Findings 'Certainly Tilt the Scale'

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betes in four communities across the United States. During the first 6 years, 7,697 enrollees who were nondrinkers at baseline began moderate consumption of alcohol, defined in accord with the AHA and American Diabetes Association as not more than two drinks per day for men and one for women. An additional 0.4% of former nondrinkers began heavier drinking, said Dr. King.

During the next 4 years of follow-up, the combined rate of fatal and nonfatal cardiovascular events was 6.9% among new moderate drinkers and 10.7% in the continued teetotalers. After adjustment for age, race, sex, diabetes, hypertension, hyperlipidemia, and physical activity, adoption of moderate alcohol intake remained an independent protective factor against cardiovascular events, with an associated 38% relative risk reduction.

All-cause mortality didn't differ significantly between the two groups, perhaps because of the limited number of fatalities, but it trended in favor of the new moderate drinkers, who showed a 29% relative risk reduction.

The new heavy drinkers displayed a nonsignificant trend for more cardiovascular events than did continued nondrinkers over the 4-year period.

The reasons why former nondrinkers in ARIC began consuming alcohol in middle age weren't assessed as part of the study. "We would presume that it was for the health benefits, but we don't know," Dr. King said in an interview.

He added that he wouldn't anticipate a formal change in AHA policy on the basis of a single study. Yet these ARIC findings "certainly tilt the scale" in favor of physician counselling on a case-by-case basis that patients consider making alcohol part of a heart-healthy diet, provided they don't use certain medications or have a strong family or personal history of problem drinking, liver disease, or selected other health problems.

"It's a small minority of the population that gets in trouble with drinking, and perhaps we should not restrict the benefit of this healthy lifestyle choice in people who don't have a problem with alcohol," he said.

Follow-up in ARIC will continue. That's important because some possible adverse consequences of new drinking—for example, a potential increase in certain types of cancer—might take longer than 4 years to become apparent.

The ARIC alcohol adoption findings were published simultaneously with Dr. King's presentation at the annual conference (Am. J. Med. 2008;121:201-6). ■

Mortality Benefit Seen in Moderate Drinking Post MI

Colorado Springs — Moderate alcohol consumption following a first nonfatal acute MI appeared to protect against cardiovascular and all-cause mortality in the Physicians' Health Study.

This protective effect of moderate drinking was most robust in male physicians who had a nonanterior MI, Jennifer K. Pai, Sc.D., of the Harvard School of Public Health, Boston, reported at a conference sponsored by the American Heart Association. Previous studies have shown a link between moderate alcohol intake and lower risk of coronary heart disease in healthy individuals. But there have been few data on the impact of drinking after a first MI.

Dr. Pai and colleagues used data from the Physicians' Health Study, a National Institutes of Health–sponsored prospective cohort study involving more than 20,000 male physicians begun 26 years ago. Alcohol consumption data were available on 1,879 physicians immediately before they experienced a first nonfatal acute MI sometime after 1986. The drinking data were updated every 4 years afterward through 2004, at which point there were 317 deaths.

Physicians were classified into four groups on the basis of their pattern of alcohol use: an average of 0.1-9.9 g of alcohol a day, 10.0-29.9 g/day, 30 g or more/day, and nondrinkers. An alcoholic beverage typically contains 7-12 g of alcohol.

After multivariate adjustment for demographic and cardiovascular risk factors, and information on MI severity and treatment, the relative risk of all-cause mortality in physicians who drank up to 9.9 g of alcohol/day after their MI was reduced by 34%, compared with nondrinkers. In those who averaged 10.0-29.9 g/day, the relative risk reduction was 40%. For heavier drinkers, the all-cause-mortality risk reduction was 30%. For cardiovascular mortality, the adjusted relative risk reductions were 34%, 48%, and 31%, respectively, for the lightest to heaviest drinkers versus nondrinkers.

—Bruce Jancin