Binge Drinking Negates the Benefits of Alcohol

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SAN FRANCISCO — Moderate consumption of alcohol can be part of a healthy lifestyle to prevent cardiac disease, but not if you drink too fast, Dr. Mary O. Gray said at a meeting sponsored by the California chapter of the American College of Cardiology.

The cardioprotective benefits of alcohol appear to be limited to one drink per day for women or two drinks per day for men. Beyond that, alcohol is cardiotoxic, said Dr. Gray of San Francisco General Hospital.

Binge drinking—defined as consuming three or more drinks in 1 or 2 hours—doubled the risk of death from any cause in a recent study of 2,000 patients treated for acute MI (Circulation 2005;112:3839-45). Regular consumption of alcohol reduced risk of death, but binge drinking blocked or attenuated this benefit.

The negative effects of binge drinking applied regardless of whether a person was a light or heavy drinker overall, she said at the meeting, also sponsored by the University of California, San Francisco.

Heavy drinking for a long time can cause alcoholic cardiomyopathy. Heavy drinkers with hypertension or heart failure should be advised to stop drinking to preserve their hearts. Data on very heavy drinkers suggest that those who develop heart failure may recover cardiovascular function if they stop drinking. Recovery is more likely if the patient has no other cardiovascular risk factors for disease.

Heavy drinkers often are malnourished, so treatment should include attention to a healthy diet including thiamine supplementation, Dr. Gray advised. Treat cardiac arrhythmias or systemic hypertension promptly in heavy drinkers, she added.

Most heavy drinkers also are heavy cigarette smokers. Dr. Gray and associates plan to study the interplay between cigarette smoking and alcohol consumption. ■

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*Results from 2 identically designed, 52-week (12 weeks pharmacotherapy, 40 weeks nonpharmacotherapy follow-up), randomized, double-blind, parallel-group, multicenter clinical trials (study 4: N=1022; study 5: N=1023) in which CHANTIX 1 mg bid was compared with Zyban 150 mg bid and placebo for efficacy and safety in smoking cessation. For trial inclusion, subjects must have smoked at least 10 cigarettes per day over the past year, with no period of abstinence greater than 3 months, and must have been bupropion naive. The primary efficacy end point in both trials was the carbon monoxide (CO)–confirmed 4-week continuous abstinence rate for weeks 9 through 12, defined as the percentage of subjects who reported no smoking (not even a puff) or use of any nicotine-containing products confirmed by an exhaled CO measurement of 10 ppm or less at each clinic visit. (Studies 4 and 5 from the CHANTIX package insert.)[1-4]

Subjects were provided with an educational booklet on smoking cessation and received up to 10 minutes of smoking cessation counseling at each clinic visit in accordance with Agency for Healthcare Research and Quality guidelines.[1]