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LETTERS

ALCOHOL IN OLDER ADULTS

Authors' reply to Rao

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Rao's account of innovations to reduce alcohol related harm among older people is a welcome reminder that much can be done in clinical practice to support people to make changes that benefit their health.[1 2] It also shows the gap between this important work and NHS policy agendas. We agree that identifying and replicating examples of good practice is an important step forward and that this should be supported by investment in rigorous evaluation. We urgently need to develop an evidence base to support development and implementation of new approaches in health services, but the scale of the challenge should not be underestimated.

The review cited by Rao[3] provides another example of a limited research literature that hinders development of evidence based practice guidelines, identifying only six eligible randomised controlled trials for alcohol interventions. As Rao points out, a transformation in governmental action is needed to effect system-wide reform—this is where the new thinking we call for is required. Prevention of alcohol related harm must first take account of the complexity of health problems in populations, starting with recognition of the challenges of multimorbidity and health inequalities. It must also recognise the magnitude of the threat that alcohol poses to health and to health service reform. We all should respond to these challenges by placing patient centred collaborative partnerships at the heart of our thinking.

Competing interests: None declared.

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3 Bhatia U, Nadkarni A, Murthy P, Rao R, Crome I. Recent advances in treatment for older people with substance use problems: an updated systematic and narrative review. *Eur Geriatr Med* 2015;6:580-610.1016/j.eurger.2015.07.001.

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