Older peoples’ narratives of use and misuse of alcohol and psychotropic drugs

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Background: Studies revealed that misuse of drugs and alcohol is an increasing phenomenon among older people (aged 65 years and above), and we know that such misuse is a risk factor for mortality and morbidity. Furthermore, we do not know to what extent older people have experiences, understanding and knowledge about the use and misuse of alcohol and psychotropic drugs.

Aim: To investigate older peoples’ experiences with and reflections on the use and misuse of alcohol and psychotropic drugs among older people.

Method: Qualitative interviews with 16 older people were performed during 2013 and 2014. The sample included informants aged from 65 to 92 years from 11 municipalities. The data were analysed by using the phenomenological hermeneutic method.

Findings: The first theme that arose from the informants’ narratives was to be a part of a culture in change that details the informants’ experiences with and reflections on the cultural changes regarding the use and misuse of alcohol and psychotropic drugs. This theme is divided into three subthemes: to use and attitudes toward use, to trivialise use and risks of use, and to disclaim responsibility for use and misuse. The second theme, to explain use and misuse involved reasons for the use and misuse of alcohol and psychotropic drugs. It included the subthemes: to be afraid, to be lonely, and to be informed.

Conclusion: The study revealed that most informants had experiences with the use of alcohol and psychotropic drugs, but disclaimed any challenges with their use. The use was trivialised and seen as something older people just do. They disclaimed responsibility for their own psychotropic use as their general practitioners were defined as the responsible persons. Moreover, the study showed that the informants had poor knowledge about the risk of use and misuse of alcohol and psychotropic drugs.

Keywords: alcohol, general practitioners, geriatric psychiatry, home-dwelling, misuse, older people, psychotropic drugs, use.

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Introduction

Misuse of alcohol and psychotropic drugs, and particularly prescribed drugs, by older people above the age of 65 years is a growing problem and might be a major problem for older people’s health and functioning in everyday life (1, 2). Various terms describing the misuse of alcohol and psychotropic drugs exist, such as dependency, inappropriate use, harmful use and abuse (3). In this study, we will use the term misuse.

It is known that older people today have a larger intake of alcohol as compared to older people in the 1980s and 1990s (3). It is further known that Europeans aged 60–70 years drink more alcohol and are harmed more by their consumption as compared to adults over 70 years old (3). From American studies, it is known that the use of psychotropic drugs is found to be the most prevalent misuse problem of older people in America, followed by alcohol misuse (4). The European study by Hallgren et al. (3) also reports that misuse of psychotropic drugs is highly prevalent among older Europeans.

It is shown that misuse (mainly alcohol misuse) even at modest levels of intake can harm older peoples’ health (1). One explanation for this is that biological ageing in combination with the use of any drugs possibly increases susceptibility to the negative effects of alcohol intake.
among older people (3). For example, the tendency to fall, nutritional status and cognition are all affected by alcohol misuse (3). Recommended guidelines for alcohol intake for older adults in order to reduce harmful consequences of drinking are published in several countries. One alcohol unit a day or one drink a day for people of age 65 years of both gender is often the recommended limit (5), but alcohol consumption below such limits may still be harmful to health (6). However, no standard definition of misuse of alcohol has emerged from the evidence-based literature or international consensus meetings (7). It is difficult to establish limits for misuse of psychotropic drugs that have a dependency potential since, among others, the DSM-5 (8) manual’s definition of misuse is broad. One has to bear in mind that the use of psychotropic drugs may be inappropriate even if it is not problematic or seen as a misuse (7). The reasons for misuse of drugs are multifactorial and probably related to the high prescription rates of psychoactive drugs to older people (7). Even so, misuse may increase the risk of dependency, morbidity and mortality in older persons (1, 2).

In Norway, knowledge about older peoples’ alcohol and psychotropic drugs use and misuse (or even abuse) is scarce (9). However, it is known that the rate of alcohol consumption has increased among older people in the past few decades and that the level today is higher compared with the consumption rate of 15 years ago, especially in the age group from 66 to 79 years where the highest level of alcohol consumption is observed (10). Over the last few decades, consumption of psychotropic drugs has also increased among older people, who today account for about half of the consumption of psychotropic drugs in Norway (11). An increase in costs of care related to alcohol and drug misuse is expected in the years to come in Norway (12).

