

Relation between Alcoholism and Dementia in the aged males at selected areas of Lucknow

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Introduction

Alzheimer's disease and alcoholism are intricately linked. According to a new study, moderate alcohol consumption may protect against the development of dementia. However, if consumed in excess, it has been linked to an increased risk of dementia in the aged. The societal impact of alcohol abuse or dependence among the aged is significant, given that it affects anywhere from 2% to 10% of them¹. As a result, researchers must be aware of their patients' alcohol consumption and the effects it may have on cognitive functioning. The goal of this paper is to define alcohol consumption and describe the relationship between alcohol use and different types of dementia. There's also talk about the clinical manifestations of alcoholism, as well as relevant studies and interventions. Please keep in mind that our current knowledge in this area is limited, which influences our final judgments and recommendations.

The amount of alcohol consumed by a person influences whether it is beneficial or harmful. The aged have lower levels of tolerance than the young. Many factors contribute to a higher blood alcohol content in the aged, including a slower metabolic rate, lower blood flow, less lean body mass, and less water retention in the body's tissues. Women's metabolisms are slower than men's for unknown reasons, so they have a lower tolerance for caffeine than men. When reviewing the literature, two factors make it difficult to compare data. Excessive alcohol consumption is defined differently in different studies. Furthermore, the definition of aged can vary between the ages of 50 and 75. Light to moderate drinking is defined as one to three drinks per day. While two or more drinks per day are considered heavy drinking in India, five or more drinks per day are considered very heavy drinking. Furthermore, depending on the country where the study was conducted, a "standard drink" is defined differently, with a range of eight to 13 grammes of alcohol considered a "standard drink."

There is a complex and poorly understood link between alcoholism and the development of dementia.

In the case of alcohol-related dementia, dementia can be caused directly by alcohol use or secondary to alcohol use. In the case of secondary alcohol use, Oslin developed and tested this idea. Alzheimer's disease is defined as "significant deterioration of cognitive function sufficient to impair social or occupational functioning." The presence of both alcohol use and symptoms, as well as other data, such as physical and neurological signs and symptoms, determines whether ARD is probable or possible. Multiple etiologies and alcohol can also contribute to the development of mixed dementias, which are included in the disease definition. Alzheimer's disease and dementia are two of the most common types of dementia, but alcohol consumption can be both beneficial and harmful.

According to the current literature⁶, ARD has a variety of etiologies, some of which will be discussed in this article. Delirium, memory deficits, confusion, and clinical signs such as ophthalmoplegia or ataxia are all symptoms of Wernicke Korsakoff syndrome. It is the most common type of alcoholic dementia. Wernicke Korsakoff syndrome, on the other hand, does not always manifest in the expected way. Pellagra, a rare disorder associated with low vitamin B3 levels, initially manifests as physical discomfort or depression. More conclusive symptoms include confusion, hallucinations, paranoia, spastic weakness, and a positive Babinski sign. This disease, which primarily affects men, causes the corpus callosum to degenerate and causes a variety of symptoms. CT and MRI scans can help to clarify the presentation of this condition, but the diagnosis is usually made after the fact. All of these health issues can be attributed to nutrient deficiencies caused by excessive alcohol consumption. Dementia caused by alcohol consumption is also included in ARD, though the existence of this phenomenon is debatable. This is due to the lack of a specific neuropathology and the inability to clinically distinguish this type of dementia from the Korsakoff symptom spectrum.

The amount of alcohol consumed influences its role as a risk factor for other types of dementia. People who drank one to three drinks per day were less likely to develop dementia than those who abstained. Heavy drinking has been linked to an increased risk of dementia in some studies, but this has not been confirmed in all. There is no clear link between heavy drinking and an increased risk of developing Alzheimer's disease, according to studies on alcohol consumption and Alzheimer's disease. Heavy alcohol consumption has been linked to an increased risk of vascular dementia. However, genome sequencing research has come up short. Although other studies found the opposite, those with an ApoE4 genotype who drank heavily were found to be at higher risk of dementia than those who were negative for the genotype¹³. A study conducted

in Bordeaux discovered that drinking up to four glasses of wine per day reduced the risk of dementia. Cervilla discovered similar results. Given that heavy alcohol use would be considered a violation of this rule, resveratrol, a compound found in wine, is the most likely explanation for this apparent contradiction.

