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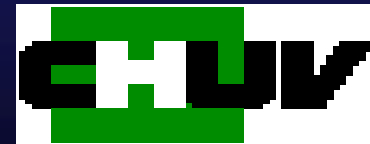
Alcohol: to much / to little ?

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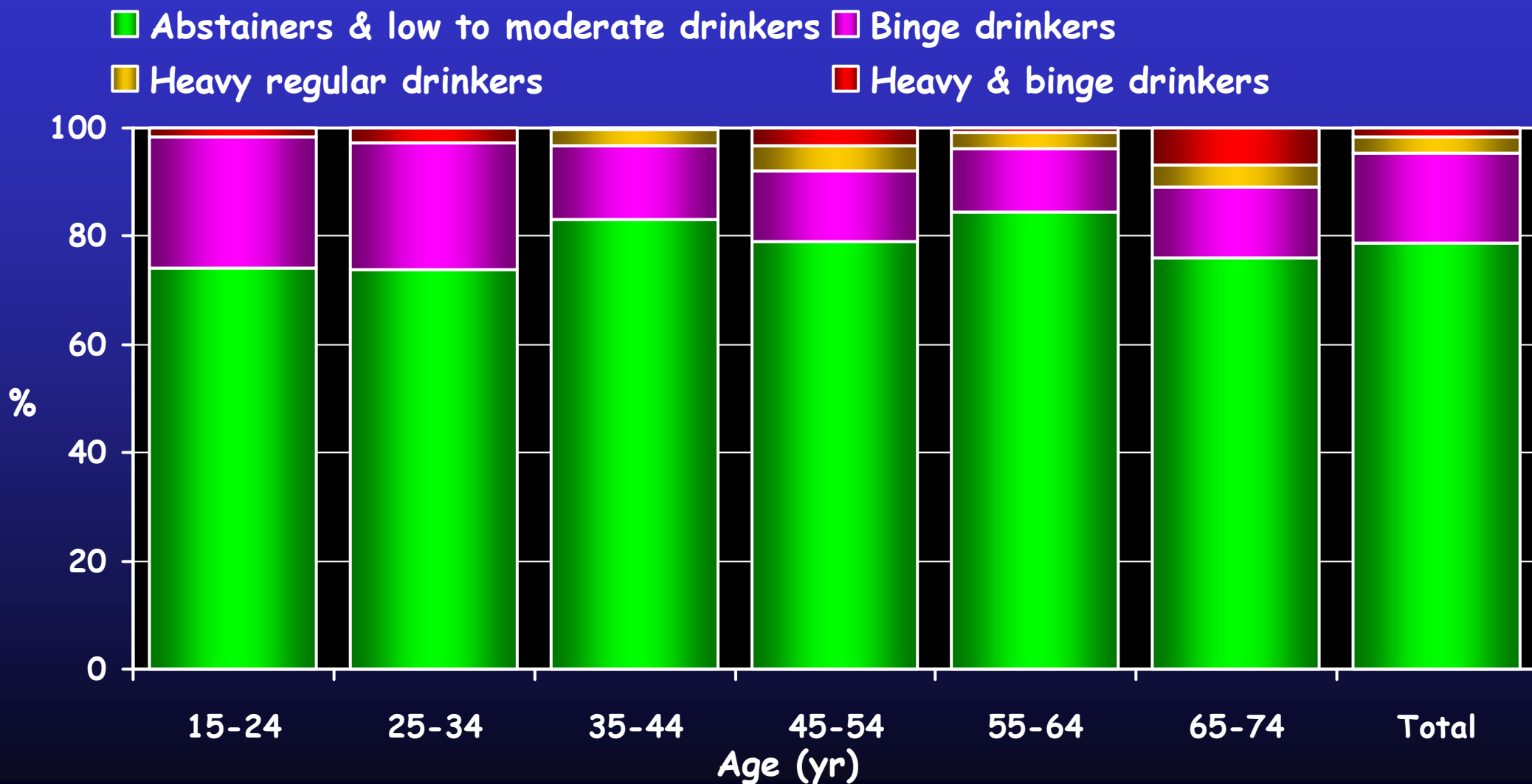
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Pattern of Alcohol Drinking among the Swiss population



Alcohol-associated Burden of Disease in Developed countries

(North America, Western Europe, Japan, Australasia)