Providing accurate information along with proper services and treatments in order to reduce this misuse could therefore be of importance in promoting health in older people. The medical way of looking at health often ignores psychosocial aspects (13). Tones and Tillford further claim that in order to promote health, it is important to consider changing from the traditional top-down perspective to a bottom-up view. Therefore, we assume that any intervention that could increase the knowledge about and attention to the use and misuse of alcohol and psychotropic drugs among older people can contribute to reducing the unhealthy consumption of alcohol and drugs. In Norway, the misuse of alcohol and psychotropic drugs among older people has not been given priority, as guidelines for diagnosis, treatment and follow-up for individuals’ misuse disorders and comorbid mental illnesses do not exist for older people (14). In addition, it is not known to what extent older people have access to information and how they reflect on the harm that can be caused by misuse of alcohol and psychotropic drugs. Thus, we wanted to carry out a study aiming to investigate older peoples’ experience with and reflections on the use and misuse of alcohol and psychotropic drugs among older people.

Methods

A qualitative design with a phenomenological-hermeneutic approach with the use of narratives was chosen. This method has the advantage of shifting dialectically between explanations and understanding (15). In order to address the lack of knowledge, the approach was conducted in the study to investigate older people’s experiences and reflections on the topic. A narrative approach is described by Mishler (16) as an approach that elicits a story or an event. Mishler (16) claims that most informants will relate stories or events in interviews when open questions are asked. Furthermore, Mishler (16) states that narratives give us both an identity and the consciousness of belonging to a setting and society. Moreover, narratives give us a better understanding of life and experiences than that provided by concepts, tables and figures. Narratives touch us differently from factual knowledge and therefore give us a better understanding of actual experiences (17, 18).

Participants and data collection

The heads of local health service authorities in 11 urban and rural municipalities in southern Norway were contacted by telephone and asked to recruit participants/patients that receive in-home nursing service or home-help services. The participants had to be older than 65 years of age, have no cognitive impairment, have capacity to consent to participate and have no known defined history of misuse. The 11 heads recruited 16 participants. The participants represented heterogeneity and variation by age and gender. A total of 10 women and six men were aged 65–92 years. The sample offered a wide range in terms of age (mean 81 years). Five of the participating men were widowers and one had his wife in a nursing home. Nine of the participating women were widows and one was married. Fifteen had experiences with alcohol use, and 14 had used psychotropic drugs.

The interviews

The interviews took place in 2013 and 2014, at the informants’ respective homes at a time and date suitable for them. The first author carried out the individual interviews, which lasted 15–45 (mean 24) minutes and were tape-recorded.

The interviews were of a narrative nature and only one open-ended question was used: ‘Tell me about your
experiences with and reflections on the use and misuse of alcohol and psychotropic drugs among older people?" The advantage of using one simple question is that the interviewer gives little guidance about content. It is clearly possible to ask follow-up questions spontaneously during the interview, such as: ‘You said...Can you tell me more about this,’ ‘How does it affect you?’ or ‘Can you also tell me about’. Within fourteen days after each recorded interview, a professional typist transcribed the interview verbatim. Quality control of the transcripts was performed by the first author by listening to the tapes while reading the interviews.

Analysis

The transcribed pages of data were analysed based on a phenomenological-hermeneutic method developed for the purpose of researching life experiences (15, 19). The first and fourth authors had the principal responsibility for the analysis, and the content of the interviews was continuously discussed with the other two authors. All the authors contributed to the final analyses in order to validate and reach a consensus, along with the drafting of the manuscript, and final critical revisions. The method used focuses on the meaning of peoples’ narrated lived experiences. The interpretation was carried out in three stages as described in the following text (15, 19).

