

Heavy drinking into older age adds 4 cm to waistline

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More than half of drinkers aged 59 and over have been heavy drinkers and this is linked to a significantly larger waistline and increased stroke risk, according to a new UCL study.

The study, published in the journal *Addiction*, examined the association between heavy [drinking](#) over a lifetime and a range of health indicators including cardiovascular disease.

The researchers used data from the Whitehall II cohort, which collected information from UK civil servants, aged 34-56 years at study outset, since 1985-88. The final sample for this study was made up of 4,820 older adults, aged between 59 and 83 years. The mean (average) age was 69, and 75% were male.

It found that heavy alcohol consumption over a lifetime is associated with higher blood pressure, poorer liver function, increased stroke risk, larger waist circumferences and body mass index (BMI) in later life, even if you stop drinking heavily before age 50. However, stopping heavy drinking at any point in life is likely to be beneficial for overall health.

Dr. Linda Ng Fat (UCL Institute of Epidemiology & Health Care), first author on the study, said: "Alcohol misuse, despite the common perception of young people binge drinking, is common among older adults, with alcohol related hospital admissions in England being the highest among adults aged over 50.

"Previous studies have focused on single snapshots of consumption, which has the potential to mask the cumulative effects of drinking. This study raises awareness of the effect of alcohol consumption over the life-course."

A heavy [drinker](#) was identified using the Alcohol Use Disorders Identification Test for Consumption (AUDIT-C), a standard screening tool for GPs. The screening tool consists of just three questions, and assesses how often you drink, how much you drink, and how often you binge (have six or more drinks). To provide an example a person who

has three or four drinks, four or more times a week, would score positive as a hazardous drinker on the AUDIT-C.

Participants were asked on a single occasion to complete the AUDIT-C retrospectively for each decade of their life, from 16-19 to 80 and over. This information was used to categorise their life-time drinking pattern: never hazardous drinker, former early hazardous drinker (stopped before age 50), former later hazardous drinker (stopped at age 50 or after), current hazardous drinker, and consistent hazardous drinker (during every decade of their life).

More than half of drinkers (56%) had been hazardous drinkers at some point in their life, with 21% being current hazardous drinkers and 5% being consistent hazardous drinkers.

Current and consistent heavy drinkers were mainly male (80% and 82%, respectively), predominately white, and likely to be in senior level jobs (61% compared with 52% in the total sample).

Former later, current and consistent hazardous drinkers had significantly higher systolic blood pressure and poorer liver function, than never hazardous drinkers, after adjusting for lifestyle factors. Among current hazardous drinkers, systolic blood pressure was 2.44 mmHG higher and gamma-glutamyl transferase (GGT), a marker of liver disease, was elevated by 22.64 IU/l, compared with never hazardous drinkers.

Current hazardous drinkers had three times greater risk of stroke and former later hazardous drinkers had approximately two times higher risk of non-[cardiovascular disease](#) mortality compared with never hazardous drinkers.

Lifetime hazardous drinkers had significantly larger waist circumferences and BMI than never hazardous drinkers, with the

magnitude increasing with more current and consistent hazardous drinking.

Former early hazardous drinkers on average had a 1.17 cm larger waist than never hazardous drinkers, whereas former later hazardous drinkers, current hazardous drinkers and consistent hazardous drinkers had a waist circumference that was 1.88 cm, 2.44 cm and 3.85cm larger respectively.

Dr. Ng Fat added: "This suggests that the longer adults engage in heavy drinking the larger their waistline in older age. That is why it is beneficial, along with other health benefits, that adults reduce heavy drinking earlier rather than later."

Professor Annie Britton (UCL Institute of Epidemiology & Health Care), senior author on the study, said: "Despite high prevalence of stroke and liver disease steadily increasing in the United Kingdom, [heavy drinking](#) remains common among [older adults](#)."

"Early intervention and screening for alcohol consumption, as part of regular check-ups, could help reduce hazardous drinking among this demographic."

More information: Linda Ng Fat et al, A life-time of hazardous drinking and harm to health among older adults: findings from the Whitehall II prospective cohort study, *Addiction* (2020). [DOI: 10.1111/add.15013](#)

Provided by University College London

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