



Authors' reply

We thank Alain Braillon for his comments on our study on alcohol use disorders and dementia in France.¹ It opened up the discussion beyond the results of this study, which had to be restricted to alcohol use disorders, as our study was based on hospital records and did not include information on reported levels of alcohol consumption.

Braillon is right: systematic reviews² as well as large studies, including neuroimaging studies,³ show that moderate alcohol consumption is linked to functional and structural impairments of the brain. This effect was found primarily in studies of people under the age of 65 years, whereas in studies focusing on older people results are more ambiguous.

Future research is necessary to identify reasons for the seemingly different effects of alcohol use disorders for different ages (eg, by full adjusting for the effect of competing risks on premature death, or analysing the potential interactions between risk factors). However, we would like to point out that neuroimaging studies, such as that of Topiwala and colleagues,³ which used multiple measurements of exposure, validated specific outcomes, and large population-based samples with high follow-up rates, provide stronger evidence than most of the studies in the field, which use only one measure of exposure, often failing to exclude sick-quitters, and unspecific outcomes. Thus, decision makers should rather base our policies on the precautionary principle and initiate proven effective and cost-effective measures to reduce overall consumption, such as WHO's best buys (ie, higher taxation, restrictions on availability, and a ban on advertising and marketing of alcohol).⁴

Even though our results regarding the effect of alcohol use disorders as the largest risk factor for all types of dementia need to be confirmed, decision makers should additionally implement preventive measures

for heavy drinking, such as brief interventions or early treatment at the primary care level.⁵ As for future research, if it was possible to include alcohol use measures routinely in hospital charts, this would give us much better evidence on the impact of alcohol use for the full continuum of use patterns and would help improve our understanding of the association between alcohol use and dementia dramatically.

We declare no competing interests.

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