■ Editorial

High-Risk Drinking in the Elderly

Seung-Won Oh

Department of Family Medicine, Seoul National University Hospital Healthcare System Gangnam Center, Seoul, Korea

See original paper on 233

Alcohol consumption and associated negative impacts are a significant problem affecting public health. Worldwide, alcohol-related diseases are responsible for 2.5 million deaths per year.¹⁾ Korea also faces a number of alcohol-related health and social problems. Although the primary causes may be cultural, wherein offering a drink is seen as hospitable and heavy drinking is seen as a symbol of masculinity, beliefs regarding the health benefits of alcohol may also contribute to the increase in alcohol-related problems. The belief that moderate alcohol consumption is beneficial for health became popular after the 1990s. A meta-analysis showed that light to moderate alcohol consumption is associated with a reduced risk of multiple cardiovascular outcomes.²⁾ In Korea, a similar belief already existed since much earlier.³⁾ Doctors often encounter patients who believe that alcohol is good for blood circulation.

In recent years, however, several studies have shown that even small amounts of alcohol intake can cause health problems. In a cohort study of 23 million adults with a median of 5.4 years of follow-up in Korea, light drinking including even one alcoholic drink a day was associated with increased risks of esophageal, gastric, and colorectal cancer.⁴⁾ In a meta-analysis of 222 observational studies, light drinking (≤ 1 drink/d) increased the risk of cancer of the oral cavity and pharynx, esophagus, and female breast.⁵⁾ In another meta-analysis of 60 cohort studies, very light (≤ 0.5 drink/d) or light (≤ 1 drink/d) drinking was associated with the incidence of breast cancer in women and colorectal cancer in men, while there was no association with the risk of other common cancers.⁶⁾ Studies of the effects of light drinking on health have mainly focused on cancer, and there is still some controversy to reach clear conclusions. In recent years, however, guidelines suggest avoiding even light drinking based on these findings.⁷⁾

Standards for problem drinking in the elderly over 65 years are equivalent to half of the general adult standards. This is because the body's ability to break down alcohol decreases with age. However, there has been little focus on the effects of alcohol on the elderly. In the present issue, Kim et al.⁸⁾ investigated the relationship between high-risk alcohol consumption and metabolic syndrome in elderly Korean men using the Alcohol Use Disorders Identification Test (AUDIT) questionnaire from the 2010–2012 Korean National Health and Nutrition Examination Surveys (KNHANES). In this study, 17% of respondents were high-risk drinkers (AUDIT score ≥ 15). High-risk drinkers had a higher odds ratio (1.40; 95% confidence interval, 1.03–1.89) for metabolic syndrome compared with low-risk drinkers. Although previous studies have found that high-risk drinking is related to metabolic syndrome in the elderly, this study is meaningful as the first to report this association with Korean national population-based data.

The high-risk drinking rate of Korean elderly aged over 65 years was 8.7% in men (≥ 7 drinks at a time and > 2 times/wk) and 0.3% in women (≥ 5 drinks at a time and > 2 times/wk) in the 2016 KNHANES.⁹⁾ In another 2014 survey, the high-risk drinking (≥ 8 drinks/wk) rate was 33.4% in Korean men aged over 65 years.¹⁰⁾ This is lower than in younger adults, but it is still a high number considering that elderly people are relatively vulnerable to alcohol. In this regard, more research is needed on the effects of drinking on the health of the elderly. Additionally, these studies will have many implications considering the increase in the elderly population as aging rapidly progresses in Korea.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

*Corresponding Author: Seung-Won Oh <https://orcid.org/0000-0003-3800-0754>

Tel: +82-2-2112-5643, Fax: +82-2-2112-5635, E-mail: sw.oh@snu.ac.kr

REFERENCES

1. Addolorato G, Mirijello A, Leggio L, Ferrulli A, Landolfi R. Management of alcohol dependence in patients with liver disease. *CNS Drugs* 2013;27:287-99.
2. Ronsley PE, Brien SE, Turner BJ, Mukamal KJ, Ghali WA. Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis. *BMJ* 2011;342:d671.
3. Oh SW. Breaking the misconception about alcohol: go with the light, out of the monochrome. *Korean J Fam Med* 2014;35:263-4.
4. Choi YJ, Lee DH, Han KD, Kim HS, Yoon H, Shin CM, et al. The relationship between drinking alcohol and esophageal, gastric or colorectal cancer: a nationwide population-based cohort study of South Korea. *PLoS One* 2017;12:e0185778.
5. Bagnardi V, Rota M, Botteri E, Tramacere I, Islami F, Fedirko V, et al. Light alcohol drinking and cancer: a meta-analysis. *Ann Oncol* 2013;24:301-8.
6. Choi YJ, Myung SK, Lee JH. Light alcohol drinking and risk of cancer: a meta-analysis of cohort studies. *Cancer Res Treat* 2018;50:474-87.
7. Scoccianti C, Cecchini M, Anderson AS, Berrino F, Boutron-Ruault MC, Espina C, et al. European code against cancer 4th edition: alcohol drinking and cancer. *Cancer Epidemiol* 2016;45:181-8.
8. Kim JH, Ha JI, Park JM, Lee JS, Ahn AL, Oh EJ, et al. Association of high-risk drinking with metabolic syndrome and its components in elderly Korean men: the Korean National Health and Nutrition Examination Survey 2010-2012. *Korean J Fam Med* 2018;39:233-8.
9. Korea Centers for Disease Control and Prevention. The fifth Korea National Health and Nutrition Examination Survey. Cheongju: Korea Centers for Disease Control and Prevention; 2016.
10. Ministry of Health and Welfare, Korea Institute for Health and Social Affairs. 2014 Korean elderly survey. Sejong: Ministry of Health and Welfare; 2014.