



Relation Between Alcoholism and Alzheimer's Disease Among Old Age Males Residing in Kanpur

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Introduction

There is a complex web of connections between Alzheimer's disease and drinking. According to the findings of recent studies, drinking alcohol in moderation may be associated with a lower probability of acquiring Alzheimer's disease. On the other side, research has linked senior people who consume an excessive amount of alcohol to an increased chance of developing Alzheimer's disease. The societal impact of this issue is significant given that between 2% and 15% of people who are over the age of 60 engage in harmful alcohol usage or are dependent on the substance. Therefore, it is necessary for researchers to be aware of how the use of alcohol by their patients may impair the patients' capacity for clear thinking. This research seeks to accomplish two primary objectives: first, to give a workable definition of alcohol consumption; and second, to explain the connection between alcoholism and Alzheimer's disease. The clinical symptoms of alcoholism, in addition to the associated tests and therapies, are further covered in this article. Please recognise that our current grasp of this subject is restricted, and as a result, the quality of our suggestions and judgements will also be constrained as a result of this.

The amount of alcohol you consume determines whether or not it is healthy for you to drink. There is a generational disparity between young people and older people, with the older people demonstrating lower tolerance levels than the younger people. The elderly have a higher risk of having a higher blood alcohol content due to age-related reductions in metabolism, blood flow, lean body mass, and tissue water retention. [Case in point:] Because of the slower rate at which women's metabolisms operate, women have a lower tolerance for caffeine than men do. When doing a study of the relevant literature, it may be difficult to make comparisons that are useful owing to two primary considerations. It's possible that one definition of binge drinking won't meet the results of all studies. In addition, there is considerable leeway in the definition of "elderly," which may range from roughly 45 to 65 years of age depending on the circumstances. Drinking alcohol in moderation is considered to be anything from one to three standard drinks on a daily basis. In India, the consumption of two or more alcoholic drinks on a daily basis is considered to be heavy drinking, whereas consumption of five or more alcoholic beverages on a daily basis is considered to be very heavy drinking. In addition, the volume of alcohol that is regarded as being in a "normal drink" might range anywhere from eight millilitres to thirty millilitres depending on the nation in which the research was carried out.

Both Alzheimer's disease and drinking have a link that is difficult to comprehend due to its complexity.

When it comes to Alzheimer's disease and alcohol, the illness may be produced directly by alcohol use, or it can be a subsequent impact of alcohol use; Oslin postulated and examined the latter scenario as a potential cause of Alzheimer's disease. Alzheimer's disease is characterised by a decline in "significant cognitive function" that is "sufficient to interfere with social or occupational functioning." This is the phrase that is used to define the illness's symptoms. When establishing whether or not a patient has alcoholic liver disease, it is important to take into consideration the patient's history of alcohol use in addition to the patient's physical and neurological signs and symptoms (ARD). Mixed forms of Alzheimer's disease are a type of the ailment that is included in the description of the disorder. These mixed forms may have a range of reasons, including the use of alcohol. Consumption of alcohol may provide both protection against and increase the risk of developing Alzheimer's disease, the most common form of the condition.

According to the most recent findings, ARD might be the result of a wide range of factors, some of which will be discussed in more detail below. Wernicke-Korsakoff syndrome is characterised by a number of symptoms, including disorientation, memory loss, and delirium, in addition to clinical signs such as ophthalmoplegia and ataxia. Heavy drinking is the most common cause of Alzheimer's disease, which is the most common kind of dementia. On the other hand, the symptoms of Wernicke-Korsakoff syndrome don't always present themselves in the same manner. Pellagra is a very rare illness that is brought on by a deficiency in vitamin B3. In its early stages, it is shown either by physical pain or a sense of hopelessness. The presence of more definitive symptoms such as confusion, hallucinations, paranoia, spastic weakness, and a positive Babinski sign are all indicators of this condition. Degeneration of the corpus callosum is one of the signs and symptoms of this illness, which strikes men more often than women. Despite the fact that computed tomography (CT) and magnetic resonance imaging (MRI) scans may be able to shed light on the clinical presentation, this condition is often only detected after the patient has passed away. Consuming excessive amounts of alcohol is directly connected to vitamin deficiencies, which in turn create serious health problems. Alzheimer's disease is included in the category of alcohol-related dementia (ARD), which is a disorder whose very

existence has been put into doubt. This is because it is difficult to clinically differentiate this type of Alzheimer's disease from the larger Korsakoff symptom spectrum, and there is no distinctive neuropathology associated with it. This is one of the reasons why this is the case.

The risk of acquiring dementias other than Alzheimer's disease that is posed by alcohol is proportional to the amount of alcohol that is consumed. Those who had one to three drinks on a daily basis had a lower chance of acquiring Alzheimer's disease compared to those who did not consume any alcohol at all. A number of studies have shown a correlation between heavy drinking and an increased chance of acquiring Alzheimer's disease; however, it should be noted that this correlation is not widely acknowledged. According to the findings of the research that have been carried out on this subject, drinking to excess does not seem to be associated with an increased risk of developing Alzheimer's disease. People who drink to excess have a greater risk of developing vascular dementia. Despite this, investigations using genome sequencing have not shown any conclusive findings. In contrast of findings from other studies that suggested the opposite, this study found that heavy drinkers who had the ApoE4 genotype had a greater risk of acquiring Alzheimer's disease than those who did not have the genotype. A study that was conducted in Bordeaux found that consuming up to four glasses of wine per day was associated with a reduced risk of acquiring Alzheimer's disease. This is an important finding that should be brought to your attention. Cervilla arrived to quite similar realisations as well. Because drinking large amounts of alcohol goes against this concept, the most logical explanation for this seeming contradiction is that it is caused by resveratrol, a molecule that is found in wine.

