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PATTERN OF ALCOHOL CONSUMPTION, SMOKING HABITS IN THE LIFE HISTORY OF OLDER ADULTS AND PRESENCE OF EMOTIONAL SYMPTOMATOLOGY. STUDY IN TWO SETTINGS IN MEXICO CITY

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Abstract: Patterns of alcohol consumption and tobacco use in the life history of older adults are identified, as well as the report of emotional symptomatology. Objective: to identify, analyze and describe habits of alcohol intake and tobacco use: ever in their life, in the last year and month prior to the application of the interview and the presence of emotional symptomatology in people aged 60 years and over, captured in a Social Assistance Institution (Casa Hogar, CH) and in a Health Center (CS) in Mexico City. Methodology: The research is framed in observational, descriptive and analytical cross-sectional studies. The study population consisted of 80 elderly persons recruited at the CH and 82 at the CS. In both settings, information was obtained through direct interview application of the instrument: "Living conditions and mental health in older adults (COVYSMAM-LJ)". The interviews were conducted by personnel with experience in research. The ethical criteria specified for studies of this nature were met. Results: For "ever in life (VLE)", in the CH, 65% reported both alcohol consumption and tobacco use; in the CS 74.3% reported alcoholic beverage intake and 50% tobacco use. Overall, alcoholic beverage intake was estimated at 69.7% and tobacco use at 57.4% AVV. The presence of total emotional symptomatology was 45.6%; for CH 45% and 46.3% in the case of CS. Discussion: The information generated allowed us to shape and identify the pattern of alcohol consumption and tobacco use (low frequency and quantity) for both substances, for ever in life, in the last year and month prior to the application of the interview and the presence of emotional symptoms in two populations of older adults in Mexico City. It highlights the importance of conducting research from different areas of knowledge in order to determine their psychosocial impact, as well as their health and cultural repercussions, without omitting the multifac-

torial condition associated with the consumption of these substances and the presence of emotional alterations. Even though the results may differ from those reported in the literature, the data collection instrument, objectives, type and context of the study population must be taken into account.
Keywords: Older adults, life history, alcoholic beverage intake, smoking habits, emotional symptomatology, Casa Hogar, Health Center

INTRODUCTION

The study of aging, old age and the condition of older adults is currently of great interest and relevance given its impact on the demographic transition (increase in absolute and relative numbers of the population of older adults aged 60 years and over), as well as on the epidemiological transition (with a predominance of chronic degenerative and disabling diseases), and increase in the life expectancy of this population group, which is observed both nationally and internationally. It should be noted that the topic of aging, old age and the elderly and their associated conditions occupy a relevant place to investigate from different areas of knowledge, for this reason, in the area of Social Sciences in Health, a line of quantitative-qualitative research has been developed in our country, where, among other specific situations, the following are addressed emotional symptomatology, cognitive status, quality of life, disabilities and psychiatric disorders, developing the research "Living conditions and mental health in Older Adults" (COVYSMAM-LJ), where among the topics addressed is the role of alcohol and tobacco in the lives of the elderly (López-Jiménez et al., 2008; López-Jiménez et al., 2023); as well as the way in which the notion of old age is constructed in the elderly and the discourses traverse this notion, deriving in two models (López-Jiménez, J. L., 2013).

Since the 1980's, the World Health Organization (WHO, 1980) had pointed out the consequences related to the use and abuse of alcohol and tobacco in individuals, which represented a threat to health, as well as to individual and social well-being. Subsequently, reports by the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 1993) and the Pan American Health Organization (PAHO, 2007) indicated that both alcohol and tobacco use were considered public health problems given their repercussions on the health status of the general population and particularly on older adults, It was also noted that the studies conducted in this population group had been limited, which highlights the fact that the use and abuse of these substances was a condition poorly known and studied in older people, also predicting that by increasing the number of individuals aged 60 years and older, the number of those who consume them would also increase, with its associated consequences ( ). (López, J. L., & Gálvez, N. E., 2019)

It has been pointed out that although alcohol intake may decline with age, there was an important segment of drinkers among the elderly population, despite the lack of data due to the difficulty in identifying drinking patterns, underreporting, social isolation and the absence of specific screening and assessment instruments for this population group (Widner & Zeichner, 1991; O'Connell et al., 2003; Hoeck & Van Hal, 2012). Mons et al., (2015), had already indicated with respect to tobacco use, that, both in the early stages of life, as well as in old age, were important causes of morbidity and mortality.