The first step, the naive reading of the transcribed texts, was done several times with an open approach to establish an overall impression and achieve a sense whole of all the text. A prior condition is that the text is read so that the nuances are defined as the reader allows the text to talk to him or her. The analysis then moved towards a phenomenological understanding (15, 19), where the reader is allowed to be touched by the narratives. The first naive reading shows the direction the structural analysis should take.

The second step is the structural analysis (findings). In this step, the entire text was divided into meaning units that were condensed into themes and subthemes. The meaning units consist of parts of a sentence or several sentences and focuses on how information is organised to help explain what the text is telling. A variety of examinations of parts of the text are included in order to validate or refute the initial understanding obtained from the original text (15, 19). With the purpose of identifying themes and subthemes, the meaning units are discussed between the authors. The impression gained from the naive reading is either confirmed or disconfirmed during this process.

The third step, called the comprehensive understanding (the discussion), is an in-depth understanding that is developed by reading the text as a whole based on the authors’ pre-understanding, naive reading, structural analysis, relevant theory and previous research (15, 19).

Ethics

The study followed the ethical principles outlined in the Helsinki declaration (20).

It was presented to the Regional Committee for Ethics in Medical Research, Southern Norway, and subsequently approved? Written and oral consent from the informants was collected after they had received oral and written information and before the interviews took place.

Findings

Two themes as revealed by the data, each with three subthemes, are presented in Table 1.

To be a part of cultural change

To use and attitudes towards use: Although almost all of the informants had experiences regarding the use of alcohol and psychotropic drugs, according to their own opinions, no one defined themselves as heavy or frequent users, nor did they define their use as misuse. However, throughout the interviews, some gave somewhat unclear statements about their own use of alcohol and psychotropic drugs. Still, all of them knew someone else who used alcohol and psychotropic drugs frequently or in large amounts. The informants’ narratives about psychotropic drugs were mainly focused on the use of sleeping pills and tranquillisers rather than antidepressants or antipsychotic medications.

Alcohol – The informants who used alcohol expressed that they did not drink the same amount of alcohol now as they had earlier in life, because the effects of alcohol have become stronger or they did not fancy it any longer and is well described by the following extract from an informant’s transcript. Now it’s a little sorry for me because I have no desire for alcohol any longer.

Even if the interviewed informants had reduced their alcohol intake in old age, they said that there is a lot of drinking among older people, but it is not commonly talked about. They [older people] do not tell if you do not ask. Nevertheless, I believe that there is a lot of drinking among older people. I know quite a lot of old people who drink a lot.

Table 1 Overview of themes and subthemes revealed by the structural analysis

<table>
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<th>Themes</th>
<th>Subthemes</th>
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<td>To be a part of a culture in change</td>
<td>To use and attitudes towards use&lt;br&gt;To trivialise use and risks of use&lt;br&gt;To disclaim responsibility for use and misuse</td>
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<td>To explain use and misuse</td>
<td>To be afraid&lt;br&gt;To be lonely&lt;br&gt;To be informed</td>
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The consumption of alcohol today among older persons was described as increasing compared to previously, and the pattern of consumption had changed from drinking spirits and liquor to drinking wine. In addition, the informants said that access to different sorts of alcohol and psychotropic drugs has increased, and the attitudes towards such stimulus have also changed. As one informant described the past: To get rid of a headache, we had pills for that, and if you had a cold we were drinking blackcurrant juice with honey for that. I can remember that my grandmother used liquor with onion for her pain. She had the liquor in the bedroom closet, something no one talked about.

Another informant described the change in attitudes towards alcohol by saying: There is another way of living today and we have more money to buy alcohol, while others explained that the drinking habits among older persons had changed due to ‘all the travelling’ in old age.

Psychotropic drugs – Psychotropic drugs, especially sleeping pills, were seen by the informants as something nearly all older people use today. However, this is not a subject of daily conversation among older people, or, as one expressed his experiences: Those who use psychotropic drugs are not interested to talk about it.

Along with the increased access to psychotropic drugs, it was stated by the informants that older people now used such pills instead of alcohol. Sleeping pills in particular were used regularly and an participant said: I believe that it is very easy to get access to sleeping pills, and if you do not fall asleep at once, that is bad, and then it is very easy to take a pill.