	Proportion of burden disease (%)
• Perinatal conditions	0·1%
• Malignant neoplasms	10·5%
• Neuropsychiatric conditions in total	72·1%
• Only alcohol use disorders (also part of neuro-psychiatric disorders)	64·6%
• Other non-communicable diseases	10·0%
• Unintentional injuries	19·9%
• Intentional injuries	7·1%
• Cardiovascular diseases	-19·6%

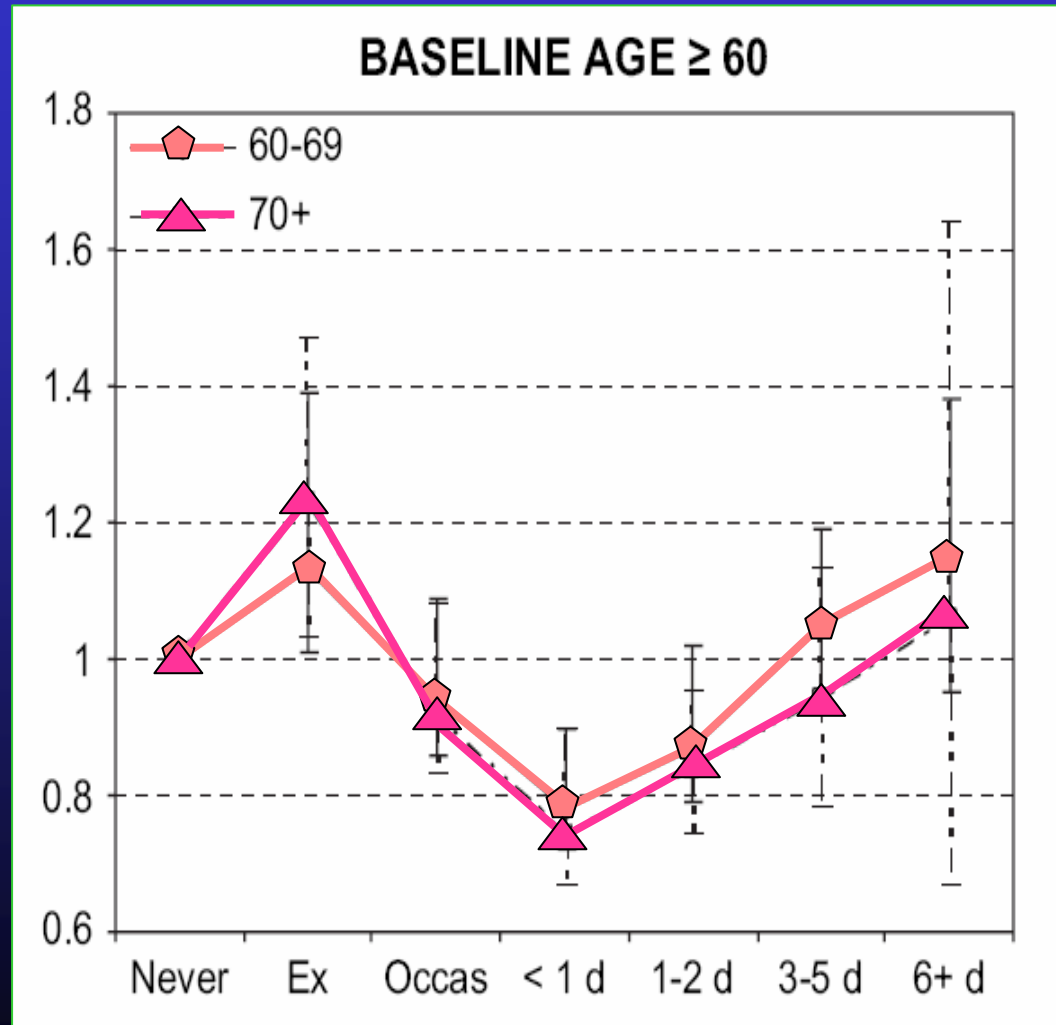
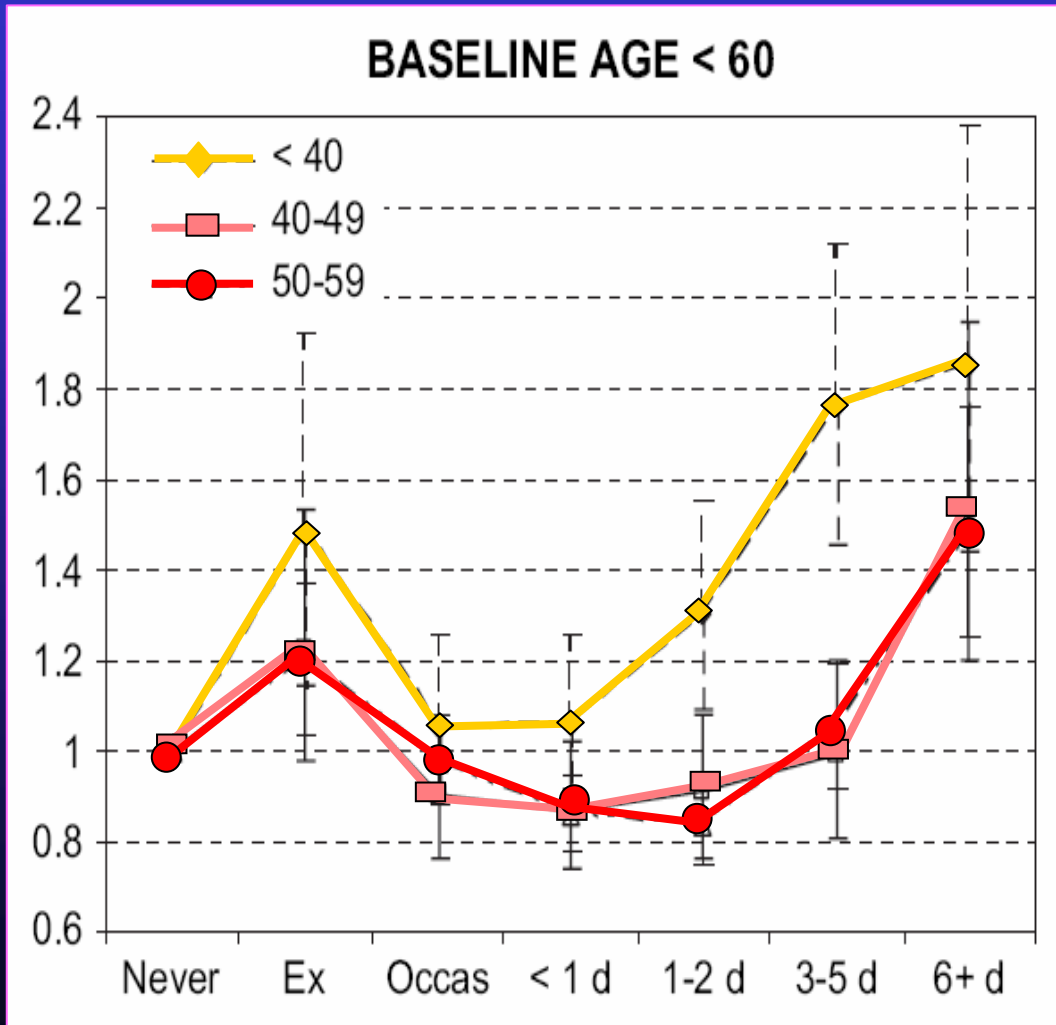
Proportion of total disease burden that is alcohol related **6-8%**