In addition to the above, it has been reported in the literature that the use of substances prior to old age increased the probability of presenting health problems, especially in this last stage of life (Elderly Drug Addiction, 2008; Zickler, 2008; Growing Drug Addiction

Rate among Elderly Population, 2009). In this sense, it is indicated (Kuerbis et al., 2014; Agahi et al., 2016) that tolerance to alcohol decreases with age, observing in the elderly, higher blood alcohol concentration compared to the younger population and a greater physical impact and deterioration in old age; likewise, it is referred that the report of tobacco and alcohol consumption for some time in life, presents greater probability of involving health problems (Pavón-León et al., 2018).

Regarding alcohol and tobacco use in older adults , González et al. (2023) recently estimated the prevalence of alcoholic beverage intake for a gerontological population at 59% and tobacco use at 48.5%. O other reports and even though there is great variability in estimates of lifetime alcohol use, these range from 35.3% to 84.6%, (Pavón-León et al., 2018; Solís et al., 2000; Salazar et al., 2019), and current consumption including last year and month: from 4.4% to 41% (Pavón-León et al., 2018; Solís et al., 2000; Salazar et al., 2019). Regarding lifetime tobacco use, studies report percentages from 30% to 47.4% (Pavón-León et al., 2018; Manrique et al., 2013; Mons et al., 2015), and current use which in turn includes the last year and month: 5.5% to 12.4%, (Pavón-León et al., 2018; Hinojosa et al., 2014; Mons et al., 2015). According to the above and due to its impact on morbidity and mortality, the consumption and use of these substances in older adults constitute a relevant public health problem, given its characteristics and consequences on the quality of life, both in those who present it and in their environment, which is aggravated by the difficulty to identify and, if necessary, provide timely care to those affected (SS, 2024).

The implications derived from the consumption of alcoholic beverages and smoking that could cause various health problems, including physical and emotional areas and impact on the social sphere, resulting in disabilities that would have repercussions on their daily activities and quality of life. In the case of alcohol ingestion, irreversible brain damage, cardiovascular, digestive, cancers, mental and behavioral disorders stand out among others (Pavón et al., 2018; Hoeck & Van Hal, 2012; SS, 2024); in the physical area, falls, disability, sensory incoordination (SS, 2024; Hoeck & Van Hal, 2012; Agahia et al., 2016), and in the social, accidents, physical and psychological violence, self-abandonment mainly (Hoeck & Van Hal, 2012; Agahia et al., 2016). Regarding tobacco use, in the main health problems also stand out among others, acute coronary events, cerebrovascular accidents, cardiovascular, cerebral infarction, emotional lability (Mons et al., 2015; Pavón et al., 2018; SS, 2024), physical disabilities, frequent cough, insomnia, shortness of breath, fatigue, and social, isolation (WHO, 1980; Carrera, C. J., 2001).

Regarding the circumstances and life conditions that can influence substance use, (Craig, 1988; Elderly Alcohol and Substance Abuse, 2008: Cuellar, AJ et al., 2017), the most important ones are work retirement, loss of meaning in life, loss of spouse, depression, loneliness, confusion and anxiety; in addition, in the specific case of smoking, having too much free time or boredom. Faced with this situation, Pavón et al. (2018), point out that alcohol and tobacco consumption in older adults is currently considered a preventable risk factor for both mortality and morbidity.

METHODOLOGY

It should be noted that both investigations are framed within observational, descriptive and cross-sectional analytical studies. Procedures: In the first study, from a population of 117 older adults aged 60 years and over who were living in the Casa Hogar (CH), a systematic random sample was selected by choosing every fourth person (N=20), to whom the interview was applied and completed; in the

data analysis they were assigned the corresponding weight, obtaining a weighted sample of 80 older adults (López et al., 2008). In the second study carried out in a Health Center (HC), belonging to the Secretary of Health (SS) of Mexico City, a random registry of 133 persons aged 60 years and older was obtained and by means of a choice by convenience 82 older adults were captured and interviewed (López et al., 2023); it should be clarified that, in this HC study, the application of interviews was suspended due to the declaration of the SARS CoV 2 pandemic and the confinement decreed by the health authorities of Mexico City. Both studies included persons 60 years of age and older. Instrument: Information obtained by direct, face-to-face interview application of the questionnaire "Living conditions and mental health in older adults" (COVYS-MAM-LJ, 2001), which comprises 14 areas integrated by the responsible researcher (López-Jiménez et al., 2024). The present study includes demographic data, alcoholic beverage and tobacco consumption habits, as well as the "case" criterion, presence of emotional symptomatology (CGS-12). Research personnel: professionals in nursing, psychology, geriatrics and psychiatry with extensive experience in the field of research and application of interviews, who were trained in the use of the methodology, procedures and instrument, participated in the application of the interviews. Ethical considerations: the research met the ethical standards established by the institution. It should be noted that they did not represent any risk for the interviewees and no intervention strategies or modification of physiological, psychological or social variables were carried out. The corresponding signed and informed consents were obtained in writing, clarifying at all times that the information provided would be used solely for research purposes; likewise, any attempt to refuse was respected, and the data were handled with absolute confidentiality and anonymity. SPPS V21.0 (Statistical Package for the Social Sciences) was used for data analysis.

