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Why do some older adults start drinking excessively late in life? Results from an Interpretative Phenomenological Study

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Findings: After a lifelong unproblematic (at times heavy) use of alcohol, it seemed that using alcohol as a coping strategy was one of the main factors in very late-onset alcohol use disorder among our participants. We found that the participants experienced a marked loss of identity when they had no activities to fill up their time after retirement. Social activities involving alcohol were also closely related to very late-onset alcohol use disorder.

Conclusion: Loss of identity, coping with physical and psychological problems, an overarching societal and social culture surrounding alcohol and the interrelationship between social life, alcohol use and heavy drinking are important factors that need be addressed clinically and preventively, and specifically for individuals experiencing very late-onset alcohol use disorder.

Keywords: area of expertise: alcohol abuse, eldercare, mental health, research expertise: qualitative approaches, phenomenology, hermeneutics.

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Introduction

Alcohol problems among older adults (60+ years) are under-recognised. However, interest in alcohol problems among the elderly is increasing, especially as statistics suggests that this population will be growing in the coming decades (1–5).

A particularly interesting subgroup is older adults who experience very late-onset alcohol use disorders (AUD) (6), defined as the onset of AUD after the age of 60. Research indicates that approx. 11–16% of all older adults with AUD are very late-onset (VLO) individuals (7, 8). Individuals experiencing VLO AUD differ significantly from early-onset AUD individuals in their capacity to control drinking behaviour, desire/compulsion to drink alcohol and physiological withdrawal symptoms. VLO AUD individuals also tend to have a higher level of education, income, life satisfaction and stability of residence (8, 9). Liberto and Oslin (10) found that because they experience fewer bio-psycho-social problems, individuals with VLO AUD are less self-critical of their drinking and more likely to deny their alcohol problems than early-onset AUD individuals. They also found that VLO individuals tend to present fewer mature defence reactions and have less social support than early-onset individuals, which is aetiology linked to late-life social stressors.

Research on the reasons why some people develop AUD very late in life is scarce (3), and the few studies available draw different, even opposing, conclusions.

In general, a number of different factors seem to influence VLO AUD; among them are chronic stress (7, 11–14), late-life stress, health issues (8, 9, 15–19), friends’ approval of drinking (12), loss of role or work identity, (16, 17, 20–22), negative life events (23, 24), a history of alcohol use/abuse (25), loneliness (26), level of anxiety (27), pleasure (28), more time...
and money available, alcohol used as a response to pain, enhancing social experience and relaxation (29) and being male (25, 30). Less common findings on causes for VLO AUD include family enabling (31) and familial alcohol problems (32, 33).

In a review of retirement and its influence on VLO AUD, Kuerbis and Sacco (34) found that in particular social network, time, demands from workplace, income and roles or work identity seemed to have an influence on late-onset AUD. They also found that retirement itself had ‘…little or no direct effect on drinking behavior or alcohol problems…’ (p. 593); it seemed that alcohol consumption declined with retirement. They found that preretirement conditions like high job satisfaction, or high workplace stress, increased the overall use of alcohol (including problematic use). Whether retirement was voluntary or involuntary also seemed to have some impact on drinking behaviour after retirement. However, these findings were opposite to earlier findings by Ekerdt et al. (35) who concluded that over a 2-year follow-up, retirement was not associated with change in alcohol consumption. Only a minor short-term effect of retirement on alcohol consumption was found, suggesting that retirement, in and of itself, is not necessarily a factor in late-onset alcohol use disorder.

Since research points in multiple directions, it is imperative that we further investigate the population of older adults with very late-onset AUD, in order to be able to develop specialised treatment and preventive efforts to decrease health-related costs and remission rates. There is a lack of a unified theory, just as only a limited number of qualitative investigations have been performed. The present qualitative study is designed to increase the understanding of why some older adults start drinking excessively late in life.

Design and method

The present study is a substudy under the Elderly Study (36). The Elderly Study is a clinical randomized trial comparing two different alcohol interventions for people over 60 years, across multiple sites in Denmark, Germany and the USA. The present study took place at the Danish sites located at the outpatient alcohol treatment facilities in the three biggest cities (Copenhagen, Aarhus and Odense).

Pilot

From May to July 2014, we piloted the interview guide. Three pilot participants were interviewed and also invited to suggest revisions and comment on the interview situation. The interview guide was revised accordingly (copies available from corresponding author).