The informants reported different patterns and changes in attitudes towards the use of hypnotics today, in spite of the risk of side effects with such drugs. An informant expressed it in this way: I know that many [older people], like a friend of mine could not even look at one sleeping drug without her being unwell. If she took a sleeping pill, she would be completely gone the next day. Another friend that takes sleeping drugs every night and feel good about the use of it. A third friend takes a sleeping drug at 5 a.m. when she wake up.

The informants explained that they had retired now and could sleep whenever they wanted to and that use of pills were exaggerated. However, they expressed as well that many older people use sleeping pills regularly today, which they did not do some years ago, and described by an informant in this way: Some people use sleeping pills as a candy.

Users of psychotropic drugs, on the other hand, could express that they accepted the use of drugs, but had consciousness about the amount of psychotropic drug use, and an informant said: I always make sure that I keep the quota that I do, and do not go over. That I always do.

To trivialise use and risks of use: Alcohol – Throughout the interviews, the informants rarely expressed statements about their own use of alcohol. Still, they said that drinking was very common among older people and that men were likely to drink spirits while the women more often preferred wine. Consequently, as one informant expressed it: Wine has become ‘good’ culture and sometimes it gets a bit too much culture.

Psychotropic drugs – The informants’ opinions were that older people in general must be given the possibility to relax, and the use of sleeping pills is something older people can do with a clear conscience. They expressed also how common and useful sleeping pills were: On me sleeping pills work quite well out. I take one every evening at bedtime.

Moreover, the informants expressed that the use of psychotropic drugs by older people causes no harm; it is only for insomnia difficulties. They said that the sleeping pills are taken in very small doses. They also express that pills are just something older people need, especially when the use is linked to illness, or is something they have used for many years and was expressed by an informant in this way: I use one tranquilizer pill every day, and sometimes I take a sleeping pill, but not that much, it is only a pill for insomnia, because I am not so fond of using pills. When I was ill I took sleeping pills nearly every day.

The informants also expressed the small risk combined with the use of psychotropic drugs, and that they had just a little bit of side effects from the psychotropic drugs was expressed by an informant: I probably get a little bit dizzy, but I do not drive a car anymore so well, to be a bit dizzy that is just the point of the use of the tranquilizer. I am completely clear in my head.

To disclaim responsibility for use and misuse: Alcohol – Other informants said that it was important to be aware of the danger linked to alcohol in general and was described by the following extract from an informant’s transcript: I have used alcohol quite a lot during my life. It has probably disrupted my life quite a bit perhaps. I drink a little bit of beer now, [drinking alcohol during the interview], but not much, and it does not affect me. I would have fancied a drink now and then.

Psychotropic drugs – According to all informants, they disclaim responsibility of their own use of psychotropic drugs, and an informant expressed: It is very fast-acting that tranquilizer I use. Within half an hour then I can feel the anxiety leave the body, and that is lovely.

Another informant said: I get pills for insomnia for 40 years ago prescribed by my doctor, but I have not used sleeping pills during all these years. However, today I take one once a day. I do that, but it is only one pill!

It was frequently claimed that their doctors were responsible for the daily use of psychotropic drugs, as an informant said: It is important to be careful with pills, and you have to follow the orders from the doctor. Another informant expressed it in the same way: I had sleeping disturbance for some years ago, and then it was a doctor that told me that it was better to take a sleeping pill instead of lying there and being awake all night. I was about 50 or 60 years at that time.

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Moreover, it was expressed that doctors have an overview about older people’s use of drugs and that they must give advice linked to driving a car and other consequences for daily life. As an informant said: The doctors have to talk with the patients about car driving and medication, because it is the doctors that know what the patient use.

The informants also stated that some older people continue to use psychotropic drugs because they have become addicted, was expressed: Some older people that have used quite a lot of pills for a while and are addicted to pills. They are not helped with their addiction to pills.