RESULTS

According to the sociodemographic information (Table 1), the predominance of the female sex (65.0% and 74.4%, respectively) over the male sex stands out, and no statistically significant differences were found for this variable between the study settings (X^2= .29, gl 1,≤ .58, pns). By age group, the highest percentage of the CH sample was in the 75 to 84 years range and the highest percentage in the 65 to 74 years range was in the SC, with a mean age of 80.3 years in the CH and 70.4 years in the SC. According to marital status, widowhood stands out in the CH and being single, divorced or separated in the CS. In the case of the CH and the report of schooling level estimated in years completed, it stands out having completed primary school (1 to 6 years), although the average schooling level was 5 years and 20% knowing how to read and write and not having attended school. For the SC, we obtained a similar percentage of those who completed primary school; however, we also found to have reached higher schooling levels of up to 18 years and an average of 6.6 years of schooling.

CONSUMPTION OF ALCOHOLIC BEVERAGES

Regarding alcohol intake for each setting (Table 2), we found that 65% of the CH and 74.3% of the CS reported having consumed alcohol "sometime in their life". Of those who had indicated lifetime drinking, 11.5% of the SC reported having also consumed alcohol in the last 12 months and 7.6% of the CH reported having consumed alcohol both in this period and in the last month; for the last month, only 1.7% of the SC indicated current drinking. As for the age of onset of consumption, the ran-

	Casa Hogar (CH) N= 80		Health Center (HC) N= 82	
Sex	n	%	n	%
Female	52	65.0	61	74.4
Male	28	35.0	21	25.6
Age (years old)				
60 - 64	-	-	17	20.7
65-74	20	25.0	42	51.2
75-84	36	45.0	21	25.6
85 and over	24	30.0	2	2.4
	= 80.3	SD= 7.6	= 70.4	SD= 6.6
	Range: 66 to 94		Range: 60 to 87	
Marital Status				
Single, Div, Sep	24	30.0	32	39.0
Married, Union L	20	25.0	31	37.8
Widow	36	45.0	19	23.2
Schooling (years completed)				
1 a 5	20	24.4	26	31.7
6	24	29.3	24	29.2
7 a 9	4	4.9	9	11.0
	= 5.1	SD= 1.9		
	Range: 1 to 9			
10-12	-	-	6	7.3
13 and over	-	-	8	9.8
			= 6.6	SD= 4.1
			Range: 1 to 18	
Reading and writing	16	20.0	1	1.2
No schooling	16	20.0	8	9.8

Table 1. DISTRIBUTION BY SEX, AGE, MARITAL STATUS AND SCHOOLING WITH RESPECT TO THE FIELD OF STUDY

*Single, separated, widowed

ge was between 13 and 25 years, with a mean of 18 years in the CH; for the CS we found a fairly wide age range of 10 to 60 years and a mean of 23.5 years with respect to the age they were when they started their consumption. In this context, it is relevant to note that according to the type of ingestion they reported, we found similar percentages in both settings for "occasional". The overall consumption for both habits was 69.7%, although it was occasional (71.6%). As for the main reason why they no longer consumed alcohol, for both settings, "no specific reason" stood out with 61.5% for the CH and 86.4% in the CS, not needing to resort to any institution to stop drinking.

	Casa Hogar N= 80		Health Center N= 82	
Consumption	n	%	n	%
Once in a lifetime	52	65.0	61	74.3
Last twelve months	4	7.6	7	11.5
Last month	4	7.6	1	1.7
Type of ingestion				
Occasional	36	69.2	45	73.7
Still ingests	4	7.6	1	1.7
Do not remember	12	23.1	15	22.9

Table 2. ALCOHOLIC BEVERAGE INTAKE REPORT

N= 162

When analyzing the information in the context of the pattern of consumption of alcoholic beverages (Table 3) according to frequency, quantity and type of beverage, we found a higher percentage for drinking "once a month" in both settings (1 to 11 times a year). However, it also stands out that 23.1% of the older adults in the CH would have drunk "daily to almost every day" in contrast to 3.4% in the CS. By type and amount of beverage, the report of distilled beverages consumption stands out, followed by beer.