Inclusion criteria

In addition to the inclusion criteria of the overall Elderly Study (seeking treatment for alcohol use disorder and not suffering from psychosis, severe depression, bipolar disorder or suicidal behaviour), it was a condition that the alcohol use disorder was diagnosed after the age of 60.

Enrolment of participants

From July 2014 to May 2016, all participants in the Elderly Study who had reported experiencing VLO AUD (N = 29) were approached. Of them, 14 did not want to participate and three were false positives, having experienced the onset of AUD before the age of 60. Hence, 12 participants were included in this study.

Gatekeepers in the Elderly Study approached all potential participants. In their capacity as interviewers in the Elderly Study, the gatekeepers already asked about the onset of AUD as a part of the interview procedure. The gatekeepers also administered the written information on the present study. Within 2–3 weeks, the potential participants received a letter with further information and encouragement to contact the authors of this study. Within a week of this contact, potential participants were contacted again by phone.

Interviews

The interviews were conducted face to face by the first author. Interviews lasted 45–60 minutes, focusing on the participants’ experiences with alcohol, late-onset alcohol problems and what had caused them to seek treatment. The interview guide was used as a support during the dialogue, but the interviewer intervened as little as possible, even when the participant strayed from the point. All participants signed a consent form.

The interview took place in the participant’s home or at the treatment centre. To establish rapport, the interviewer presented himself in a warm, empathic manner and engaged in small talk before starting the actual interview.

Data saturation

After interview number 9, there was a marked decrease in the number of new themes. Interviews 11 and 12 only replicated the themes identified in earlier interviews. This was interpreted as data saturation.

Transcription

The interviews were recorded and transcribed by the interviewer, to ensure connectedness between interviews and transcripts. Transcription was semantically focused. The quotes presented in this article were translated in cooperation between the authors and a professional.
translator. All participants were given an alias during transcription to ensure anonymity (see Table 1).

**Participants**

The group consisted of seven men and five women, aged between 60 and 76 years. Three of the participants had been in psychological or psychiatric treatment before entering the Elderly Study. All participants had formal education beyond lower secondary school (9–10 years), and 10 had further or higher education as well. Nine participants had taken early retirement. They had been abstinent for at least 2 weeks prior to the interview, and none used illegal substances (see Table 1).

**Analysis**

The Interpretative Phenomenological Analysis (IPA) was utilised aided by NVivo 10 (37–40). The IPA is based on phenomenological, hermeneutic and ideographic traditions (37–40) which have also formed the base for this investigation. The method includes six steps, which were followed rigorously. First, the transcripts were read and re-read to for the authors to get immersed in the data. Second, the semantic content was examined on an exploratory level, and notes were taken. Third, emergent themes were developed, based on the notes. Fourth, a search was conducted across the emergent themes, creating superordinate themes. Fifth, the process was replicated on the next transcript. Sixth, patterns were found across cases, identifying similarities between cases. This procedure resulted in 18 superordinate categories across cases, of which seven were directly connected to the aim of our investigation: alcohol use, alcohol misuse, social activity, family, retirement, work and self-reported reasons for VLO alcohol problems. There were significant surprise findings regarding treatment and family pressure, which have been explored elsewhere (see 41). These findings concerned how ambivalence, family pressure and health concerns factor into entering treatment for AUD.

**Findings**

The participants’ experiences had a time-related quality to them. This encouraged us to describe their experiences as seen in Fig. 1. The description is an analytical reduction; hence, the individual experiences of the participants do not necessarily fit completely into the descriptive categories.

As suggested in Fig. 1, we identified three kinds of VLO individuals:

1. **Sleepers**: Individuals who had probably qualified for an AUD diagnosis before they turned 60. However, their problem remained undiscovered until after they turned 60, when their alcohol problems became more obvious. Explaining this type of AUD individuals is beyond the scope of this article, and they were therefore excluded from interviews.

2. **Increasers**: Individuals who had a lifelong (at times heavy) but unproblematic use of alcohol (equal to meeting a maximum of one of the criteria for AUD). When passing 60, these people increased their drinking to a problematic degree.

3. **Reaction drinkers**: Individuals who had only started drinking problematically after age 60. They had either not used alcohol or used it only to a limited extent (below the recommended national limits).

