



## Alcohol consumption and cognitive decline: the elephant in the room?

I read with interest the cohort study by Michaël Schwarzingger and colleagues,<sup>1</sup> showing an association between alcohol use disorders in French hospitalised patients and dementia, which deserved some comments. First, it is important to note that there is a dose-response and that so-called moderate use of alcohol is associated with cognitive decline.<sup>2</sup>

Second, alcohol is a risk factor for cognitive decline that is too often omitted. In particular, alcohol was not included as a risk factor in the 2017 *Lancet* Commission on dementia,<sup>3</sup> which noted that “drinking only a moderate amount of alcohol [can] increase life expectancy and health in ageing”—this assertion is unacceptable and the authors ignore that alcohol is a carcinogen beginning at a rate of one drink (10–20 g of alcohol) per day.<sup>4</sup>

Third, the policy regarding alcohol in France deserves scrutiny. The French health-care scheme reimburses neither the use of psychotherapy (a cornerstone of treating addiction)<sup>5</sup> nor thiamine (a deficiency of which promotes serious neurological damages).<sup>6</sup> Importantly, when examining prevention, French Governments’ actions seem to favour economical interests over public health. Repealing of the ban on advertising alcohol by the previous Government, and the President’s hiring of a wine lobbyist as a special advisor for agriculture are concerning.<sup>7</sup> Alcohol is France’s second biggest export sector after the aerospace industry and a wealthy internal market is certainly key for exportation.

Finally, Schwarzingger and colleagues’ conclusion<sup>1</sup> that alcohol policies should be considered to reduce heavy drinking in the general population overlooked the fact that low consumption can also cause damage.

I declare no competing interests.

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*Alain Brailon*

**brailon.alain@gmail.com**

Amiens University Hospital, 80000 Amiens, France

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