	Casa Hogar N= 52 (65%)		Health Center N= 61 (74.4%)	
Frequency of consumption				
Daily, almost every day	12	23.1	2	3.4
1-4 times a week	4	7.7	3	5.0
2-3 times a month	-	-	5	8.3
Once a month	36	69.2	52	83.3

Table 3. PATTERN OF CONSUMPTION OF ALCOHOLIC BEVERAGES FREQUENCY, QUANTITY AND TYPE OF BEVERAGE
N= 113
*Non-response is not considered

For the consumption of alcoholic beverages, in terms of frequency of consumption, there were no significant differences between the CH (65%) and the CS (74.3%), although in percentage terms the latter reported slightly higher consumption. Overall, 69.7% reported drinking alcohol at some time in their lives.

In the beverage report, six types of beverages were identified and the amount of ingestion of these, as shown in Table 4. In this sense, the consumption of distilled beverages stands out in both places 46.2% and from 1 to 4 drinks in the CH (66.6%) and 54.0% for consumption from 1 to 5 drinks (66.6%) in the CS. In second place, beer intake was observed in the CH, 30.8% and of these 75% reported drinking 1 bottle; in the case of CS 24.5% reported its consumption and 80% drinking 1 to 5 bottles. For both areas, 50.4% reported ingestion of distilled beverages and 33.6% from 1 to 5 drinks. In the case of beer 27.4% reported drinking it and 21.2% between 1 and 5 bottles. In general, there is a slight increase in the consumption of these beverages in the SC.

SMOKING HABITS

With respect to tobacco use in the elderly and its distribution (Table 5), the percentages of "ever in life" use are 65% for the CH and 50% in the CS; however, for the CH and in order of relevance, an important use is also observed in the "last 12 months" and in the "last month"; with respect to the CS in these same periods. The age range for first time smoking oscillates between 10-35 years CH and from 9 to 40 in the CS; specifically 30.7% at 22 years of age and older (CH) and 51.2% between 16 and 20 years in the CS. The mean age at which they smoked for the first time in both settings was similar, 19.8 years CH and 18.4 years CS. In this context, and when asked how long they have smoked, it should be noted that 23.5% in the CH have not stopped smoking and 14.6% in the SC continue to do so, although 24.4% do so "occasionally". The average number of years of smoking was 56.9 and 36.2 years respectively for the CH and the CS. When asked about the main reason for stopping tobacco use, in the CH the main reasons were "no specific reason" (38.4%) and "harm to health" (23.0%); in the SC the main reason was "harm to health" 36.5%, including pregnancy, and no specific reason (17.0%).

Consumption of 1 to 5 cigarettes was reported by 63.6%, of whom 57.1% smoked daily and 28.6% used them occasionally; although 18.2% also smoked 20 or more cigarettes in the CH. In the SC, of those who reported smoking 1 to 5 cigarettes (65.6%), 33.3% reported daily use and the remaining 66.7% reported "occasional" use. For the consumption of 6 to 10 (15.6%) cigarettes, 60.0% reported daily consumption among the most relevant.

White wine, rosé red wine		Beer		Distillates: brandy, rum tequila		Pulque		Pure alcohol or spirits		Other: rompope, cider, liqueur	
HOME HOUSEHOLD n=52 (65.0%)											
n	%	n	%	n	%	n	%	n	%	n	%
4	7.7	16	30.8	24	46.2	8	15.4	4	7.7	12	23.1
1 cup		1 bottle		1 to 4 glasses		4 glasses		2 glasses		1 cup	
n	%	n	%	n	%	n	%	n	%	n	%
4	100.0	12	75.0	16	66.6	4	50.0	4	100.0	12	100.0
HEALTH CENTER n=61 (74.4%)											
n	%	n	%	n	%	n	%	n	%	n	%
5	8.1	15	24.5	33	54.0	4	6.5	-	-	9	14.7
1-2 glasses		1-5 bottles		1 to 5 glasses		10-20 glasses		cups		1-2 cup2	
n	%	n	%	n	%	n	%	n	%	n	%
5	100.0	12	80.0	22	66.6	3	75.0	-	-	5	55.5

Table 4. DISTRIBUTION ACCORDING TO TYPE AND QUANTITY OF BEVERAGE INGESTED BY FIELD OF STUDY

No response/no recollection 3 (4.9%)

	Casa Hogar N= 80		Health Center N= 82	
Tobacco use	n	%	n	%
Once in a lifetime	52	65.0	41	50.0
Last 12 months	28	53.8	5	31.3
Last month	24	46.2	5	31.3

Table 5. SMOKING HABITS REPORT

Although no significant differences were found, there was more smoking in the home than in the health center for lifetime use. Considering both settings, it is estimated that 57.5% smoked at some time in their lives. The same is true for use in the last 12 months and in the last month.