To explain use and misuse

To be afraid: Alcohol – In spite of the fact that almost all of informants had experiences with the use of alcohol, no statement was made that indicated that alcohol was used to reduce anxiety or any other mental problem. The informant’s narratives on how to explain the use and misuse of alcohol were mainly focused on alcohol along with sleeping pills and tranquillisers, rather than antidepressant or antipsychotic medications. The informants said that they had negative experiences with combining medications and alcohol, and for that reason they had reduced the amount of their alcohol use, but not their use of psychotropic drugs.

Psychotropic drugs – The informants said that the main reasons why older people use psychotropic drugs are because of mental problems such as anxiety, discomfort, stress or even depression. These drugs make bearable the feelings that people want to avoid or reduce, and was expressed in this way: Older people use psychotropic drugs when they know that they will come in a situation filled with stress and restlessness. I have noticed that if I am in a situation filled with stress. In such situations tranquilizers help me.

Older people’s restlessness and worry about not being able to look after themselves were some other reasons for the use. One of the informants expressed: I believe that illness has a lot to do with why some use sleeping pills. I do not dare to go to sleep without a sleeping pill. Therefore, I must have someone beside me [laughter].

In general, being afraid of not getting enough sleep or of not falling asleep fast enough was important reason for using drugs for insomnia or a different kind, they said. An informant expressed the concerns about sleep like this: I was talking to a friend recently and she told me that usually she took an ordinary light sleeping drug, but if she should sleep well then she had to take another pill. I believe I used such a pill for some years ago, but that sort of pill you had to take an hour before bedtime, and that I think would be too long to lay there and wait [to fall asleep].

To be lonely: Alcohol – None of the informants indicated that their own feelings of loneliness resulted in use or misuse of alcohol. Still, they expressed that loneliness was one reason for older people to use and misuse alcohol, as an informant said: I believe that it is loneliness and then they use alcohol or pills to comfort themselves.

Psychotropic drugs – Also, changes in life situation, such as loss of a spouse or loss of friends that they could chat with, which in turn could lead to isolation could all be reasons for using psychotropic drugs, as an informant expressed: I fight with myself, because I have suddenly been totally isolated. I have not been outside the door more than ten times this year. I need to have contact and be given praise from someone, and then I can grow slightly. I take one tranquilizing pill during the evening, which I have been doing since my husband died some years ago.

To be informed: Alcohol – All the informants confirmed that they knew enough about the side effects of the use and misuse of alcohol. Further, they claimed that old people do know about the danger of combining pills and alcohol, as expressed by an informant: Almost all older people use medication today and older people do know about the danger with the combination of drugs and alcohol.

Psychotropic drugs – When it comes to the use of psychotropic drugs, on the other hand, the informants claimed that they knew very little about the side effects of psychotropic drugs and that their general practitioners (GPs) hardly informed them about the possible side effects of such drugs. Most of them expressed, however, that psychotropic drugs made people dizzy and sleepy, as an informant expressed: I can see that older people get dizzy and do not manage to do something before lunch time when they use pills.

Moreover, the informants said that they and others got sick and felt unwell and drugged when using psychotropic medication. In addition, some said that they had a tendency to fall down when using medication. An informant expressed: I acknowledged that there was one of the pills that I take made me fall easily. I do not know for sure which pill it was, but I have stopped with some of the medication, and now I do not fall so often anymore.

Further, the informants said that they had no information and were not sure about to what extent one could get addicted to psychotropic drugs, and was expressed by an informant in this way: Do you get addicted to tranquillisers, well you probably do, but I do take only one pill.

Discussion

The purpose of this study was to investigate older people’s experiences with and reflections on the use and misuse of alcohol and psychotropic drugs among older people. To contribute to a broader perception of the complex situation of older people’s experiences and reflections on this topic, the findings will be discussed in the order in which the themes are organised (Table 1).

