

COVID-19, OLDER PEOPLE'S ALCOHOL USE AND ENGAGEMENT WITH SUPPORT: A RAPID EVIDENCE SYNTHESIS

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COVID-19, and associated restrictions, have likely impacted older people's alcohol use and related support needs, given disrupted routines and stress increase alcohol use in older populations. This rapid evidence synthesis aimed to examine older people's (aged 50+) alcohol use, and engagement with alcohol support services during COVID-19. Seventy-six articles were identified through systematic database searches, reporting 63 survey, five qualitative, three pilot, and five hospital admission studies; of general and service-user populations of older drinkers. Data were drawn together through narrative synthesis. Alcohol use increased for up to 32% of older people, including service-users; particularly older women. Increased use was linked to anxiety, depression and emotional distress. Decreased use was more common in some older populations; particularly Mediterranean. Barriers such as web access and safe transport affected older service-users' engagement with support. Support to address hazardous alcohol use amongst older people must be prioritised in wake of the pandemic.

OLDER ADULT HEALTH AND REMISSION OF RISKY DRINKING AND ALCOHOL USE DISORDER: A LIFESPAN-DEVELOPMENTAL STUDY

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Older-adult drinking is a growing public-health concern. As part of a larger project investigating older adulthood by contrasting this with other adult developmental periods, this study used longitudinal U.S.-representative data to test bidirectional associations between drinking and health, emphasizing aging-related health concerns as potential mechanisms of remission from risky/problem drinking. In multiple-group cross-lag models, we found that effects of poor self-reported health on drinking reductions increased with age, reached significance around midlife, and were strongest in older adulthood. However, a caveat revealed by additional Markov transition models was that these effects did not extend to relatively severe older-adult drinkers (indexed by DSM-5 AUD). In some instances, poor health even predicted less older-adult AUD remission. Altogether, findings support the notion of aging-related health concerns as important mechanisms of older-adult drinking reduction; but highlight a need to understand barriers to these mechanisms among severe older-adult drinkers, in part toward guiding lifespan-developmentally-informed interventions.

AGE EFFECT ON THE BIDIRECTIONAL RELATIONS BETWEEN ALCOHOL CONSUMPTION AND PAIN

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Alcohol consumption reduces but pain rises over the life course. Thus, we hypothesized that developmental variability in the bidirectional association between alcohol consumption and pain would vary as a function of age. This hypothesis was tested across three age groups – younger (<29), middle (29-65), and older (>65) using NESARC wave 1 and 2 data (N=34,653). The effect of pain interference at baseline on alcohol consumption at follow-up was non-significant across the age groups, indicating that self-medication theory was unsupported. The effect of alcohol consumption at baseline on pain interference at follow-up was significant among the middle (Estimate -.007, p=.002) and older (Estimate -.019, p<.001) groups, but non-significant among the younger group. This latter effect differed significantly between the younger and older groups (p=.005) and the middle and older groups (p=.041). Results show that alcohol consumption reduces pain interference, especially later in life.

GENDER DIFFERENCES IN WELL-BEING AMONG PEOPLE AGE ≥ 50 IN MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER

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The impact of Adverse Childhood Experiences (ACEs) on the physical and mental well-being of older adults with Opioid Use Disorder (OUD) is unclear, and we know even less about gender differences. This study explores this association and investigates additional factors (e.g., pain, depression) that may affect physical and mental well-being in this population with a focus on gender. The sample for the present analysis includes 90 adults aged 50 and older from a larger study focused on aging with OUD across eight opioid treatment programs in Georgia. We performed multivariable linear regression analyses by gender. There was a small, but significant, association between ACEs and mental well-being for men only. Other significant predictors of physical and mental well-being (e.g., insurance status, pain, satisfaction with social role, stigma) varied by gender. We discuss the importance of these gender differences in identifying appropriate areas for intervention to improve physical and mental well-being.

WHERE'S THE BAR? ALCOHOL AND MEANINGFUL ENGAGEMENT AMONG ASSISTED LIVING RESIDENTS WITH DEMENTIA

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Alcohol use across the life course provides some physical and psychological benefits when used in moderation. As a social model of care, assisted living (AL) communities emphasize autonomy; yet, we do not know how this philosophy