In relation to the analytical part, statistical significance tests (X^2) were performed to determine the existence of statistically significant differences between the study variables. The analyses included sex, age groups, alcohol consumption and tobacco use: Ever in Lifetime (VLLU), Last Twelve Months (LTM) and Last Month (LM); as well as Alcohol Consumption related to tobacco use (AVV); it should be noted that these analyses were performed following the following two procedures:

a) Separate analyses for each scenario

b) Analysis between the fields of study

It should be noted that in summary table 6, we only present data from the analyses where significant differences were found in each procedure.

In the distribution of data and according to the sex variable between the Casa Hogar (CH) and the Centro de Salud (CS), no significant differences were found; the same situation occurred for the age ranges between the two settings. In the analysis for each place according to sex and age groups, there were also no significant differences.

Regarding the analyses between sex and alcohol consumption (Table 6) and according to the period of consumption: once in a lifetime, in the last 12 months and in the last month, we found no significant differences in CH. Regarding these variables in the CS, we only found this difference in the consumption once in a lifetime ($p \leq .01$); regarding consumption

Scope of study	Variables analyzed	X^2test
Casa Hogar (CH)	Sex by Smoking AVV* Sex by Smoking AVV* Sex by Smoking AVV* Sex by Smoking AVV* Sex by Smoking	X^2= 8.1, gl= 1, p≤ .004
	Sex by Smoking UDM**	X^2= 15.5, gl= 1, p≤ .000
	Sex by Smoking UM***	X^2= 7.5, gl= 1, p≤ .006
	Age group by Smoking AVV*	X^2= 15.1, gl= 2, p≤ .001
	Alcohol Consumption AVV* by Tobacco Use AVV* by Tobacco Use AVV*	X^2= 48.6, gl= 1, p≤ .000
Health Center (HC)	Sex by Alcohol consumption AVV*	X^2= 6.4, gl= 1, p≤ .01
	Sex by Smoking AVV* Sex by Smoking AVV* Sex by Smoking AVV* Sex by Smoking AVV* Sex by Smoking	X^2 = 18.5, gl= 1, p≤ .000
*Once in a lifetime	**UDM: Last Twelve Months	***UM: Last Month

Table 6, ANALYSIS FOR X^2WITH STATISTICAL SIGNIFICANCE, BY SELECTED VARIABLES

in the last 12 months; in the last month no statistical differences were observed. For the analysis by age group, we did not find statistical significance in CH in any of the three time periods investigated; the same situation was observed in CS. However, in the percentage distribution, the highest percentages are attributed to the male sex.

In the analysis of smoking habits according to sex, as in the case of alcohol consumption, three periods were investigated in their occurrence and reporting. In this regard, it is noteworthy to have found significant differences in the periods investigated Smoking once in a lifetime (p≤ .004), in the last twelve months (p≤ .000) and in the last month (p≤ .006) in CH. Regarding CS, we only found differences for "ever smoking in lifetime" (p≤ .000), not for use in the last year and month. For the age groups and in the case of information in the CH, in the three periods we only found statistical significance in "smoking ever in life" (p≤ .000). Regarding CS information, no significant differences were obtained for the periods investigated. In the analysis by sex and AVV alcohol consumption, statistical significance was found (p≤ .01), as shown in the same table.

Finally, in the analyses between alcohol consumption and "ever in life" tobacco use for CH there were significant differences (p≤ .000). For CS we found no significant differences. Regarding the analysis of these variables between study settings for tobacco use we also found no statistical significance.

EMOTIONAL SYMPTOMS

The 12-item version of the General Health Questionnaire (CGS-12) (Mari & Williams, 1985) was used to evaluate the presence of emotional symptomatology. Thus, we found that according to the cut-off point of 2/3, where the presence of three or more symptoms is considered a "case", 45% for the CH and 46.3% of possible cases of being suffering from emotional symptomatology were obtained in the CS, with a slightly higher proportion for the CS. The estimated total frequency of emotional symptoms is 45.6%.

