medroxyprogesterone acetate to be similar in the femoral neck and spine,¹ studies of young women with oestrogen deficiency have generally shown the spine to be more severely affected.^{2,4} In this study bone density in the femoral neck was at least maintained in women who stopped taking depot medroxyprogesterone acetate, whereas small losses occurred in the other groups.

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- 1 Cundy T, Evans M, Roberts H, Wattie D, Ames R, Reid IR. Bone density in women receiving depot medroxyprogesterone acetate for contraception [correction appears in *BMJ* 1991;303:202]. *BMJ* 1991;303:13-6.
- 2 Johansen JS, Riis BJ, Hassager C, Moer M, Jacobson J, Christiansen C. The effect of a gonadotropin-releasing hormone analog (nafarelin) on bone metabolism. *J Clin Endocrinol Metab* 1988;67:701-6.
- 3 Schlechte J, Dolan K, Sherman B, Chapler F, Luciano A. The natural history of untreated hyperprolactinemia: a prospective analysis. *J Clin Endocrinol Metab* 1989;68:412-8.
- 4 Warren MP, Brooks-Gunn J, Hamilton LH, Warren LF, Hamilton WG. Scoliosis and fractures in young ballet dancers: relation to delayed menarche and secondary amenorrhea. *N Engl J Med* 1986;314:1348-53.

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Alcohol histories taken from elderly people on admission

P C Naik, R G Jones

Stonebridge Centre,
Nottingham NG3 2FH
P C Naik, senior registrar in
psychiatry

Health Care of the Elderly,
Queen's Medical Centre,
Nottingham NG7 2UH
R G Jones, senior lecturer in
psychiatry

Correspondence to:
Dr PC Naik, Acute Psychiatric
Unit, Derby City General
Hospital, Derby DE22 3NE.

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Elderly people are more vulnerable than younger people to adverse effects of alcohol use and are more likely to hide their drinking. Doctors often fail to diagnose alcohol misuse in this age group.¹ We report patients' accounts of their alcohol intake and the quality of the alcohol histories recorded by admitting doctors.

Subjects, methods, and results

A systematic random one third sample was drawn from cohorts of consecutive elderly (≥ 65) people admitted to hospital with an acute medical condition over a six month period. Those who refused or were unable to give a history were excluded from the study.

The interviewer (PCN) obtained sociodemographic data; patients' alcohol history; and responses to an additional question—"Do you drink spirits in tea or coffee, or in both?"—for the final two thirds of the study group. The alcohol history recorded by the admitting doctor was classified as not present, qualitative, or quantitative.² Patients' drinking was considered to be excessive if intake exceeded the standard recommended limits of 21 units per week for men and 14 for women.

Of the sample of 80 patients, 22 were excluded, leaving 26 men and 32 women aged 66-94 (mean 77.1). On initial questioning 24 admitted to drinking alcohol; those aged under 75 were significantly more likely to do so ($\chi^2=7.529$, $df=1$, $P<0.006$, Yates's correction 6.117). A further 10 patients (four men, six women) admitted to drinking alcohol, ranging from 1-60 (mean 13.4) units/week, when asked whether they added it to tea and coffee. Consumption overall ranged from 0 to 60 (mean 6.6) units/week. Two men and four women drank excessively (prevalence 10%), and one man and one woman drank at threshold limits. Excessive drinking was not significantly related to age, sex, or social class.

The admitting doctor had recorded a qualitative alcohol history for 28 patients (including five of the six who drank excessively) and a quantitative history for two and had not recorded a history for 28 (including one of the six who drank excessively). An alcohol

history was significantly less likely to be recorded with increasing age ($\chi^2=6.026$, $df=2$, $P<0.04$) and higher social class ($\chi^2=6.304$, $df=2$, $P<0.04$). It was not significantly associated with either the amount of drinking admitted by patients to the researcher or the patients' sex.

Comment

In this study initial questioning elicited a prevalence of excessive drinking of 5%, similar to that found in other studies.³ Inclusion of our additional question resulted in the prevalence doubling to 10%. When people who consumed threshold amounts were included this figure increased to 14%.

Why did the additional question reveal hidden drinking? Alcohol Concern advises that "an occasional tot in your drink may do no harm."⁴ Elderly people may not perceive taking a tot in tea or coffee as ingesting alcohol and may find such a drink comforting, which reinforces its further use.

Our finding that a quantitative history was taken from only two patients differs from that of Barrison *et al*, who reported that a third of patients had a history taken.³ Their patients, however, were much younger (mean age 50.9). Why are doctors less likely to record an alcohol history in elderly people? The clinical presentation in elderly people differs from that in young people,² tending to be repeated falls, incontinence, malnutrition, hypothermia, or self neglect. Doctors may confuse symptoms of alcohol misuse with perceived symptoms of aging¹ and could be misled by comments that alcohol misuse is not a serious problem among elderly people.

Despite the lack of enthusiasm for taking an alcohol history the outcome of treatment in elderly people who misuse alcohol is good.⁵ We recommend that a quantitative alcohol history, which should include our question on alcohol in tea or coffee, should be taken routinely from all elderly people admitted to hospital.

- 1 Blazer DG, Penneybacker MR. Epidemiology of alcoholism in the elderly. In: Hartford JT, Samorajski T, eds. *Alcoholism in the elderly*. New York: Raven Press, 1984:25-33.
- 2 Barrison IG, Viola L, Murray-Lyon IM. Do housemen take an adequate drinking history? *BMJ* 1980;281:1040.
- 3 Curris JR, Geller G, Stokes EJ, Levine DM, Moore RD. Characteristics, diagnosis and treatment of alcoholism in the elderly. *J Am Geriatr Soc* 1989;37:310-6.
- 4 Alcohol Concern. *A DIY guide for older people*. London: Alcohol Concern, 1988.
- 5 Janik SW, Dunham RG. A nationwide examination of the need for specific alcoholism treatment programs in the elderly. *J Stud Alcohol* 1983;44:307-17.

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