

Interventions for alcohol and hypertension could save hundreds of lives across EU

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Routine screening and interventions for hazardous and harmful alcohol use for people with hypertension in primary care could save hundreds of lives across the European Union, according to a study published in the open access journal *BMC Medicine*.

Using data from five European countries, a team of experts including Dr Jürgen Rehm from the Centre for Addiction and Mental Health, Canada found that these interventions would significantly lower blood pressure and reduce [premature deaths](#) from non-communicable - or chronic - diseases such as [cardiovascular disease](#) and gastro-intestinal disease.

Dr Rehm, the first author of the study said: "We were surprised by the magnitude of potential health gains associated with one small practice change at the [primary care](#) level. Our analysis suggests that screening and [intervention](#) for [alcohol](#) problems for people with hypertension would lead to substantial reductions in cardiovascular disease mortality with hundreds, potentially thousands of lives saved. This does not even include the effect of reduced alcohol on cancer mortality, which would only been seen in decades due to the long time lag."

The authors estimate that in the age group of 40- to 64-year olds alone Germany would avoid 1,536 deaths from cardiovascular disease, 138 deaths from gastrointestinal disease and 20 other deaths per year, France would avoid 1,152 cardiovascular disease deaths, 121 gastrointestinal disease deaths and 33 other deaths, while Italy would avoid 963 cardiovascular disease deaths, 108 gastrointestinal disease deaths and 16

other deaths per year. Similar reductions would be achieved in Spain and the UK.

Based on these findings, the authors make the following recommendations: increase hypertension screening, as well as screening and brief advice on harmful alcohol consumption in primary care, conduct treatment for less severe alcohol use disorders in people with hypertension in primary care, and screen for alcohol use in hypertension that isn't well controlled.

Dr Rehm said: "Our findings show that screening and interventions for hazardous and harmful use of alcohol and for hypertension in primary health care can lead to relevant reductions of non-communicable diseases in Europe. It has been estimated that if the main reduction targets for risk factors such as alcohol use, tobacco smoking and hypertension can be achieved, the overall goal for the reduction of premature mortality by 25% will be almost reached at the global level, and will be exceeded in the European region."

Reviewing evidence from systematic reviews and meta-analyses on the relationship between drinking and high blood pressure or hypertension, the authors found that patients with an alcohol use disorder (AUD) have a 1.5 to 5 fold increased risk of hypertension compared to those without any AUD.

Dr Rehm said: "European evidence suggests that 20.6% of hypertensive men aged 40-64 have an AUD and 16.7% have [alcohol dependence](#), while 7.2% of hypertensive women have an AUD and 5.8% have alcohol dependence. Add to that people not qualifying for an AUD but who still drink above 60g of pure alcohol per day if they are men or 40g if they are women and you get proportions of 30.9% and 20.0% who qualify for alcohol interventions with hypertension."

The authors modelled the joint effects of two interventions. They assumed that 50% of people aged 40 to 64 with uncontrolled hypertension received an intervention which brought their [blood pressure](#) level down to that of those with managed [hypertension](#) (first intervention). They then assumed that out of those, 50% would also receive advice on hazardous or harmful alcohol consumption (second intervention).

Dr Rehm said: "As the present study is a consensus paper initiated and supported by professional primary care associations in six countries, it provides optimal conditions to change clinical practice and to implement these interventions in the countries involved."

The authors caution that implementation of the suggested interventions and their effects should be carefully evaluated using randomized controlled trials.

More information: Jürgen Rehm et al, Towards new recommendations to reduce the burden of alcohol-induced hypertension in the European Union, *BMC Medicine* (2017). [DOI: 10.1186/s12916-017-0934-1](#)

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