DISTRIBUTIONS BETWEEN "CASE CRITERIA", ALCOHOL INTAKE AND SMOKING

According to the "case" criterion, presence of emotional symptoms and their relationship with alcohol intake and tobacco use. For CH, of those who reported emotional symptoma-

tology (45%), 55% reported both alcohol and tobacco use for ever in the same percentage. For CS, of the 46.3% who presented emotional symptomatology, 71.1% reported having consumed alcohol and 47.4% reported lifetime use of tobacco. In no case were significant differences found between these variables.

DISCUSSION AND CONCLUSIONS

In the studies on the population of older adults and according to their demographic characteristics, two relevant indicators to consider stand out: sex and age. It has been argued that aging is mostly a female condition, a situation that prevails in both studies, since overall about 70% corresponded to this sex. Regarding the other indicator, the proportional increase of older persons, although we found percentage differences in the distribution between the age groups in the two scenarios, this ranged between 70 and 80 years on average, with an overall age range of 60 to 94 years.

Among the main results and with respect to the way in which alcohol had been consumed and/or is consumed on a regular basis, three periods were investigated: Ingestion in their life history, in the last year and month, exploring the frequency of consumption, quantity and type of beverage, which made it possible to shape and identify patterns of consumption of alcoholic beverages characterized in "low frequency (at least once a month) and quantity (one to four drinks)" by occasion of consumption, occasionally and by type of beverage ingested, distilled beverages, beer and others (rompope, liquor, cider) stand out. In this context, it was observed that although 69.7% reported their ingestion, only 14.1% reported current consumption, that is, in the last year and month prior to the application of the interview, in the same pattern described above.

With respect to tobacco use, the same three periods were investigated as for alcohol consumption: use in their life history, in the last year and month, exploring the frequency and number of cigarettes smoked per occasion of consumption, which made it possible to shape and identify the pattern of smoking habit in "low frequency and quantity": consumption per day of between one and five cigarettes. Thus, their use profile was obtained, highlighting that more than half (57.4%) would have consumed it "some time in their life", occasionally; however, the percentage report of higher current consumption (last year and month) in the CH than in the CS is striking. This could be related to the fact that older adults are confined to the CH and have a lot of time available. In this context, and in relation to the estimated presence of emotional symptomatology (45.6%), it would be useful to elucidate and try to determine whether the frequency of emotional alterations detected through the General Health Questionnaire in its twelve-item version (Mari & Williams, 1985) is related to the consumption of alcoholic beverages and/or the use of tobacco and/or the aging process itself in the older adult. On the other hand, and observing the current report of higher cigarette consumption than alcohol intake, it could be thought that smoking is more socially permitted than the consumption of alcoholic beverages, especially at this stage of life.

However, and in accordance with the above, several questions arise: a) is it possible to consider whether in the life history of individuals, the patterns of ingestion of these substances are maintained, are constant or show variability during their life process, b) therefore, it is relevant to include and analyze another temporal factor, "how long alcohol consumption and tobacco use were maintained or have been maintained", combined or separately, which would make it possible to determine the impact of these substances on

the current health of the populations and their consequences on physical, emotional and social health and the emergence of disabilities.

According to the results, it is noteworthy that no significant differences were found between their main demographic characteristics, except for the sex variable, where the report of use of these substances predominates in the male population in both contexts (CH and CS). It is necessary to point out the current consumption (last year and month) of alcoholic beverages and its ingestion and the norms implemented by the CH, where its ingestion is restricted, since the use of this substance within the institution can be considered as a reason for discharge, as for to the CS, the actions of promotion and health care provided by the institution stand out.

Finally, it should be noted and pointed out that, both in the ingestion of alcoholic beverages and in the use of tobacco, no problems related to or derived from their consumption pattern or the development of dependence on these substances were found or reported by the elderly included in the study, that those users with high consumption and high frequency of alcohol and tobacco use and given the risks associated with the use of these substances (cirrhosis, fatty liver, pulmonary emphysema and accidents among others), where the morbi-mortality rate could be high, would influence their state of health and prevent them from reaching advanced ages.

