

# Moderate Alcohol's Health Benefits Look Increasingly Doubtful

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## Opinion

The above entitled article appeared in Medscape psychiatry on December 22, 2021. In recent years there has been increasing concerns with the supposed health benefits of alcohol in view of rising rates of gastrointestinal and liver disease, hospital admissions for alcoholic hepatitis, and alcohol related incidents of domestic violence. The study's own investigators who promoted the positive effects of alcohol noted that its previous research likely overestimated the reduced risk of cardiovascular disease by including former heavy drinkers as non-drinkers.

Early in my career as a clinical psychologist I knew a number of physicians and attorneys, among other professionals, whom I knew to be drunks but almost without exception these drunks were considered by me and their colleagues as very excellent in their professional fields!

As a psychologist I did not know what to make of this incongruity but I do now some forty years later. Three years ago I conducted a pilot study with ten young, professional social drinkers and measured their cognitive performance on the Ruthven Impairment Assessment (RIA) with a BAC of 0.00 and later in the day after ingesting alcoholic drinks their BAC levels varied from 0.08 to 0.145 in the 10 subjects. In relation to college student norms only one of the five computer performance tasks was in the impaired range (simple reaction time) under alcohol

for the group as a whole; however, on the most demanding task (anticipatory thinking/executive functions) these legally drunk subjects scored just like the college student normative group! I think what we have here is reversible brain impairment in the early stages of "social" drinking but with prolonged "excessive" drinking irreversible, structural and permanent brain damage occurs from excessive and prolonged alcohol consumption.

Neurology and neuropsychology have explored the field and made great strides in the diagnosis of structural brain damage but there continues to be benign neglect of the many causes of reversible brain impairment, including most of the psychiatric drugs and 9 other classes of prescription medications that impair the brain. What we don't know is how many of these reversible brain impairing drug and non-drug causes will in time graduate to structural and permanent brain damage!

I believe the brain impairing effects of many of these popular and standard of care treatments is the principal "therapeutic" agent that makes us feel better because of our brain impaired ability to focus on what bothers or distresses us such as our pain, mental health and perhaps even delusions and hallucinations of drug treated psychotic persons. If pain, for example, is not directly reduced by the drug or other therapy but the brain impairing treatment only reduces our perception of pain is this a worthwhile trade off? Is the reduced perception of pain due to the brain impairing effects of the therapy worth the

possible reduced memory capacity, reduced ability to learn and perhaps reduced planning ability?

A good starting place to find answers to these questions would be to have the FDA, in approving drug and non-drug treatments, to require the pharmaceutical companies to determine whether or not the treatment impairs the person's cognition and if so to what degree. For certain already approved drugs the FDA could require cognitive screening of the patient's cognitive status prior to and following drug/non-drug initiation with serial testing of cognitive skills. With such a procedure one could determine if the treatment improves or impairs cognition and with serial testing one can determine if a treatment causing reversible impairment causes irreversible brain damage over time.

For the past 40 years or more some cancer patients undergoing chemotherapy have been complaining of brain fog and there has been no definitive answer to this important question. Are these complaints of brain impairment due to the drugs themselves or as many defenders of these drugs say the cognitive impairment arises from the patient's assumed depression. Rather than the never ending debate of these important matters why not employ the scientific method to settle the argument.



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