At first, our study revealed that most of the informants had experiences about the use of alcohol and psychotropic drugs, but according to their own opinions they did not define themselves as heavy users. Further, they
defined their and others’ use as a result of cultural changes that have taken place in the last few decades. The common use and the general acceptance of the use of alcohol are probably caused by a better economic situation among old people and more travelling, as stated by the informants. Another probable explanation is due to the fact that the use of alcohol is more common among all age groups in Norway today as compared to some decades ago. The increased consumption of psychotropic drugs may be related to a less-restrictive prescription policy used by GPs today (21), but could also be related to changes in modern society, with an increased prevalence of psychological difficulties among vulnerable groups of people (1, 22). Being a part of a cultural change, including a change of the pattern of use of alcohol and psychotropic drugs, can be understood by using Berger and Luckman’s theory (23), which says that humans create and are created by the society in which they live. This theory points out that this continuum of interaction is a mutual influence between humans and society (23).

Furthermore, the study showed that the informants also stated that a few decades ago alcohol was used by old people, but it was not talked about. Today, it is still a hidden problem, but it is thought to be more acceptable to drink alcohol now as compared to 20–30 years ago. For this reason, the rate of consumption has probably increased. In order to explain the use of psychotropic drugs (not alcohol) among older people, the study revealed that the use was trivialised and seen as something older people just needed. Our study also revealed that the most common use of psychotropic drugs among older people was use of sleeping pills and tranquilisers prescribed by the GPs. In this context, it is important to highlight the informants’ opinions about who is responsible for the use of psychotropic drugs. All informants disclaimed responsibility for their own use of psychotropic drugs. The GPs were defined as the responsible persons.

Moreover, the study showed that throughout the interviews, the informants either disclaimed problems with their own use of alcohol or psychotropic drugs or gave unclear statements about their own use of alcohol and psychotropic drugs. In contrast, all of them knew someone who used alcohol or psychotropic drugs frequently, and even some who misused alcohol and psychotropic drugs. A study by Radley and Billig (24) underlines that this way of expressing own attitudes or explain own health is not evidence for shared social representation. These expressions are typical reactions of almost all humans. We tend to deny our own problems, but easily see other people’s problems are also stated by Berger and Luckman (23).

The informants indicated some gender differences regarding older people’s use of alcohol. Women use more wine, whereas men use more liquor. This gender-related pattern of use of alcohol among old people can explain another observed phenomena. From a report by Crome et al. (1), it is reported that older men are over-represented in hospital admittances due to alcohol misuse. It seems also that older men are at greater risk of developing alcohol misuse than older women. On the other hand, however, older women have a higher risk of developing problems related to the misuse of psychotropic drugs (1).

Independent of gender, older people drink more often today, although the study also revealed that they drink a smaller amount of alcohol than they did in their younger days. The informants explain this reduction by stating that the amount of alcohol is often replaced by the use of psychotropic drugs. Psychotropic drugs may more easily prevent mental problems such as anxiety, discomfort, stress or even depression. Moreover, the study showed that the informants had reflections about the risks associated with the combined use of alcohol and pills, but they did not really have extensive knowledge about such use or misuse. The common transition by older people from drinking less alcohol to using more psychotropic drugs is well documented (1, 3, 12, 22). The use of drugs probably increases older peoples’ susceptibility to the negative effects of alcohol, as pointed out by Crome et al. (1). The increased use of alcohol and psychotropic drugs, along with the growing number of problems for older people’s health and functioning in everyday life related to this increase, is well documented (1, 3, 22). The high rate of consumption of alcohol and psychotropic drugs is even pointed to in the public debate.

The study revealed that the changes leading to increased use of psychotropic drugs were caused by several reasons, such as all sorts of loss, loneliness, anxiety, discomfort, stress and what is to come in the future. Psychosocial factors that frequently occur among older people such as retirement, boredom, loneliness or homelessness are all associated with higher rates of misuse, as indicated by Crome and colleagues (1).