CONCLUSIONS

There is currently a growing interest in conducting research from different areas of knowledge on the impact on the biological, psychological, social, cultural spheres and the repercussions derived from the consumption of alcoholic beverages and tobacco use, not yet fully understood in the population of older adults; likewise, it is relevant to consider the multifactorial condition associated with the consumption of these substances and the presence and form in which emotional symptomatology manifests itself in people aged 60 years and older. In this context, it is important to point out that, although the results could differ from those reported in the literature, it is relevant to consider the data collection instrument, objectives, type and context of the research population. Apart from this situation, it would be necessary to establish relationships between the patterns of previous use of these substances and the impact or repercussions on their current health status. Thus, there is a need to develop timely identification and treatment strategies for those who may be experiencing and facing this problem, since it has been indicated (Pavón et al, 2018), that both alcohol and tobacco use in older adults is currently considered a preventable risk factor for both mortality and morbidity.

REFERENCES

Agahi, N., Kelfve, S., Lennartsson, C., Kareholt, I. (2016). Alcohol consumption in very old age is association with survival: A matter on health and physical function. Drug Alcohol Depend, 159, 240-245. http:// dx.doi.org/10.1016/j.drugalcdep.201512.022.

Carreras, C. J., Quesada, L. M., Sánchez, A. L. (2001). Tratamiento del tabaquismo en personas mayores. Rev. esp. geriatr. gerontol.;36(Supl 1), 36-44.

Craig, G. (1988). Desarrollo Psicológico. México. Prentice-Hall.

Cuéllar, Á. J., Fuentes, M. A. Z., Rodríguez, M. L., Iglesias, L. P. (2017). Riesgo tabáquico en adultos mayores desde la consulta de cesación. GEROINFO. RNPS 2110 ISSN 1816-8450, 12(2), 1-18.

Elderly Alcohol and Substance Abuse (2008). Addiction Medicine – Elderly Alcohol and Substance Abuse. Disponible en: www.oasas.state.ny.us/Admed

Elderly Drug Addiction (2008). Disponible en: www.lakeviewheatlh.com/elderly-drug-addiction.php

González, M. C., Rodríguez, V. M. M., Romo, M. K. P., Saucedo, G. J., Villalobos, A. F. S., Ortega, R. M. Y., Rodríguez R. J. M. (2023). Prevalencia de consumo de alcohol y tabaco en adultos mayores de un centro gerontológico de Aguascalientes. Lux Médica, 18(52) , enero-abril. https://revistas.uaa.mx/index.php/luxmedica/article/view/4202. DOI: https://doi.org/0.33064/53lm20234202

Growing Drug Addiction Rate among Elderly Population (2009). Disponible en: www.bio-medicine.org/medicine-news/growing-Drug-Addiction-Rate-among-elderly-population

Hinojosa-Juárez, A. C., Vargas-Hernández, J. A., Alvarado, B. B. M. (2014). Consumo de alcohol y tabaco en adultos mayores. Inteligencia Epidemiológica 2, 8-14.

Hoeck, S., Van Hal, G. (2012) Unhealthy drinking in the Belgian elderly population: prevalence and associated characteristics. European Journal of Public Health, 31 October, 23(6), 1069–1075

Kuerbis, A., Sacco, P., Blazer, D. C., and Moore, A. A. (2014). Substance Abuse Among Older Adults. Clin Geriatr Med. August; 30(3), 629–654.

López-Jiménez, J. L., Barrios-Salinas, G., López-Salgado, B. E., Martínez- Medina, M. P., Bazaldúa-Meríno, L. A., Cortés-Solís, T. (2008). "Frecuencia de Desórdenes Mentales en Adultos Mayores Residentes en una Institución de Asistencia Social en la Ciudad de México". Estud. Interdiscip. Envelhec. Porto Alegre. 2008;13(1), 133-145.

López-Jiménez, J. L. **"Construcción de la noción de vejez en el adulto mayor. Análisis de los discursos que la atraviesan"**. (2013) Tesis de Doctorado. 320 p. División de Ciencias Sociales y Humanidades. Universidad Autónoma Metropolitana, Unidad Xochimilco, 2013.

López-Jiménez, J. L., Gálvez-Olvera, N. E. (2019). *Adicciones en la vejez, enfoque psicopatológico.* II. Epidemiología del uso de sustancias psicoactivas. Coordinadores: Margarita CBP, Javier AJ. APM - Asociación Psiquiátrica Mexicana y Convenciones en Psiquiatría.

López-Jiménez, J. L., Barrios, S. G., López, S. B. E., Gaitán, F. F. I., Mendoza, A. N. A. (2023). Características y motivos por los que acude una población de 60 años y más a un Centro de Salud y detección de sintomatología emocional en una muestra de esta población en la Ciudad de México. International Journal of Health Science, 3(60), 1-13. DOI: 10.22533/at.ed.1593602316084.