The present study concentrated on the two latter types, as they constitute the ‘real’ VLO individuals. The lifelong heavy use found among Increasers will be described only briefly, since the experiences leading to their VLO are similar to the third group, Reaction drinkers, and also occurring around age 60.

**Table 1** Demographic information on participants

<table>
<thead>
<tr>
<th>Alias</th>
<th>Age at interview</th>
<th>Age at diagnosis</th>
<th>Sex</th>
<th>Early retirement</th>
<th>Job</th>
<th>Other psychiatric treatment</th>
<th>Number of sessions</th>
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<tr>
<td>Alfred</td>
<td>61</td>
<td>60</td>
<td>Male</td>
<td>Yes</td>
<td>Salesman</td>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>Clara</td>
<td>71</td>
<td>70</td>
<td>Female</td>
<td>Yes</td>
<td>Office worker</td>
<td>No</td>
<td>12</td>
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<tr>
<td>Ditlev</td>
<td>76</td>
<td>75</td>
<td>Male</td>
<td>Yes</td>
<td>Logistics</td>
<td>No</td>
<td>&lt;4</td>
</tr>
<tr>
<td>Esther</td>
<td>70</td>
<td>69</td>
<td>Female</td>
<td>Yes</td>
<td>Social worker</td>
<td>Yes</td>
<td>12</td>
</tr>
<tr>
<td>Flora</td>
<td>70</td>
<td>69</td>
<td>Female</td>
<td>Yes</td>
<td>Seamstress</td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td>Gunner</td>
<td>68</td>
<td>67</td>
<td>Male</td>
<td>Yes</td>
<td>Teacher</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>Herbert</td>
<td>68</td>
<td>65</td>
<td>Male</td>
<td>Yes</td>
<td>Teacher</td>
<td>No</td>
<td>&lt;4</td>
</tr>
<tr>
<td>Judith</td>
<td>68</td>
<td>67</td>
<td>Female</td>
<td>Yes</td>
<td>Health care worker</td>
<td>Yes</td>
<td>12</td>
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<tr>
<td>Kurt</td>
<td>67</td>
<td>66</td>
<td>Male</td>
<td>Yes</td>
<td>Lecturer</td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td>Ludvig</td>
<td>70</td>
<td>63</td>
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<td>No</td>
<td>Health care worker</td>
<td>No</td>
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<tr>
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<td>64</td>
<td>Female</td>
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<td>Health care worker</td>
<td>No</td>
<td>10</td>
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<tr>
<td>Oluf</td>
<td>70</td>
<td>69</td>
<td>Male</td>
<td>No</td>
<td>Civil servant</td>
<td>No</td>
<td>&lt;4</td>
</tr>
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</table>
Heavy use history

The participants were all individuals with VLO, but ‘Increasers’ had an occasional heavy use of alcohol spanning a considerable part of their adult lives. ‘Increasers’ described how alcohol had always been an important part of their social activities and that certain types of alcohol had been facilitating for heavy use. Heavy use was considered ‘normal drinking’ as it did not affect their life as such. However, the participants were also using terms like ‘too much’ to describe their use of alcohol:

C: “[...] I have been drinking too much [...] so it probably has been a problem, but not a bigger problem than I could go to work, that I could function [...] at work. I did that quite easily.” (Clara, p. 2, l. 38–40)

This indicated either at least some awareness of problematic drinking or an attempt to downplay their heavy drinking. Similarly, several ‘Increasers’ described how they experienced habituation or increased tolerance to alcohol and cravings:

A: “[...] And [...] I have been able to drink, maybe two [...] drinks at dinner, then I’m suddenly at a point where I can take ten [...]” (Alfred, p. 10, l. 417–419)

Finally, ‘Increasers’ described how relaxing and having a good time (Danish: ‘hygge’ or ‘hyggeligt’) had been intrinsically related to drinking throughout their adult lives. They described that they used to be able to drink for purely recreational purposes, but found this increasingly difficult after turning 60.

H: “[...] when I had those drinks at lunch or dinner, right? [I: Yes] in our allotment garden and [I ed.] was just relaxing, enjoying myself – “hygge”, you know [...]” (Herbert, p. 5, ll. 160–164)

Self-reported reasons for VLO AUD

All participants were asked directly what they thought had caused them to start drinking excessively late in life. Most participants answered using terms involving coping. After age 60, alcohol was used to avoid boredom/inactivity, rumination, pain, sleeplessness, depression and cravings or to combat low self-esteem and self-pity, and lastly as a pick-me-up. Two participants reported using alcohol for coping with a death in the family (not spouses) and two said they used it for coping with diseases in the family. Most participants underlined that using alcohol as a coping strategy was new to them.