Identifying the Warning Signs of Alcohol Abuse

According to the DSM IV-TR, an individual is considered to have alcohol dependency if, despite experiencing problems in several facets of their lives as a direct result of their drinking, they continue to drink. Alcoholism may be diagnosed based on the presence of alcohol tolerance as well as alcohol withdrawal symptoms, as well as continuous alcohol consumption despite clear signs of mental or physical discomfort. It is possible that meeting these norms may be difficult for elderly retirees who live alone and who continue to consume large amounts of alcohol. Drinking to excess may have a number of negative impacts, both immediately and in the long run. Researchers need to be aware of them in the event that the presentation of a patient indicates that alcohol abuse has occurred. Alcoholism may present itself in a number of different ways, such as cirrhosis of the liver, cardiac difficulties, problems with the digestive tract, and even cancer. Dementia has been related to cerebellar atrophy, in addition to the wide-based gait and peripheral neuropathy that are associated with it. A number of people have negative side effects, the most common of which are mental upset, diminished motivation, and disturbed sleep. Malnutrition may cause vitamin B12 and folate levels in the body to drop to dangerously low levels. When combined, consuming alcohol and falling often raises a person's risk for traumatic brain injuries as well as fractures.

Methodology

A case study was conducted to determine, among Kanpur's elderly male population, whether or not there is a connection between alcoholic behaviour and Alzheimer's disease.

The inclusion criteria were satisfied by each of the two hundred samples that were obtained.

Certain parts of Kanpur served as the setting for the establishments. On all, we invested sixty whole days in information collecting. The technique of selection that was utilised was called "convenience sampling."

Tools Techniques for the Identification of Alcohol Dependence Disorders In order to evaluate the degree of alcoholism and alcohol use problems, a test was administered. The Mini-Cog was the primary diagnostic tool used for Alzheimer's disease. Because it only takes around 5 minutes to complete, this screening is perfect for use in primary care settings. It is similar to the clock-drawing exam, except it also includes a delayed word recall issue that consists of three different items. Its sensitivity and specificity in diagnosing Alzheimer's disease in the general population were comparable to those of the Mini-Mental State Examination (MMSE).

Tabulation followed by statistical analysis, both descriptive and inferential, was performed on the data.

Results

The results suggest that those who begin drinking at a later stage in life are distinct from those who do so at a more formative age. Compared to individuals who developed alcoholism at an earlier age, those who developed the disease later had a higher rate of persons who attained sobriety, required fewer detoxes, and drank less alcohol overall. These alterations contribute to the achievement of more fruitful therapeutic outcomes.

We discover that there is a correlation score of 0.68 between alcoholic status and the probability of acquiring Alzheimer's disease in senior men when we use Karl Pearson's coefficient tests. This finding is supported by the fact that we find significant correlations between other demographic factors, such as age, duration of alcoholism, and the presence of Alzheimer's disease in the patient's family. This finding is supported by the fact that we find significant correlations between other demographic factors.

Recommendations

Some early findings point to the possibility that treatment for alcoholism in older adults might be beneficial. Inpatient therapy is recommended because the severity and length of withdrawal symptoms, in contrast to those reported in younger individuals, as well as the probability of co-occurring disorders, all argue in favour of receiving treatment in this setting.

Medical stabilisation, such as the injection of thiamine, should be a part of acute treatment in order to prevent Wernicke-Korsakoff syndrome. Recommendations for the use of benzodiazepines in the treatment of withdrawal. Psychological therapy is the next step once a patient has been stabilised in a residential or outpatient facility and is ready to go on to the next stage of treatment. Attending meetings of Alcoholics Anonymous could also be beneficial.

There is no correct response; abstinence or harm are both possible solutions. The ability to exercise self-control over one's use of alcohol is a relevant consideration in the choice to cut down on drinking. Because of the high likelihood of polypharmacy among the elderly and the possibility of interactions between alcohol and other medications that occur during metabolism, a psychoeducational approach is essential for this population. Importantly, if a person is able to attain sobriety, cognitive decline typically demonstrates some reversibility. This is a positive development.

Conclusions

There is an apparent need for further study to be conducted so that inconsistencies may be ironed out, more exact assessments can be provided, and new information on the consequences of alcohol misuse can be learned. People who have a history of drinking in moderation have a lower risk of developing neurodegenerative diseases like Alzheimer's and Parkinson's. On the other hand, drinkers have a greater risk of developing dementia and Parkinson's disease.

Consuming excessive amounts of alcohol may have a number of adverse affects on one's body. These effects can range from mild to severe. Treatments for alcoholism that are really effective should work at alleviating the mental as well as the physical symptoms of the disease. It is essential for researchers to bear in mind the difficulties associated with providing treatment for alcoholics who are older.

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