

The International Scientific Forum on Alcohol Research meets UK health editors



**International Scientific Forum
on Alcohol Research**

**Examining risks and benefits of
alcohol consumption**

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The International Scientific Forum on Alcohol Research held its first meeting for health editors on the 1st October at the Royal Society of Medicine in London.

Forum members

Giovanni de Gaetano, MD, PhD, Research Laboratories, Catholic University, Campobasso, Italy directs a study of 25,000 Italians and their GP's that aims to understand the equilibrium between genetics and environment, and its consequences on cardiovascular and cancer disease.

Lynn Gretkowski, MD, trained in Obstetrics and Gynaecology at Stanford University. Currently, Dr. Gretkowski practices obstetrics and gynaecology in Mountainview, California, and is an Adjunct Clinical Faculty member at Stanford University. She has a deep interest in alcohol and health and specifically the effects on health in women.

David Vauzour, PhD, is a post-doctoral fellow in Molecular Nutrition at the University of Reading (UK). His initial work focused on the cellular and molecular

mechanisms underlying neuronal death in Parkinson's and Alzheimer's disease. His recent interests concern how phytochemicals influence brain health through their interactions with specific cellular signalling pathways pivotal in protection against neurotoxins, in preventing neuroinflammation and in controlling memory, learning and neuro-cognitive performance.

ISFAR Co-Directors **R. Curtis Ellison, MD**, Section of Preventive Medicine/Epidemiology, Boston University School of Medicine, Boston, MA, USA and **Helena Conibear** also Director of Alcohol in Moderation and Director of The Alcohol Education Trust fielded a range of questions after discussing their work and studies at the round table lunch based around the themes of:

Responsible drinking guidelines

There was a desire from the Health Editors to have a recognised standard unit so that they can assess studies from around the world on an equal footing. It was explained that this has been a desire discussed at international level for many years, but that as definitions of a 'drink' ranged from 8g in the UK, to 14g in the US and 19.75 g in Japan, it was unlikely that any consensus could be reached. There are also different legal drinking ages (ranging from none to 21 in the US), different drink drive levels (ranging from zero to 80mg in the UK and US). However, where guidelines do exist, it is accepted that a safe or low risk level of drinking has been established at approximately 20g a day for women and 30g a day for men.



Professor R. Curtis Ellison, Dr Giovanni de Gaetano

Can responsible drinking guidelines be recommended, or does it encourage people to drink up to the limit?

This question was posed by The Health Editor of YOU magazine with a readership of 6 million women. Dr Ellison emphasised that there will always be segments of the population who shouldn't drink, such as those with a history of dependence or mental illness, those who choose not to drink for religious or cultural reasons, those on certain medications or when pregnant for example. However, for the majority of adults who drink within their National Government guidelines, they can be assured that drinking in moderation is compatible with a healthy diet and lifestyle.

The increasingly adopted World Health Organisation guidelines of up to 2 drinks (10g) a day for women, 3 for men, no more than 4 on any one occasion and none if pregnant, working with electrical equipment or at heights for example are seen as a good model.

Is there a need for more specific guidelines for different segments of the population such as older and younger populations?

David Vauzour as an expert in alcohol and cognitive function, including alzheimers and Parkinson's spoke of the balance between alcohol and polyphenols helping vascular flow and therefore protecting against cognitive decline, and the loss of body water with age.

Giovanni de Gaetano cited the statistics from his study of the lifestyles of 25,000 Italians, which show that level of drinking peaks at between 55 and 65 and then consumption falls. It was concluded that older populations, especially those at higher risk of cardiovascular disease, or suffering from cardiovascular disease, can drink within the given government guidelines unless contra-indicated by their doctor.

David Rose, Health Editor of The Times described the difficulty of trying to avoid the 'flip flop' effect of alcohol being the panacea one minute and the 'demon' the next in headlines, due to short deadlines and a maximum word count – ranging from 50 to 500, offering little ability to give a detailed analysis. He felt the headlines had been high-jacked over the last few years by binge drinking and public health issues rather than moderate lifestyles and he welcomed research which reflected the effects of moderate drinking on

diseases such as late onset diabetes, Alzheimer's and cognitive function and life styles applicable to the majority of the population.

Sarah Stacey, Health Editor of You Magazine asked if a message of a glass of wine a day may be good for you could be promulgated to her audience of 6 million women? What was the increased risk for breast cancer for example and all cause mortality? The discussion was led by Lynn Gretkowski MD a gynaecologist and obstetrician. It looks, based on a variety of studies as though breast cancer risk could be increased by 6% at levels of as little as one drink a day (mitigated by a diet adequate in folate and maintaining a low BMI in some studies), suggesting that those with a genetic predisposition to breast cancer (10%) and those with breast cancer should be cautious about drinking. However, it should be remembered that cardio-vascular disease and stroke are statistically much larger causes of mortality, and that alcohol consumption, within daily guidelines is protective for post menopausal women both for heart disease and all cause mortality when compared with non drinkers or heavy drinkers. The bottom line is that the guidelines reflect low risk well. Just as important were pattern of drinking (i.e. with food, and little and often). A comparison of the US, Canadian, Australian and UK guidelines was explored, which incorporate such a message.

David Roberts, Chief Executive of the AERC asked the theoretical question as to if there was a golden pot of money, what question regarding alcohol research should it be used for. A discussion was then held as to whether a study could be ethically possible to study the effect of precise doses of alcohol over a number of years, rather than subjective drinking as is the case at present (ie self reported levels of drinking) and then assessing the longevity, types of disease and mortality reflecting in the population for different levels of consumption during a thirty year follow up. The problem is recruiting a sizeable population who would be willing to partake in such a precise lifestyle 'diet'. It may be possible one day.

A second suggestion was studies engendering a greater understanding of the causative risks for cirrhosis and alcoholic liver disease – the separation of sedentary lifestyles, high BMI and alcohol as separate risk factors and at what dose it becomes a risk.

Tom Stuttaford Medical correspondent to the Times

ISFAR members were asked why they didn't make more positive statements i.e. if the paper suggested that you should take up drinking if you're fifty and at a high risk of contracting late on set diabetes, then why not say so? The discussion was then held as to the importance of risks and benefits and at no stage suggesting that non-drinkers should take up drinking for health reasons. ISFAR's job is to critique studies emerging and putting them in context, for most diseases and indeed for all cause mortality, for healthy adults.

One Health Editor present was a non-drinker, due to a family history of alcoholism, hence there was an interesting debate as to the message for those at high risk of dependence and how could ISFAR deal with such issues? ISFAR made it quite clear that its communications were built around specific papers that dealt with principle disease risk and death rather than dependency and addiction specialists, which is a different field. An interesting exchange was then held as to genetic profiling and the move expected within the next decade to be able predict genetic risk to addiction or non tolerance to alcohol for example, or to specific diseases – and lifestyle recommendations that would be made by physicians as a result.

Formoreinformation,pleaseemail:helena.conibear@alcoholforum4profs.org

Dr David Vauzour, Lynn Gretkowski MD and Tom Stuttaford GP

