# Alcohol use disorder and cognitive impairment among older homeless persons: Implications for service delivery

## Researchers

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## Summary

This report presents the findings of a pilot study examining the needs of older homeless clients with a history of problematic alcohol use and early cognitive decline. Additionally, the study considered ‘best practice’ service responses for this particular client population.

A client survey was conducted with 50 participants who were recruited from the Haymarket Foundation in Sydney. Alcohol use disorder was highly prevalent in the sample. Three-quarters of the sample (75%) were diagnosed with alcohol dependence and 21 per cent were diagnosed with lifetime alcohol abuse. The rate of mild cognitive impairment (MCI) was higher among those with lifetime alcohol dependence relative to participants with lifetime alcohol abuse. Among those with MCI, 39 per cent scored in a range similar to that of an Alzheimer’s disease sample.

In-depth interviews were also conducted with 11 key stakeholders with management, operational or clinical roles in the sector.

## Outcomes

The key stakeholders emphasised the need for continued engagement with older people with alcohol dependence and cognitive impairment; and the use of harm minimisation rather than abstinence-based treatment. In particular, harm reduction strategies were often described as the first step in achieving abstinence in the longer-term.

Wintringham, a specialist age care provider in Melbourne, provides a good example of how such a transitional service could operate. Wintringham has developed particular expertise in the management of older persons with chronic histories of homelessness and dependent drinking. Through their direct clinical experience and service evaluation they provide invaluable evidence for how best to manage this client population. Similar to comments made by several key stakeholders, Wintringham staff highlighted the importance of understanding a client’s trigger points, being proactive in managing these and providing a consistent staff response. The added value of Wintringham’s experience is documented evidence that changes in cognitive functioning do occur within a harm reduction framework and that these changes are evidenced relatively quickly resulting in a step-down to less structured care environments.

## Recommendations

The present study fell short of being able to develop a protocol for the management of alcohol use among older people experiencing homelessness with MCI and although further work in this area needs to be undertaken, key stakeholders commented on the benefit of this project in highlighting the significant needs of this client group.

Several recommendations were made on ways to improve current practice, including the need for:

* targeted assessment of MCI among homeless clients;
* improved referral pathways through the establishment of formal links with neuropsychological services and other community health services; and
* the development of partnerships with agencies (e.g. *arbias*) with particular expertise in alcohol-related brain injury.

The study also highlighted the need for short-term residential programs that could provide structured environments to address alcohol use and associated cognitive impairment and enable clients to transition back into the community.

[view the report](https://www.fare.org.au/wp-content/uploads/alcohol-use-disorder-and-cognitive-impairment-among-older-homeless-persons.pdf)