Changes in identity and life purpose

In addition to the self-reported causes for developing VLO, we found that problems in relation to sense of identity and sense of meaning in life were closely connected to VLO. Sense of identity and sense of meaning in life were also linked to job, family and social position.
This link to sense of identity and sense of meaning was prevalent among both Increasers and Reaction drinkers.

**Being somebody and becoming nobody.** An important aspect of work is the sense of being somebody. ‘Being somebody’ does not necessarily imply a position of power or leadership, but entails a certain amount of purpose and directedness. It may also entail a sense of being important or having influence, which is central to the individual. When work has been important, it is bound to have consequences when working life ends:

_A: Well, I felt that all of a sudden, [...] I was all alone in the world; I was scared, I was nervous [...] I didn’t have [...] any relationship to other people, and I was a nobody and [...] well, overall [...] the experience of being [...] left behind, all alone [...] a nightmare simply. Because I need to have something to do, something to fill my days [...]_ (Alfred, p. 5, ll. 220–225)

Fear, nervousness, feeling like a nobody and losing relationships are some of the key expressions that Alfred uses to describe his experiences. The unbearableness of his situation is underlined by his statement that he needs something to do, something to put his time and energy into. The need to feel useful is presented almost as a physical need, like eating or sleeping. In this instance, no longer working is a question of losing his sense of existence. Alfred underlines how it is not just the sense of having something to do that is important; when he retired, he was overwhelmed by an existential anxiety of being alone and being nobody. We found the same tendency in other participants’ experiences.

**Early retirement and lack of activities.** Most of the participants had taken early retirement. There was a clear overrepresentation of early retirees in the sample [approx. 80% in this sample vs. approx. 10% on a national level of people over 60 in 2015-Q3 (42, 43)]. Our participants felt that the lack of activity connected with early retirement was difficult to handle. Our participants only felt valued if they had something to do after retirement. Hence, it is not the early retirement per se that causes problems, but rather the loss of position in society or ‘meaning in life’. As Alfred explains:

_A: [...] That’s why I had to take early retirement [...]. Well-uhm, we live in a big house in the country, so there’s always plenty of things that need doing – uhmm, a big house, big plot of land, and horses and whatnot, and that’s fine with me. But-uhm, I just never got around to doing any of it [I: No]. Not a damned thing (Alfred, p. 6, ll. 257–259)_

Alfred expresses a sense of lacking purpose. Without a job, he does not feel any reason to get up in the morning although there were things to do around the house, he does not get round to doing them. Similar to other participants, he found that the decisions to be made at home did not have the same importance as the decisions they used to make at work, and housekeeping did stimulate his feeling of having a role in society or a purpose in life. Inactivity in early retirement is probably caused by a sense that the activities at hand lack meaning, which in turn increases alcohol use. Other participants had enjoyed taking care of grandchildren right after they retired, but as the grandchildren grew older, they described a lack of direction and sense of purpose similar to Alfred’s description above. Hence, it is maybe the sense of not feeling needed or useful that it is important, rather than not having enough activities to fill the day.

**Looking forward to retirement.** Some participants described how they had been looking forward to retirement because they would no longer be subject to endless reorganizations or changes in their old workplace. However, this celebrative stance in relation to retirement caused some of the participants to increase alcohol use as well. As Gunner explained:

_G: [...] well, I think that maybe [...] sometimes you get so enthusiastic that you feel like having a drink to celebrate [I: Yes], yes [...] and [...] then things get a bit out of hand [I: Yes] because [...] well, I wasn’t exactly abstinent before, but I never got drunk when I was at work [...]_ (Gunner, p. 5, ll. 156–159)

Here, Gunner presents a theme common to the participants. The freedom from responsibility and the ability to enjoy alcohol at any time during the day may lead to an increase in intake that goes beyond what is healthy. Gunner even presents the opposites between working and retirement when underlining that he never got drunk at work. This implies that after retiring, his ‘working hours’ had been made available for drinking rather than marked by abstinence as before.