Furthermore, the study revealed that fear for their own health and what was to come in the future was pointed out as a reason for the use of psychotropic drugs. The study also revealed that there was insufficient information about the side effects of alcohol and psychotropic drug use. Therefore, on a social level, group level and individual level, this study revealed that there is a need for different sorts of information and types of interventions in line with the Ottawa Charter (25) in order to promote health to older people, who are a vulnerable group (22, 26). Another study also showed that little attention has been paid to this topic among healthcare professionals in the community care area (27). It is also important to point out the fact that in order to provide more appropriate care, healthcare personnel should improve their knowledge about how to screen for the
misuse of alcohol and psychotropic drugs. This will allow them to plan and carry out effective interventions and thereby change the patterns of use (1, 2, 28, 29).

Misuse problems also often go unrecognised and, if recognised, generally are undertreated in this age group (2). In addition, no Norwegian guidelines for the diagnosis, treatment or follow-up of individuals’ misuse disorders and comorbid mental illnesses exist for older people (14). We therefore believe that there is a need for a standard common definition of misuse to reflect the complexity of care in older people. This is also underlined in a previous study by Johannessen et al. (27). A vulnerable group of people with both physical and mental health concerns also makes systematic screening and follow-up critical when providing care (22). Such screening should be explored in larger population studies.

Methodological considerations

The choice of methods was motivated by the lack of knowledge about older people’s experiences with and reflections on alcohol and psychotropic drug use among older people. Qualitative research methods are helpful in providing knowledge of phenomena in areas where little is known (30). In order to provide the qualitative accounts of life world, narrative interviews and a phenomenological-hermeneutic method of interpretation are utilised (19, 31). The present study used a purposive small sample of 16 older people who came from 11 different smaller and bigger municipalities. The sample offered a wide range in terms of age, reflections and experiences with the use and misuse of alcohol and psychotropic drugs. We hold the opinion that the purposive sample helps to validate the results (30). Also, according to Sandelowski (31), sample size in qualitative research should be large enough to achieve variation of experiences and small enough to permit deep analysis of the data. The informants were interviewed individually, which provides varied perspectives. A solid knowledge base has also been presented in the text in order to contribute to trustworthiness. The data were also analysed and discussed by the authors in order to reach their conclusions (30). In addition, the authors have different healthcare and medical backgrounds (nursing and psychiatrist), and experience from both mental and somatic health care. This provides varied perspectives and a solid knowledge base.

Even though the findings of qualitative research designs cannot be generalised in a statistical sense, we argue that our findings can be transferred to other contexts, such as other older people in the same age range. As this present study is qualitative in nature, it is not reasonable to discuss the concepts of validity, reliability and generalisability in traditional consensus. The few informants chosen in qualitative research projects are insufficient to allow findings and conclusions to be generalised. The findings do, however, ensure and strengthen the representability in relation to transferability, as the findings allow in-depth insight in the phenomena under study. It can therefore be stated that qualitative research projects show a high content of validity (32, 33). The findings may contribute to a better understanding and development of public information in general. Hopefully, the findings can also be used to provide social and healthcare services for older people in order to reduce the use and misuse of alcohol and psychotropic drugs among older people.

Conclusion

The present study revealed that almost all of the informants had experiences with the use of alcohol and psychotropic drugs, but they did not define themselves as heavy users. Moreover, the study showed that the informants either disclaimed any problems with their own use of alcohol or psychotropic drugs or gave unclear statements about their own use of alcohol and psychotropic drugs. In contrast, all of them knew someone who misused alcohol or psychotropic drugs. The study revealed that the use was trivialised and seen as something older people just needed. The informants disclaimed responsibility for their own psychotropic use, instead pointing to their GPs as the responsible persons. Moreover, on a social level, group level and individual level, this study revealed that there is a need for different sorts of information related to use and misuse of alcohol and psychotropic drugs. In further research, it is also important to look at gender differences among older people in the experiences with and reflections of use and misuse of alcohol and psychotropic drugs.

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Author contributions

Aud Johannessen collected the data, and AJ and Venke Sørlie were principally responsible for the analysis, although the process was continuously discussed with Anne-Sofie Helvik and Knut Engedal. All authors contributed to the drafting of the manuscript and the final critical revisions.
Ethical approval

This study was approved in writing by the Regional Comitees for Health Research Etichs in Norway (REC South East) (2013/621).

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