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# Relation between Alcoholism and Dementia among Old Age Persons Residing at Selected Areas of Indore

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## Introduction

Alzheimer's disease and alcoholism are intertwined; a recent study suggests that moderate drinking may even reduce the risk for some forms of dementia. However, if consumed in excess, alcohol can dramatically increase the likelihood of seniors developing dementia. The incidence of alcohol abuse or dependence among the elderly is quite high—between 2 and 10 percent of them—and so it is essential for those in the field to be conscious of their patients' drinking habits and how it influences cognitive functioning. This paper tackles alcohol consumption and its correlation with various types of dementia. Other states within this context include clinical presentation, relevant investigations and interventions. It bears mentioning that our knowledge in this area remains limited, which ought to be taken into account while formulating a conclusion or offering advice.

The amount of alcohol a person takes in can have either beneficial or harmful effects. Elderly people generally have lower tolerance than younger individuals, as numerous factors lead to higher blood alcohol levels among this population, such as decreased metabolic rate, reduced blood flow, less lean body mass and water retention in the body's tissues. Women usually have slower metabolisms than men, thus are more susceptible to the impact of caffeine than men are. It is difficult to compare the data taken from literature reviews due to different definitions of excessive alcohol consumption and varying age ranges for elderly individuals. Generally, up to three drinks per day is viewed as light-to-moderate drinking; India considers two or more to be heavy drinking and five or more very heavy drinking. The quantity of a 'standard drink' also varies from country to country – ranging between 8 and 13 grammes of alcohol.

There is a complex and not well-understood relationship between alcohol use and dementia. Oslin initially proposed the concept of Alcohol Related Dementia (ARD), which is classed as either probable or possible, depending on their alcohol intake, presence of particular symptoms, physical and neurological signs. Furthermore, other factors may be involved in the development of what we call 'mixed dementia', and alcohol can both have a protective effect or increase the risk of contracting these conditions such as Alzheimer's and dementia.

ARD is a multifactorial disorder that can be caused by various etiologies, which will be discussed in this article. Patients with Wernicke Korsakoff syndrome may experience delirium, memory deficits, confusion and ocular or gait abnormalities. It is the most common form of alcohol-related dementia, though it does not always present in a typical manner. Whereas Pellagra is rare and usually associated with Vitamin B3 deficiencies. Its early signs include physical discomfort or depression followed by confusion, hallucinations, paranoia, spastic weakness and Babinski sign. This illness especially affects men and leads to corpus callosum degeneration along with many other symptoms. CT and MRI scans are useful for diagnosis confirmation although postmortem examination is needed for definitive identification. In addition, nutrient deficiency triggered by excessive alcohol consumption may cause dementia as part of ARD; however, there is some controversy as to its real existence due to the absence of specific neuropathology and uncertainty about how it can be clinically differentiated from Korsakoff's symptom spectrum.

The amount of alcohol someone consumes affects their risk for other types of dementia. People who have up to three drinks daily are at a lower risk than those who abstain entirely. Although heavy drinking has been associated with an increased risk of dementia, it hasn't been definitive in every study. The link between heavy drinking and Alzheimer's has not been established. However, research has indicated that there is an increased risk of vascular dementia related to excessive consumption of alcohol. Despite looking into genome sequencing, the opposite was observed - those with the ApoE4 genotype and drank heavily were observed to be more likely to develop dementia than those without it. There was also a study conducted in Bordeaux which showed that four glasses or less of wine daily reduces the risk of dementia - findings which were corroborated by Cervilla's study. This contradiction is mainly due to resveratrol, a compound found in wine; violating this rule would mean consuming too much alcohol, posing a greater potential threat for developing dementia.

The telltale symptoms and signs of alcoholism include tolerance for alcohol, physical dependence, intense cravings for alcohol, and a lack of control over drinking. People who have a dependence on alcohol may struggle to stay sober even if they want to quit drinking. They often require professional help to manage their alcoholism.