In sum, it seems that the lack of meaning, but also the freedom that goes with retirement, is connected to the development of problematic drinking. Hence, viewing retirement as the sole cause of VLO AUD is too narrow. Rather than retirement as such, it was the general sense of losing meaning and identity that seemed to be one of the deciding factors for the participants, along with the loss of structure or framework that working life provided.

**Other factors related to VLO AUD**

There are the general social discourses on drinking and the Danish alcohol culture as such that seems to influence VLO AUD. The following is an attempt to capture

\[ [...] \] denotes a deletion of material from the quote – verbal noise, repetition or interviewer interference.
how social discourses and culture seem to influence alcohol use in general and VLO AUD specifically. However, these are factors that go beyond the VLO AUD vs. earlier-onset AUD and should be regarded as an analysis of an alcohol culture that seems to influence the way people in general use alcohol and in the cases ultimately ended up experiencing VLO AUD. Further, as demonstrated below and as described in the beginning of this analysis, it seems that lifetime alcohol behaviour may be a predictor for VLO AUD.

The steady increase. Some of the participants experienced a slow increase in alcohol consumption after age 60 and experienced that alcohol overuse “sneaked up on them”. The participants described how their self-perceived normal use of alcohol suddenly and surprisingly became problematic. As Ditlev explains:

D: [...] as I said, I haven’t felt myself that [...] well, it was something that, sort of slowly, sneaked up on me [...] , it just happened, and then it became sort of [...] the new normal [...]. Before I started, it would have seemed completely unthinkable [...] that it could turn out like this [...] . But, isn’t that what they say? That [...] alcohol is [...] something that sneaks up on people [...]. I mean you don’t realize yourself that it’s becoming a problem (Ditlev, p. 7, ll. 222–230)

Ditlev presents how alcohol problems seem to catch a person unawares, explaining in general terms that excessive drinking is something that sneaks up on people. He thus negotiates his responsibility for developing AUD, placing some of the responsibility on alcohol itself and on the drinking culture in society. This underlines how there can be a gap between the onset of heavy drinking and when the individual realises that he is drinking excessively. This entails a certain level of wilful ignorance. The participants had never considered that they could become ‘individuals with alcohol problems’ before, and it took them a long time to realise that they had developed an alcohol use disorder. This lack of awareness may have contributed towards their increasing intake of alcohol.

This particular lack of awareness seems to be linked to societal or cultural representations of people with alcohol use disorder. Some participants contrasted themselves with traditional stereotypes like the ‘down-and-out park bench drunk’, thereby confirming their own normality and ability to stay in control of their life and alcohol intake. By contrasting themselves with ‘park bench drunks’, their own excessive drinking continued to seem mostly unproblematic, as their situation was never as bad as the stereotypes.

Social discourse and drinking. To the participants, social interaction was almost inextricably linked to alcohol. Gunner introduces the term ‘the Danish way’ to explain his way of using alcohol and describes it as follows:

G: [...] It’s like, you know [...] when you uhm meet up with someone [...] you always [...] you’ve got to have a drink [I: Yes], don’t you? [...] (Gunner, p. 1, ll. 23–25)

Gunner indicates a certain degree of inevitability in the Danish drinking culture: When you meet people socially, alcohol is involved. In Gunner’s account, the cultural norm serves as an overarching principle for how he drinks. The norm legitimizes and dictates the use of alcohol in social gatherings. The account also demonstrates a rhetorical ‘shift of blame’ from oneself to a societal level. All the participants indicated that drinking alcohol is closely connected to social relations and that alcohol is inextricably interwoven with social gatherings. In Danish alcohol culture it seems that if you do not wish to drink alcohol, you have to explain, even lie about, why you do not drink, and nondrinkers are often encouraged to drink. The participants describe how certain social situations place a firm, but latent, pressure on them to drink. One of the participants (Kurt) described how social gatherings in his network usually included a case of beers under the table. Hence, there was an expectation about drinking alcohol that left little room for not drinking, and alcohol itself seems to be a symbol of social interactions:

L: [...] in the early 80s [...] well, the best thing I knew, really, that was for example when we started our New Year’s Eve together [...] we were three couples [...] and [...] the very first thing we’d do when we met up was proposing a toast, you know, pouring [...] a nice glass of white wine [I: Mmm] and drinking while we were-uuhm preparing the dinner and everything [...] . The same circle of friends we celebrated New Year’s Eve with [...] later on also … started this wine club [...] (Ludvig, p. 1, ll. 13–19)

The ‘wine club’ mentioned in the account above is a group of friends who collect, taste, review and drink wine. The club in itself serves as legitimization for drinking and enjoying alcohol. This example was probably the most overt manifestation of the alcohol culture that is considered ‘the Danish way’. Although only one of the participants was actually members of a wine club, it is evident that the Danish drinking norms leave little room for nondrinkers. Hence, there is also a societal or cultural aspect of VLO AUD, as there is for a high alcohol intake in general.

