EDITORIAL

Alcohol: Good for your heart, not for your health

Alcohol: Bueno para tu corazón, no para tu salud

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In the last decades, obesity, alcohol and tobacco have become the main three etiologic agents of non-transmissible diseases in developed countries. Six deaths every minute are attributable to a harmful use of alcohol(1). Due to this, research regarding the relationship between the formers and health have been gaining importance in the recent scientific literature.

Alcohol has been associated with diabetes, cancer and cardiovascular diseases, even though the results were not always what the scientific community expected. Alcohol consumption is very common across the globe, with different drinking patterns depending of the geographical area, since food and drinking behaviours are heavily influenced by culture. Lifestyle may also influence the preference for alcoholic beverages(2). One of the first research studies, which brought up the possible beneficial relationship between a moderate alcohol consumption and cardiovascular health, was an article published in The Lancet in 1992. The results of this research were lately known as “the French paradox” since other studies could not get the same results in other countries(3-5). Also, Casani et al. and Padro et al. showed the cardioprotective characteristics of alcohol for mural thrombosis in a porcine model and the benefits of beer drinking in obese population, respectively(6,7).
Many studies show a J-shaped curve for mortality related to alcohol consumption. The research performed by Kunzmann et al. display that this benefit was still relevant even after adjusting for cancer risk. A healthy consumption considered less than one alcoholic drink per day\(^8\). Supporting this body of evidence, many meta-analysis exhibit a cardioprotective effect of alcohol\(^{6,11}\).

Beside these promising results, it is important to note that all observations may be biased by the design and characteristics of the study. This was shown by Stockwell et al. who demonstrated that a lower alcohol consumption did not stated any benefits compared to abstention or occasional drinking\(^{12}\). Another meta-analysis published in *The Lancet* this year showed that, even though alcohol consumption had a protective effect over diabetes and ischaemic heart disease, it was offset when the overall health risks were taken into account\(^{13}\). In the latter meta-analysis, alcohol consumption was related to health loss. The only dose that was not associated with health loss was 0.

Alcohol drinking is also related to cancer, especially with breast cancer\(^2\). Considering cancer, would it still be a good idea to recommend moderate alcohol drinking due to its cardioprotective effects if it increases the risk of cancer?

As mentioned above, alcohol consumption is widely spread and lifestyle habits could be difficult to change. In Spain, older adults drink alcohol even when having several drugs a day for their conditions, despite the risk of mixing drugs and alcohol\(^{14}\).

When it comes to giving recommendation on whether drinking is beneficial or not the scenario is uncertain. Drinking has become a ritual across the world and there are very few countries that do not link their traditions and social interactions to alcohol, hence trying to eradicate the practice is very problematic. Furthermore, the debate whether a moderate alcohol drinking pattern may be beneficial or not is not conclusive.

In the end, it is still necessary to figure out if alcohol is good for cardiovascular health.

**Bibliography**


