures or objects have been devised to assist these children with communication. Schools can provide speech and language therapy, as can private therapists in the community.

Many therapists address sensory processing problems in their therapy. For some children with autism, the connection between their senses is impaired, and they are distracted by sensory input. The texture or fit of their clothing can send them into rages. Certain sounds terrify them. Occupational therapists provide sensory integration therapy in schools and/or in private practice to address these problems.

If, however, schools cannot surmount all of autism's challenges, parents may decide they need to go further on their own. It can be expensive, and medical insurance coverage for autism intervention and therapies varies from place to place and from insurance company to insurance company.

Social Security will pay for some of the expenses through the Supplemental Security Income (SSI) plan. Many states have programs for disability assistance that can pitch in. Financial counselors often are helpful.

Beyond the school system, parents might seek practitioners that specialize in autism and related disorders, private practices, hospital-based centers and in family service agencies.

Some states offer minimal assistance. Others help considerably. The University of North Carolina at Chapel

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Hill has a model program called Supplemental TEACCH (Treatment and Education of Autistic and Communication related handicapped CHildren) that has such a strong reputation that families of children with autism from around the world have moved to North Carolina to take advantage it.

Those children with autism who have behavioral problems such as aggression or self-injury need treatment that is more intensive. Some programs can take care of these children very well; others cannot.

Sometimes medical intervention, obtained through hospital centers or physicians in private practice, can help. People with autism often are depressed and anxious, developing mood disorders which also may require medical intervention. Some have seizures, which can be treated medically.

The goal of parents with children with autism is to help the child attain as much self-sufficiency as possible. Early intervention makes a big difference.

Source: The Johns Hopkins University and Johns Hopkins Health System

For details about how state employees enrolled in the State of Ohio medical plan can access Autism Spectrum Disorder coverage information, [click here](#).

Governor John R. Kasich launched an initiative in 2012 to extend the availability of services in Ohio and benefits for state employees for children with autism spectrum disorder.



OHIO EMPLOYEE ASSISTANCE PROGRAM

Your employee assistance program offers confidential help for personal problems and concerns. Concerned about a troubled family member who won't get help? Feel tired and exhausted, but don't know if it's burnout, loss of motivation, depression or all three? Late for work too often? Has use of alcohol or drugs created a crisis you are facing right now? The bottom line: Never wonder if your concern is suitable of the OEAP. So, if you've been putting off taking action to solve a serious issue that is weighing on you, give OEAP a call today.

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