Number of Person-years of Life-lost associated to Alcohol Drinking in Switzerland in 1995-98

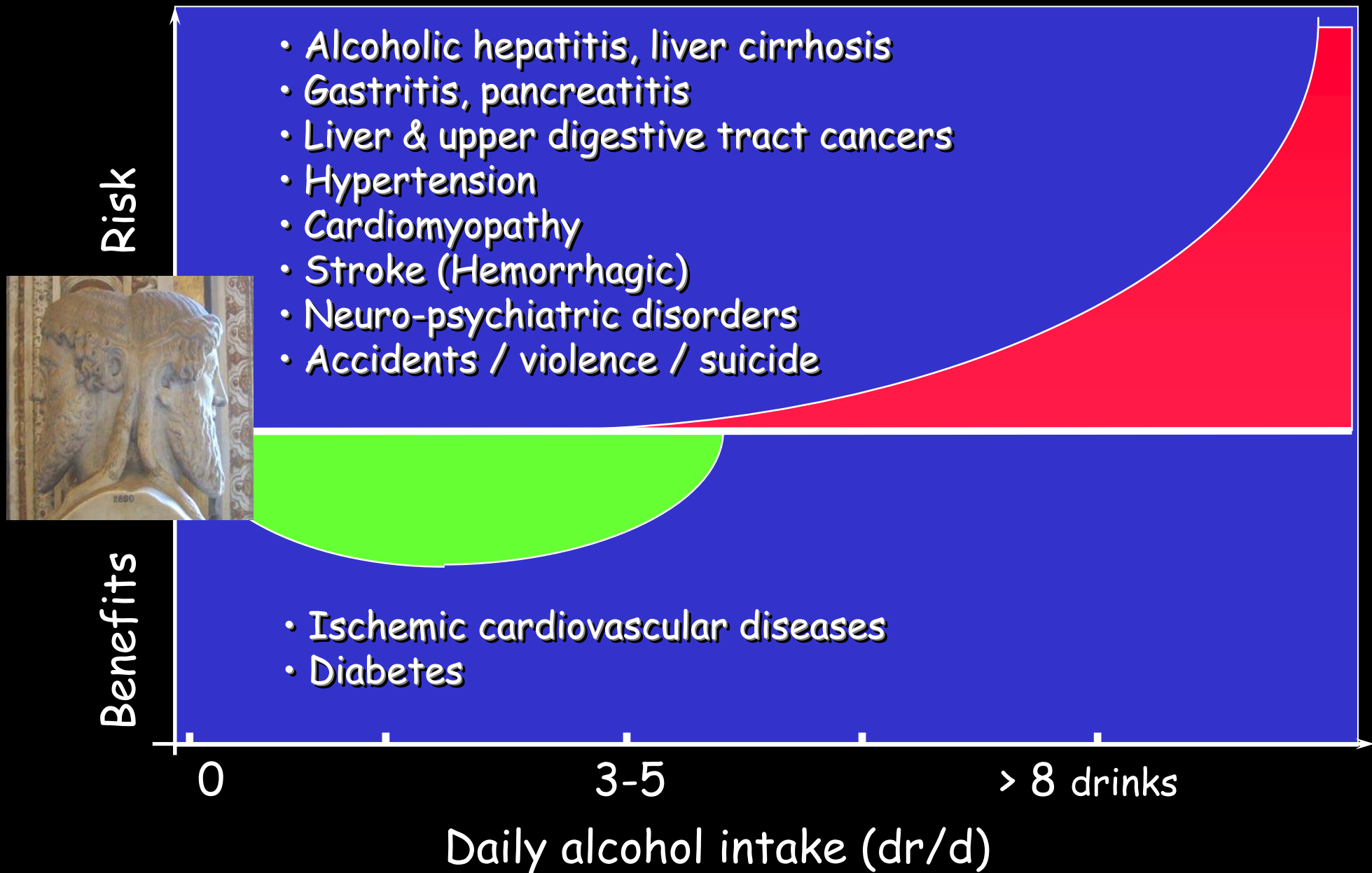
<u>Acute diseases</u>	Men (n)	(%)	Women (n)	(%)
• Traffic accidents	4'022	19.3	674	8.9
• Suicides	3'019	14.5	823	8.6
• Falls	1'239	5.9	654	3.3
• Other acute diseases	1'312	6.3	472	6.2
<u>Chronic diseases</u>				
• Liver cirrhosis	5'905	28.3	2'628	34.7
• Alcohol dependence	2'640	12.7	823	10.9
• Cerebrovascular diseases	456	2.2	654	8.6
• Other chronic diseases	2'261	10.8	1'429	18.8
• Total acute diseases	9'580	46.0	2'047	27.0
• Total chronic diseases	11'262	54.0	5'534	73.0

Alcohol drinking and Total Mortality Risk according to the Baseline Age Category

2,618,523 person-years of observation in Kayser-Permanente Study, with a mean follow-up of 20.6 years.