Hygge. An important part of drinking alcohol is the element of ‘hygge’ (Danish: hygge or have det hyggeligt). In the Danish language, the word ‘hygge’ is both an atmospheric word (there is a good, relaxed, friendly atmosphere), but it is also an emotional word (it is nice
and cosy to be together). The rhetoric is often used in connection with alcohol, as seen in the following:

H: [...] when I had those drinks at lunch or dinner, right? [I: Yes] in our allotment garden and [I ed.] was just relaxing, enjoying myself – ‘hygge’, you know [...] (Herbert, p. 5, ll. 160–164)

Here, alcohol is linked to the term ‘hygge’ in a way that makes the two words seem almost inseparable. The rhetoric serves both to disarm the account (‘hygge’ is harmless) and to distance oneself from the potential problematic situation of drinking on your own. If you drink in a ‘hyggelig’ situation, it is very unlikely that it would be considered problematic. However, ‘drinking in the allotment garden’ may also be a way to hide your drinking from your surroundings. Several participants described how they felt tempted to hide their drinking from family and friends. Turning ‘drinking alone in the allotment garden’ into drinking in a ‘hyggelig’ situation may therefore be a way to hide the drinking by turning it into a rhetorically harmless and socially acceptable situation. Other participants mentioned ‘hygge’ as a “something you deserve”, establishing such cosy moments as calling for a glass of wine or a beer. Drinking is justified by the rhetoric of ‘hygge’, thereby downplaying any potential harm (it is just ‘hygge’). Adding ‘hygge’ minimises the potential seriousness of drinking behaviour.

**Partner’s drinking.** Most participants experienced that their partner’s drinking did not have any influence on them at all. The partner was often described as having an unproblematic use of alcohol. For some, however, it seemed that the partner’s drinking pattern affected the participant’s use, for instance Judith:

J: [...] because that’s when it starts to escalate, you know, [going, ed.] to pubs selling special beers – you know, these Irish pubs – and then you drink them, and my partner, sometimes he’ll show up with this 3-liter [shows a wine-in-a-box with hand gestures]. And he was the one who had a problem [laughs] [...] (Judith, p. 3, ll. 96–98)

In this quote, we find a very obvious example of how a partner’s drinking influenced the participant. Earlier in the interview, Judith had defined herself as a co-alcoholic, which she underlines here by stating that he was the one who had the problem. More obviously, the boyfriend brings wine to her place, which of course is putting her drinking habits under extra pressure. The influence from partners’ drinking was rarely as obvious as in this case, but there is some indication that the alcohol use of a partner was probably having an influence on the alcohol use of our participants.

**Discussion**

Very late-onset alcohol use disorder (VLO AUD) is a complex phenomenon, influenced by many factors. For the majority of the participants, a lifelong alcohol use – influenced by both the general Danish alcohol culture and the social discourse in private as well as working life – laid the foundation of their VLO AUD. After age 60, many experienced that alcohol changed from having a social and cultural dimension into an individual coping device. Moreover, most of the participants had experienced a marked loss of meaning and identity late in life. The term ‘hygge’ seems to be a way in Danish culture to distance oneself from a potential overuse of alcohol, which seems to be related to VLO AUD.

Some of the factors identified correspond to the pattern of patients’ experiences of their own drinking behaviour that Nielsen (44) identified among middle-aged individuals. The themes of ‘hygge’ and the experience of the social norms for drinking are similar to the cultural drinking pattern found in her study. The use of alcohol as a coping strategy identified in this study is akin to her symptomatic drinking pattern category (44). However, compared to the Nielsen study, we found that among VLO individuals alcohol was used to cope with lack of meaning in life and loss of identity rather than coping with anxiety, stress and other problems.