López-Jiménez, J. L., Barrios-Salinas, G., López-Salgado, B. E., Bazaldúa-Merino, L A., Ugalde-Hernández, O. (2024). Integration, Structure and Scope of the Social Research Questionnaire "living Conditions and Mental Health in Older Adults (COVYS-MAM-LJ). International Journal of Health Science, 4(1), 1-8. DOI 10.22533/at.ed.159412402014

Manrique-Espinoza, B., Salinas-Rodríguez, A., Moreno-Tamayo, K. M., Acosta-Castillo, I., Sosa-Ortiz, A L., Gutiérrez-Robledo, L.M., Téllez-Rojo, M. M. (2013). Condiciones de salud y estado funcional de los adultos mayores en México. Salud Pública de México / 55(supl. 2).

Mari, J. J., Williams, P. A. A. (1985). Comparison of the Validity of two Psychiatric Screening Questionnaires (GHQ-12 and SRQ-20) in Brazil, using Relative Operating Characteristics (ROC) Analysis. Psychological Medicine, 15, 651-659.

Mons, U., Müezzinler, A., Gellert, C., Schöttker, B., Abnet, C. H. C., Bobak, M., De Groot, L., Freedman, N. D., Jansen, E., Kee, F., Kromhout, D., Kuulasmaa, K., Laatikainen, T., O'Doherty, M. G., Bueno-de-Mesquita, B., Orfanos, P., Peters, A., Van der Schouw, I. T., Wilsgaard, T., Wolk A; Trichopoulou, A., Boffetta, P., Brenner, H. (2015). Impact of smoking and smoking cessation on cardiovascular events and mortality among older adults: meta-analysis of individual participant data from prospective cohort studies of the CHANCES consortium. BMJ, 350, 1551. Doi: 10.1136/bml/h1551

National Institute on Alcohol Abuse and Alcoholism (1993) Alcohol and Health, Eight report to the U.S. Congress son alcohol and health form the secretary of health and human services. US. Department of Health and human services.

O'Connell, H., Chin, A. V., Cunningham, C. & Lawlor, B. (2003). Alcohol Use Disorders in Elderly People-redefining and Age Old Problem in Old Age. BJM , 327, 664-667.

Organización Mundial de la Salud (OMS, 1980). Problemas Relacionados con el Consumo de Alcohol. Informe de un Comité de Expertos de la OMS. España: Ginebra. Serie de Informes Técnicos 650.

Organización Panamericana de la Salud, (OPS, 2007). Organización Mundial de la Salud. Salud en las Américas 2007. Volumen I-Regional. Publicación Científica y Técnica No. 622.

Pavón-León, P., Gogeascoechea-Trejo, M. C., Blázquez-Morales, M. S. L., Sánchez-Solís, A. (2018). Factores asociados con el consumo de alcohol y tabaco en adultos mayores. Revista Médica de la Universidad Veracruzana, 18(1), enero- julio. https://doi.org/10.25009/rmuv.2018.1.27

Salazar, M. C. A., Alonso-Castillo, M. M., Da Silva Gherardi-Donato, E. C., Armendáriz-García, N. A. (2019). Perspectiva espiritual, religiosidade e consumo de álcool em idosos. Journal Health NPEPS. 4(2), 151-166. https://dx.doi.org/10.30681/2526/0/03688

Secretaria de Salud de México (SS, 2024). Consumo de tabaco y bebidas alcohólicas puede ocasionar daños cerebrales irreversibles. Comunicado Salud. Secretaría de Salud de México, 21 julio 2024. https://www.gob.mx/salud/prensa/284-consumo-de-tabaco-y-bebidas-alcoholicas-puede-ocasionar-danos-cerebrales-irreversible?idiom=es

Solís, L. R., Vélez, A., Berumen, D. (2000). Prevalencia del consumo de bebidas alcohólicas y problemas asociados en personas de la tercera edad que acuden a los servicios de atención primaria de la ciudad de México. Salud Mental, 23(3), 38-45.

Widner, S., & Zeichner, A., (1991). Alcohol abuse in the elderly. Review of epidemiology research and treatment. Clinical Gerontologist, 11, 3-18. https://doi.org/10.1300/j018/viino_02

Zickler, P. (2008). NIDA Scientific Panel Reports on Prescription Drug Misuse and Abuse. Prescription Drug Abuse and Prescription Drug Addiction. Drug Rehabilitation and Drug Rehab Treatment. Source: National Institute on Drug Abuse. Disponible en: www.prescription-drug-abuse.org/prescription-drug-abuse/prescription-drug-misuse-and- abuse.htm