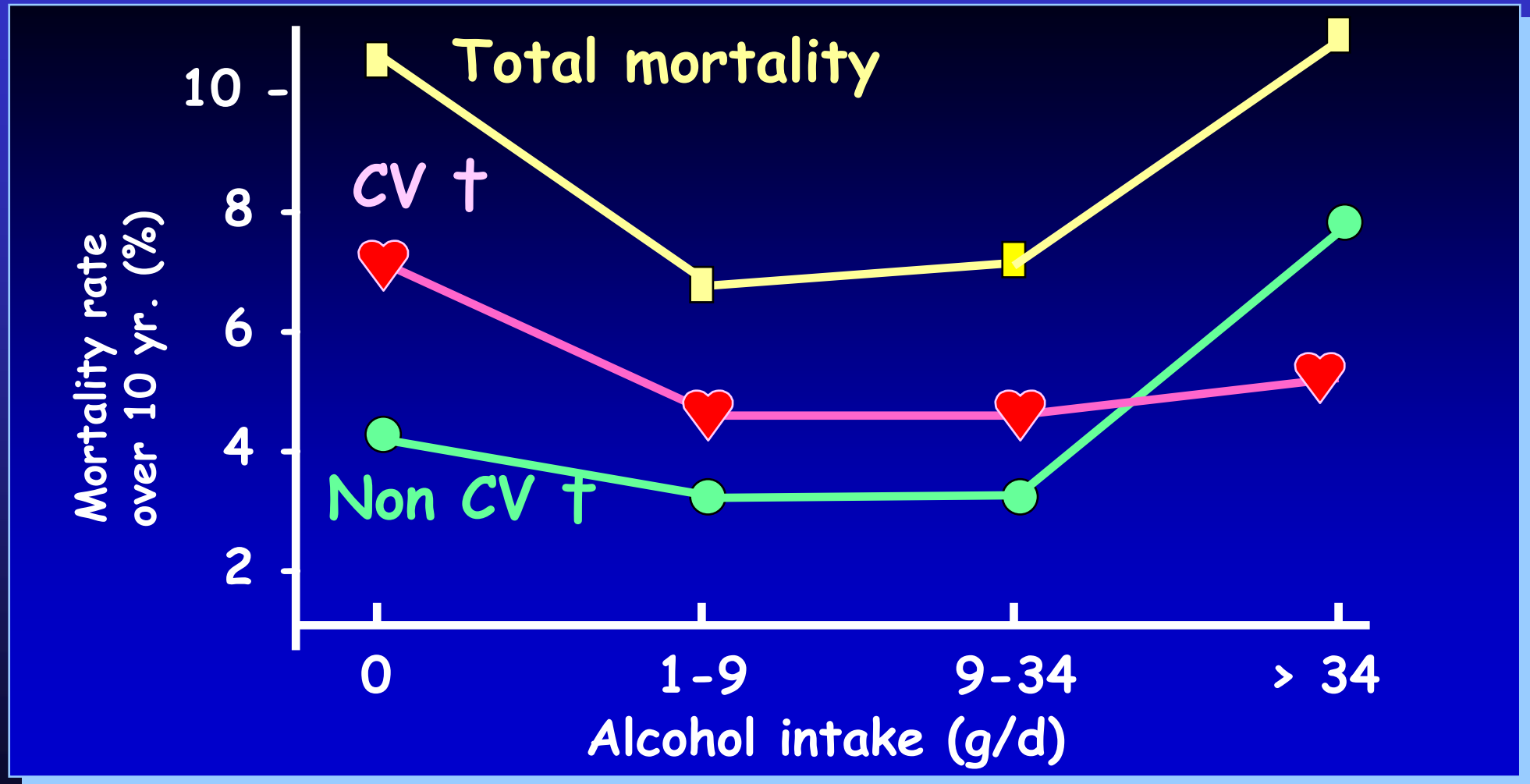


Risks and benefits associated with alcohol consumption



