AHA Science Advisory on Wine and Health: A Confusing Message About Alcohol Consumption  

To the Editor:  
I believe that the recent AHA Science Advisory on wine and health1 may have confused, rather than clarified, this complex topic. The advisory should have first addressed the relation of alcohol to coronary heart disease (CHD) and then discussed the potential advantages of wine. Unfortunately, the discussion alternated back and forth between alcohol and wine and between moderate drinking and heavy drinking, the last of which is universally acknowledged to be harmful.  

In the sections on the biological basis of a protective effect of alcohol, the advisory failed to mention a number of experiments showing that alcohol consistently raises HDL in both animals and humans and that alcohol is a more important determinant of HDL in the population than are exercise or other lifestyle habits.2-3 The advisory mentioned the dangers of negative inotropic effects of alcohol but failed to note recent studies showing that moderate drinking reduces the complications of congestive heart failure.4 Furthermore, the statement in the advisory, “Patients who are hypertensive should avoid alcoholic beverages,” cannot be supported by scientific evidence. Heavy drinkers obviously should be advised to decrease their consumption, but a conversion to complete abstinence may increase their risk of stroke and other complications of hypertension. As for diet, it was stated by Willett in 19905 and continues to be true: Scientific data for the cardioprotective effects of alcohol remain far stronger than that for all other dietary constituents.  

What should be the message about alcohol consumption? In my opinion, scientific data now show the following: (1) Heavy alcohol consumption has many adverse health and societal consequences. (2) The moderate consumption of alcohol among middle-aged and older adults is clearly associated with lower risk of CHD and with lower total mortality. (3) Although a randomized trial has not been done, the consistent results of epidemiological studies, as well as growing insights into the mechanisms of alcohol’s effects on reducing atherogenesis and thrombosis, suggest a causal cardioprotective effect of alcohol. (4) Although nonalcoholic compounds in wine have been shown to favorably affect many biological processes related to CHD, epidemiological data currently are inconclusive on whether wine leads to greater cardioprotection than do other beverages.  

In a culture in which cardiovascular disease is the leading cause of death, telling people to avoid any alcohol consumption because of potential dangers or unproven theories is not, in my opinion, in the best health interests of the public. Let us not be afraid to tell the truth.

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