

Blacks may not receive same health benefits from moderate alcohol drinking as whites

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Although moderate alcohol consumption appears to lower mortality risk among whites, it may not have the same protective effect among blacks, and its potential benefits also may vary by gender, according to a nationally representative study of the U.S. population by researchers at Harvard T.H. Chan School of Public Health.

The study was published online April 23, 2015 in the *American Journal of Public Health*.

"Current dietary guidelines recommend moderate consumption for adult Americans who consume alcoholic beverages. Our study suggests that additional refinements based on race/ethnicity may be necessary," said Chandra Jackson, research associate in the Harvard Chan Department of Epidemiology, research associate in clinical and translational research at Harvard Medical School, and lead author of the study.

Previous research has found an association between <u>moderate drinking</u> and lowered risk of type 2 diabetes, heart disease, and <u>premature</u> <u>mortality</u>, but those studies were conducted among mostly white populations, and some studies have suggested that blacks may not experience similar risk reduction.

The new study looked at data from 152,180 adults—25,811 blacks and 126,369 whites—in the National Health Interview Survey from 1997-2002, with follow-up through 2006 to account for deaths. Study participants reported on how much alcohol they drank and how often; on



sociodemographic characteristics such as education, employment, and income; on other health behaviors such as smoking status; and on their health. Researchers also looked at lack of "social integration" into society, such as living in poverty or being unemployed.

Consistent with prior literature, the results showed that 13% of white men and 24% of black men said they never drank. Among women, 23% of white women and 42% of black women reported never drinking.

When the researchers looked at the relationship between drinking alcohol and mortality, they found that it varied by both race and gender. For men, the lowest risk of mortality was among white men who consumed 1-2 drinks 3-7 days per week and among black men who didn't drink at all. For women, the lowest risk of mortality was among white women consuming 1 drink per day 3-7 days per week, and among black women who consumed 1 drink on 2 or fewer days per week.

Given the findings, the authors suggested further research into other factors that might be involved in the connection between alcohol and mortality risk, such as lifestyle related to diet, physical activity, sleep, youthful experimentation vs. coping with hardships; socioeconomic status and other markers of social integration; differences in physical, chemical, and social exposures in both occupational and residential environments; genetic differences; and gender differences.

More information: "Black-White Differences in the Relationship Between Alcohol Drinking Patterns and Mortality Among US Men and Women," Chandra L. Jackson, Frank B. Hu, Ichiro Kawachi, David R. Williams, Kenneth J. Mukamal, and Eric B. Rimm, *American Journal of Public Health*, online April 23, 2015, DOI: 10.2105/AJPH.2015.302615



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