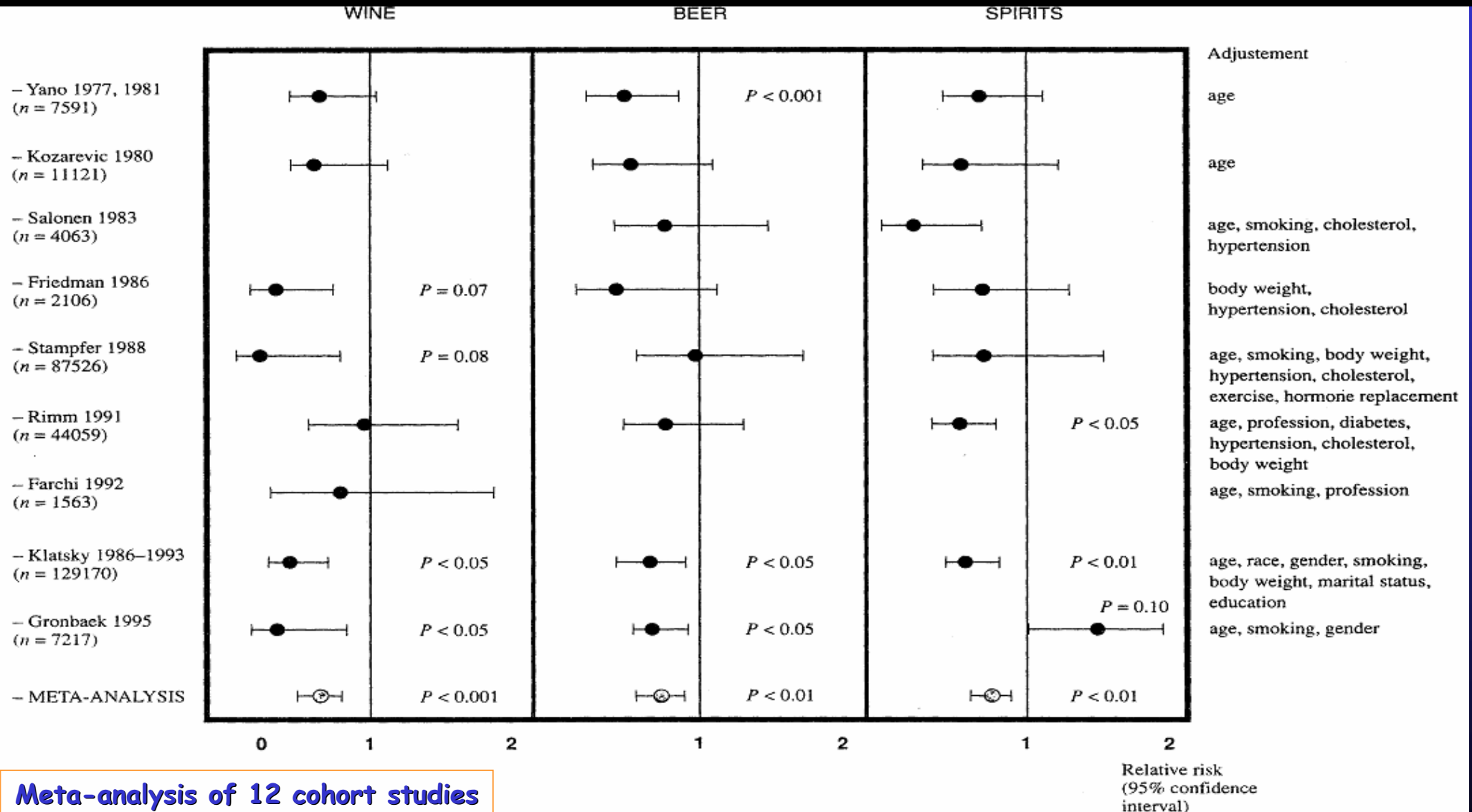
Association between Alcohol Consumption and Mortality

