

EDITORIAL

Do We Need Age-Specific Alcohol Consumption Guidelines?

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In this issue, Romelsjö *et al.* (2012) extend the follow-up of nearly 50,000 Swedish men for cardiovascular events, alcohol-related hospital admissions and mortality up to the age of 55 years. They attempt to quantify the net balance of adverse health events caused by alcohol and those heart disease events prevented or delayed by cardio-protective properties of alcohol consumption, and relate the findings to policy advice on drinking. The authors conclude that from a health perspective, there is no evidence to support alcohol use in men younger than 55 years, when heart disease is uncommon and the atherosclerosis process has not usually progressed far.

The publication of Romelsjö's paper is timely with the imminent publication of the UK Government's new Alcohol Strategy. It is anticipated that the strategy will include a review of the alcohol consumption guidelines, in addition to the much discussed possible measures to increase the price of alcoholic drinks.

The UK Government's current sensible drinking message, based on the analysis in the 1995 Sensible Drinking Report, is that men should not regularly drink more than three to four units a day and women should not regularly drink more than two to three units a day (where one unit is 8 g of pure alcohol) (Department of Health, 1995). There are currently no adult age-specific guidelines, but the Sensible Drinking report noted that, 'Drinking alcohol confers a significant health benefit in terms of reduced mortality and morbidity on men aged over 40 and postmenopausal women'. The paper by Romelsjö *et al.* provides evidence that the net health benefits, for men at least, may not be experienced until an older age.

If the net favourable balance of health benefits to harm is only to be found among the more mature population, should this be reflected in age-specific drinking guidelines? This favourable profile needs to be coupled with recent evidence from the UK Royal College of Psychiatrists which claims that alcohol abuse and alcoholism may be an under-recognized problem in ageing adults. The report concluded that 'because of physiological and metabolic changes associated with ageing, these [Department of Health] "safe limits" are too high for older people; recent evidence suggests that the upper "safe limit" for older people is 1.5 units per day or 11 units per week' (Royal College of Psychiatrists, 2011). Other countries do have adult age-specific consumption guidelines; for example, the US National Institutes of Health recommend that people aged over 65 should not consume more than seven drinks in a

week, and that they should have no more than three drinks on any given day (National Institutes of Health, 2012).

The UK Parliament Science and Technology Committee launched an enquiry in summer 2011 to explore the degree to which the existing Government's guidelines on alcohol consumption are evidence-based. The committee urged the UK Health Departments to re-evaluate the guidelines more thoroughly. The committee's evidence suggests that the guidelines should not be increased and that people should be advised to take at least two drink-free days each week. The committee found a lack of expert consensus over the health benefits of alcohol and is therefore sceptical about using the purported health benefits of alcohol as a basis for daily guidelines for the whole adult population, particularly as it is clear that any protective effects would only apply to older men and women (Science and Technology Committee, 2011). The Committee concluded: 'As the Government provides guidelines for specific population groups such as children and pregnant women already, we consider that there could be merit in producing guidelines for older people, balancing evidence of beneficial effects of alcohol with evidence of increased risks'. However, this raises the risk of having a message with different advice for men, women, older adults, children and pregnant women. This extra complexity runs the risk that, without a unified message, it will not be understood by the public and its effects could be diminished.

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