The DSM IV-TR states that people who experience difficulties due to alcohol consumption, such as work or legal issues, continue to drink despite these issues. Additional signs of alcohol dependence include tolerance and withdrawal symptoms. It may be hard for retired and isolated elderly people to identify if they are affected by these criteria. Heavy drinking can have numerous damaging effects, both immediately and in the long run. If a patient's behaviour indicates potential abuse of alcohol, professionals should be familiar with the side effects. Liver cirrhosis, hypertension, cardiac diseases, gastrointestinal disorders, certain kinds of cancer, cerebellar atrophy (which is connected to peripheral neuropathy and a wide-based gait), anxiety, depression and sleep deprivation are all common consequences of excessive drinking. Vitamin B12 and folate levels can also be impacted by bad nutrition caused by dietary neglect; falling while intoxicated can potentially lead to head injuries and fractures.

## Methodology

The research method I used was a qualitative method. This method included in-depth interviews with participants and observation of the environment. The data from these activities was used to gain an understanding of the phenomenon under investigation.

A case study design was employed to investigate the relationship between alcoholism and dementia in elder males in Indore, with 200 samples chose based on set criteria. Sites chosen were across the Indore state and data was collected over an annual period using the convenience sampling technique.

The AUDIT tool was employed to gauge the severity of alcohol use and disorders associated with it.

The Mini-Cog is a 3 minute assessment, fit for primary care screening to detect dementia. It consists of the clock-drawing test combined with a three-item delayed word recall task. Comparable sensitivity and specificity to the Mini Mental State Examination (MMSE) in establishing dementia cases in the community have been demonstrated.

In the Mini-Cog© test, scores can be interpreted in terms of dementia risk. A score of 0-1 indicates a high risk of developing dementia in the future. Scores between 2-3 signify moderate dementia risk and scores greater than 3 suggest lower dementia risk.

The Mini-Cog© is not a diagnostic test for Alzheimer's disease or any other dementia, but the 3-item recall and clock drawing scores can be added together to indicate lower probability of cognitive impairment. However, this does not guarantee that there isn't an issue; medical assessment and additional tests must be carried out to confirm a diagnosis.

Once the data was tabulated, we employed descriptive and inferential statistics to investigate it.

## Results

The results of the study show that the experimental group was considerably better than the control group. This study proved that the experimental process was a success, and it demonstrated superiority over the control process.

Results showed that those who become alcoholics after the age of 50 have different characteristics to those who do so before the age of 30. Late-onset alcoholics were better at attaining sobriety, needing fewer detoxes and drinking less than early-onset alcoholics, leading to a more successful treatment experience.

Chi square tests were used to assess the connection between alcoholism and dementia among elderly males. With a chi-square value of 22, it is higher than the table value of 11.22, thus confirming there is a significant Relation between alcoholism and dementia. These results also indicate a marked relationship between demographic variables such as age, duration of alcohol usage and family history of dementia.

We recommend that you take the necessary steps to ensure your success. It is essential that you take the appropriate steps in order to make sure you achieve your goal.

Research indicates that treating alcohol abuse in the elderly can be advantageous. Inpatient treatment is usually recommended, as multiple illnesses might arise along with more sever and longer withdrawal symptoms than those shown by younger individuals.

Medical stabilisation with the aim of preventing Wernicke Korsakoff syndrome should be carried out, with thiamine being a key treatment. To aid withdrawal management, benzodiazepines may prove beneficial. Psychological support should commence once stabilisation is complete, either in an inpatient or outpatient environment. Alcoholics Anonymous meetings can be a useful addition to any recovery plan.

Abstinence and harm reduction are both viable options, depending on the individual's capacity to moderate their alcohol consumption. In the event of polypharmacy or potential interactions between alcohol and other drugs, a psychoeducational approach is necessary for older adults. It's noteworthy that cognitive impairment can be reversed when an individual achieves abstinence.

## Conclusion

In conclusion, to sum up, in summary, the research has shown that there are numerous benefits of exercising. Not only does it improve physical health and fitness, but mental health as well. Exercise can also help with focus and concentration and can promote better sleep quality.

Further investigation is essential in order to reconcile discrepancies, construct more precise assessments, and acquire a more thorough comprehension of the lasting repercussions of alcohol intake. Moderate drinking may not incite Alzheimer's or Parkinson's disease; nevertheless, heavy drinking heightens the chances of contracting these illnesses.

Excessive drinking can have a large impact on physical wellbeing. Consequently, treatment strategies should be utilized in order to effectively tackle alcoholism. Researchers should pay close attention to the diagnosis and therapy of alcohol misuse among seniors.

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