As Denmark is considered a high-use and social drinking culture (45), we expected to find that social interactions and alcohol were related in our material. Particularly, ‘hygge’ was often mentioned by the participants. ‘Hygge’ seems to be part and parcel of Danish alcohol culture, and maybe in particular the alcohol culture of the over-60 age group. The interconnectedness of ‘hygge’ and drinking, and how it functions in relation to legitimizing the use of alcohol, may be unique to the Danish culture.

We identified and explored factors tentatively described by Kuerbis and Sacco (34). The findings suggest that it is not retirement as such but rather loss of meaning and identity that for some individuals leads to late-onset alcohol use disorder. This loss of meaning and identity may stem from changes in social and familial spheres.

We found that the lifelong use that the participants experienced coincided with the development of the so-called red wine culture among the middle and upper classes. Moreover, it seems that habituation and tolerance can make it hard for an individual to realise a potential problem. So it seems that Suliman, Seedat (46) were right to suggest that intra- and interpersonal levels are important when identifying risk factors for VLO AUD.

Our findings are comparable to a Norwegian study by Johannessen, Helvik (47). Even though their older adult participants were not diagnosed with AUD, they still found a tendency for the participants to trivialise their use of alcohol. We have found the same tendency and

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theorise that this might be a characteristic of alcohol use among older Nordic adults in general. Our study is different from theirs as the participants in the present study were actually in treatment for AUD, having identified themselves as having problems with alcohol. Johannessen, Helvik (47) found that fear/anxiety, loneliness and lack of information on the consequences of excessive alcohol use were some of the major reasons for the onset of AUD. We found the same tendencies, but in a wider context of identity problems. Most likely, this difference is due to the participants being relatively younger than the participants in Johannessen, Helvik (47), which means that the participants retirement was more recent and probably affecting them more on an existential level.

The individuals participating in the present study turned out to be well-educated, middle-class seniors, thereby confirming that high alcohol intake is common among highly educated older adult individuals. Alasuutari (48) described how blue-collar workers identified their excessive drinking and even alcohol use disorder as a wish to ‘lose control’. In the Alasuutari study, ‘loss of control’ was the norm within this subgroup, which is not in line with our findings. Research is needed in order to understand the similarities and differences between drinking cultures among blue-collar workers and higher social classes.

Retrospective studies like this one should be interpreted with caution, as they are likely to be affected by memory and social desirability biases. Since data saturation was achieved with only 12 participants, the participants is likely to have been a rather homogeneous group. They consisted of middle-class/upper-middle-class people with a higher level of education compared to the general population. This is based on comparison to the generally available data from Statistics Denmark. Therefore, it is likely that the participants in this study were financially and socially resourceful compared to the general population. Moreover, the participants were treatment seekers, and in addition, they had accepted to share their stories when approached by the interviewer. Hence, the participants may not be representative of all individuals who experience VLO AUD. It seems safe to assume that the participants have characteristics that reflect both a wish and a willingness to change their drinking behaviour. Furthermore, they have proved themselves willing to volunteer and participate in a study without compensation.

Our findings may have implications for the clinical work with VLO AUD individuals. We suggest that treatment should include particular attention to loss of identity, personal norms for alcohol use and the importance of ‘hygge’. Our findings may be useful for developing specific prevention programmes for the elderly, with particular focus on the risks of excessive drinking and development of tolerance, and on the risk that using alcohol as a coping strategy poses for this group. Further research is needed to be able to generalise our findings to a broader population, and we recommend an effort to be done to quantitatively clarify the relations between the loss of identity, personal norms for alcohol use and social discourses concerning alcohol use and their relation to VLO AUD.

**Conclusion**

This qualitative study found unique themes that may explain very late-onset alcohol use disorder. Loss of identity, coping, the overarching societal culture and the interrelationship between social life, alcohol use and heavy drinking are important themes in very late-onset alcohol use disorder and need to be addressed clinically and preventively.

**Author contributions**

All authors have made substantial contributions to conception and design of the study.

The first author (JE) has made substantial efforts in acquisition of data, and analysis and interpretation of data. He has also drafted and revised the manuscripts critically for intellectual content; and given final approval of the version to be submitted and any revised version.

The second author (KA) has participated in drafting the article and revising it critically for important intellectual content; and given final approval of the version to be submitted and any revised version.

The third author (ASN) has made substantial efforts in analysis and interpretation of data; has participated in drafting the article and revising it critically for important intellectual content; and given final approval of the version to be submitted and any revised version.

**Ethical approval**

The Danish National Ethics Committee processed this study on 3 July 2014.

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