

Alcohol consumption decreases with the development of disease

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In a cross-sectional study from the 2004 and 2007 Australian National Drug Strategy Household (NDSH) surveys, respondents were questioned about their current and past drinking, the presence of formal diagnosis for specific diseases (heart disease, type 2 diabetes, hypertension, cancer, anxiety, depression) and self-perceived general health status. The sample sizes for the 2004 and 2007 NDSH surveys were 24,109 and 23,356, respectively.

The authors report that respondents with a diagnosis of diabetes, hypertension, or anxiety were more likely to have reduced or stopped alcohol consumption in the past 12 months. The likelihood of having reduced or ceased alcohol consumption in the past 12 months increased as perceived general health status declined from excellent to poor (although the authors do not point out that lifetime abstainers were more likely than moderate drinkers to report less than excellent health status).

The authors conclude that the experience of ill health is associated with subsequent reduction or cessation of alcohol consumption ("sick quitters"), which is consistent with most prospective epidemiologic studies.

The authors also conclude that this may at least partly underlie the observed 'J-shaped' function relating [alcohol consumption](#) to premature mortality. On the other hand, most modern epidemiologic studies are careful not to include "sick quitters" within the non-drinking category, and relate [health effects](#) of drinkers with those of lifetime abstainers.

Further, prospective studies in which [alcohol intake](#) is assessed at different times (rather than having "changes" based only on recall at one point in time, as was done in this study) usually indicate that subjects who decrease their intake are more likely to subsequently develop adverse health outcomes, especially related to cardiovascular disease, than those who continue moderate drinking.

More information: Liang W, Chikritzhs T. Reduction in alcohol consumption and health status. *Addiction* 2010; in press.
[doi:10.1111/j.1360-0443.2010.03164.x](https://doi.org/10.1111/j.1360-0443.2010.03164.x)

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