n = 1422 middle age men



Marmot MG Lancet 1981, i, 580

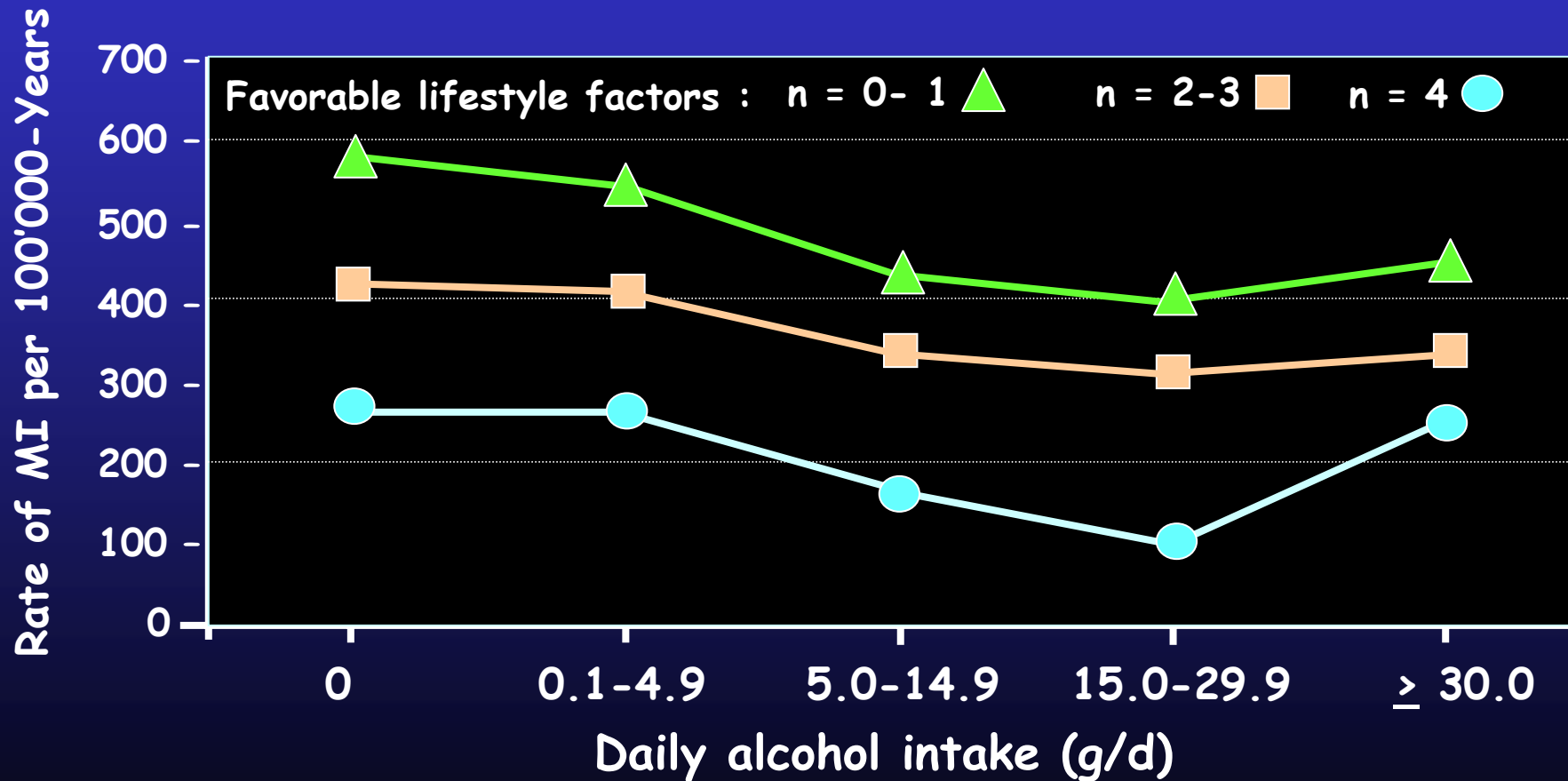
Association between Low-dose consumption of Wine, Beer and Spirits and the Risk of Myocardial Infarction



Meta-analysis of 12 cohort studies

Age-adjusted Rates of Myocardial Infarction according to Alcohol Intake and the Number of Healthy Lifestyle Features among Men with Healthy Lifestyle

N = 8867 men extracted from the Health Professionals Follow-up Study, Follow-up = 16 y



Récapitulatif des évidences en faveur des interventions sur les habitudes de vie pour la prévention des maladies cardiovasculaires

Evidence	Decreased risk	No relationship	Increased risk
Convincing	Regular physical activity Linoleic acid Fish and fish oils (EHA and DHA) Vegetables and fruits (including berries) Potassium Low to moderate alcohol intake (for coronary heart disease)	Vitamin E supplements	Myristic and palmitic acids Trans fatty acids High sodium intake Overweight High alcohol intake (for stroke)
Probable	α -Linolenic acid Oleic acid NSP Wholegrain cereals Nuts (unsalted) Plant sterols/stanols Folate	Stearic acid	Dietary cholesterol Unfiltered boiled coffee
Possible	Flavonoids Soy products		Fats rich in lauric acid Impaired fetal nutrition Beta-carotene supplements
Inufficient	Calcium Magnesium Vitamin C		Carbohydrates Iron

EPA, eicosapentaenoic acid; DHA, docosahexaenoic acid; NSP, non-starch polysaccharides.

Conclusions

- Like Janus, alcohol drinking has two faces.
- The pattern and the average of the volume of alcohol consumption are two major determinants for deleterious or beneficial effects on health.
- Prospective cohort studies have shown that a 20 - 40% risk reduction of ischemic cardiovascular diseases was associated with light to moderate alcohol intake (approximately one half to 2 drinks/day).
- In regard to the available scientific data, alcohol consumption is not included in the recommendations for the prevention of cardiovascular diseases and type 2 diabetes.
- On the other hand alcohol should not be prohibited when consumption remains mild to moderate, when there is no intolerance or contraindications.
- Therefore, moderation is probably better than too much or too little alcohol intake.