Symptoms and Signs of Alcoholism

DSM IV-TR defines it as an individual who continues to use alcohol despite having problems in various domains such as work, interpersonal relationships, and the law as a result of their drinking behaviour. Drinking alcohol despite persistent or recurring psychological or physical problems, as well as tolerance and withdrawal symptoms, are signs of alcohol dependence. These criteria may be difficult to apply to retired and somewhat isolated aged people who are still drinking. Heavy drinking has numerous negative long-term and immediate consequences. Researchers must be familiar with these when a patient's presentation raises suspicions about alcohol abuse. Alcoholism is characterised by liver cirrhosis, hypertension, cardiac disease, gastro-intestinal disorders, and certain types of cancer. Cerebellar atrophy is linked to peripheral neuropathy and a broad-based gait. Anxiety, depression, and a lack of sleep are all common side effects. Nutritional deficiencies caused by dietary neglect can have an impact on vitamin B12 and folate levels. A person who falls frequently while intoxicated is more likely to sustain head injuries and fractures.

Methodology

The case study design was used to investigate the relationship between alcoholism and dementia among aged males in Lucknow.

Based on inclusion criteria, 100 samples were chosen.

The settings were chosen areas of Lucknow state.

Six months were spent collecting data. The sampling method used was convenience sampling.

Tools The Alcohol Use Disorders Identification Test (AUDIT) was used to conduct a more thorough assessment of the degree and disorders associated with

alcoholism. For assessing dementia, the Mini-Cog [Borson et al. 2000] was used. It is a very short (3 minute) test that is appropriate for primary care dementia screening. It includes the clock drawing test as well as a three-item delayed word recall task. In classifying community cases of dementia, it had comparable sensitivity and specificity to the Mini-Mental State Examination (MMSE).

How to Interpret the Mini-Cog Score:

Add your 3-item recall and clock drawing scores. A total score of 3, 4, or 5 indicates a lower risk of dementia but does not rule out the possibility of some degree of cognitive impairment. The Mini-Cog is not a diagnostic test for Alzheimer's disease or any other form of dementia or cognitive impairment. A medical examination, as well as additional tests, are required for the diagnosis of brain disorders that cause cognitive impairment.

After tabulating the information, descriptive and inferential statistics were applied to it.

Results

Individuals who develop alcoholism later in life (after the age of 45) have different characteristics than those who develop it earlier in life, according to the findings (before the age of 25). Late-onset alcoholics were more successful than early-onset alcoholics in achieving abstinence, requiring fewer detoxifications, and consuming less alcohol. These distinctions contribute to a better treatment outcome.

The chi-square test was used to assess the relationship between alcoholism and dementia among aged males; the chi-square value was 23, which is greater than the table value (12.58), indicating that there is a significant relationship between alcoholism and dementia among aged males, as well as a significant relationship between demographical variables such as age, duration of alcoholism, and family history of dementia.

Recommendations

According to preliminary research, alcohol abuse treatment for the aged may be beneficial. Inpatient treatment is recommended due to the increased likelihood

of co-occurring disorders, as well as the severity and duration of withdrawal symptoms compared to younger patients.

Acute management should include medical stabilisation, including the use of thiamine to prevent Wernicke Korsakoff syndrome. Benzodiazepines are also recommended for withdrawal management. Psychological treatment, whether in a residential or outpatient setting, should begin as soon as a patient is stabilised. Alcoholics Anonymous (AA) meetings may also be beneficial.

Abstinence and harm are both viable options. Reduced consumption is chosen based on an individual's ability to control their alcohol intake. Polypharmacy and potential interactions between alcohol and other drug metabolism necessitate a psychoeducational approach for older adults. It is important to note that cognitive impairment is frequently reversible once a person achieves abstinence.

Conclusions

More research is clearly required to resolve inconsistencies, develop more accurate assessments, and better understand the long-term effects of alcohol use. Alcohol consumption in moderation may delay the onset of Alzheimer's and Parkinson's disease. However, heavy drinking raises the risk of Alzheimer's and Parkinson's disease.

Excessive alcohol consumption can have a variety of physical consequences. Treatment strategies that can lead to significant improvements in cognition and physical symptoms should be used to treat alcoholism. All researchers should be looking into the diagnosis and treatment of alcoholism in the aged.

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