

Re: TC's intellectual integrity.

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Am J Clin Nutr. 2004 Sep;80(3):621-5. Related Articles, Links

Moderate wine drinkers have lower hypertension-related mortality: a prospective cohort study in French men.

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BACKGROUND: For a given blood pressure, the risk of death from coronary artery disease is much higher in northern Europe and the United States than in Mediterranean countries. **OBJECTIVE:** In this prospective cohort study, we tested the hypothesis that regular wine drinking reduces the hypertension-related risk of death. **DESIGN:** We used data from 36 583 healthy middle-aged men who had normal results on an electrocardiogram and were not taking drugs for cardiovascular disease risk factors. The subjects underwent a comprehensive health appraisal at the Center for Preventive Medicine between 1 January 1978 and 31 December 1985. Mortality from all causes and from specific causes during a 13-21-y follow-up was recorded. **RESULTS:** In a Cox model adjusted for 6 confounding variables, moderate wine drinkers (those who consumed <60 g alcohol/d and no beer) with systolic blood pressure (SBP) of 158, 139, or 116 mm Hg had significantly lower risks of death from all causes by 23%, 27%, and 37%, respectively, than did abstainers. Even for the highest quartile of blood pressure, moderate wine drinkers were protected from all-cause mortality. No significant reduction in all-cause mortality in relation to SBP was observed in other drinkers (those who consumed > or =60 g alcohol/d or who consumed beer and wine). **CONCLUSION:** A moderate intake of wine is associated with a lower risk of mortality from all causes in persons with hypertension.

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Biol Res. 2004;37(2):183-7. Related Articles, Links

Alcohol and mortality from all causes.

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A large number of prospective studies have observed an inverse relationship between a moderate intake of alcohol and coronary heart disease morbidity and mortality. Concerning death from all-causes, results are not unanimous. Alcohol intake was associated with a protection of all-cause mortality in England and USA physicians and the large study of the American Cancer Society. None of these studies separated the effects of different alcoholic beverages. In our prospective studies in France on 35 000 middle-aged men, we observed that only wine at moderate intake, was associated with a protective effect on all-cause mortality. The reason was that in addition to the known effect on cardiovascular diseases, a very moderate intake of wine, protected also from cancer and other causes as confirmed by Gronbaek in Denmark. Our recent results also indicate that the protective effect of a moderate intake of wine on all-cause mortality is observed at all levels of blood pressure and serum cholesterol.

PMID: 15455645 [PubMed – indexed for MEDLINE]

Pathophysiol Haemost Thromb. 2003 Sep–2004 Dec;33(5–6):466–71. Related Articles, Links

The mediterranean lecture: wine and thrombosis—from epidemiology to physiology and back.

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The protective effect of moderate alcohol consumption on the risk of cardiovascular disease has been consistently shown in many epidemiological studies. Antiatherogenic alterations in plasma lipoproteins, particularly increase in high-density lipoprotein (HDL) cholesterol, are considered as the most plausible mechanism of the protective effect of alcohol consumption on coronary artery disease (CHD). Other potential mechanisms contributing to the cardio-protective effects of moderate alcohol consumption include anti-thrombotic down regulation of blood platelet function, as well as of the coagulation and fibrinolysis balance. Since the proposal of a "French paradox" in the early Nineties, the possibility that consuming alcohol in the form of wine might confer a protection against CHD above that expected from its alcohol content, has made the topic "wine and health" increasingly popular. Many epidemiological studies have explored such a possibility, by comparing specific alcoholic beverage types (wine, beer, liqueur) in respect to their relative capacity to reduce the risk of CHD. In parallel, experimental studies have been done, in which wine and wine-derived products have been tested for their capacity to interfere with molecular and cellular mechanisms relevant to the pathogenesis of CHD. Wine might indeed conceivably have other ethanol unrelated beneficial effects. The biological

rationale for such a hypothesis has been linked to the enrichment in grape-derived, non-alcoholic components, that possibly make it peculiar in respect to other alcoholic beverages. In fact, while the mechanisms underlying the effects of alcohol on cardiovascular disease have been limited to lipid metabolism and the haemostatic system, those related to wine consumption have also been extended to specific anti-inflammatory, antioxidant and nitric oxide related vaso-relaxant properties of its polyphenolic constituents. The effect of wine consumption has been carefully investigated to account for potential confounding of several conditions (inappropriate use of abstainers as control population, correlation between wine or total alcohol consumption and markers of healthy lifestyle and socioeconomic factors, diet, etc.). Strong evidence indicates that moderate wine consumption rather than confounders reduces both fatal and non fatal CHD events. In spite of the fact that the healthy effect of moderate intake of wine is by now well accepted, important issues remain to be resolved about the relationship between wine, alcohol and alcoholic beverages, the (possibly different) optimal amount of alcohol intake in men and women, the individual or environmental modulation of the alcohol related effect and the pattern of drinking. Some of these issues have been recently addressed in a large meta-analysis, in which the relationship between wine or beer consumption and CHD risk was quantitatively evaluated. We shall summarize here the experimental and epidemiological studies with wine or wine-derived products aimed at finding biological explanations for the supposed superior cardio-protective effects of wine consumption and to discuss some open questions about wine and vascular disease as approached in epidemiological studies.

Publication Types:

Review

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Arch Intern Med. 2003 Jun 9;163(11):1329–36. Related Articles, Links

Comment in:

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Alcohol drinking patterns and risk of type 2 diabetes mellitus among younger women.

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OBJECTIVE: To examine the relationship between alcohol consumption and the incidence of type 2 diabetes mellitus among relatively young and middle-aged women. **METHODS:** In a prospective study, 109 690 women, aged 25 to 42 years, without a history of coronary heart disease, stroke, cancer, or diabetes mellitus completed a detailed lifestyle and medical history questionnaire in 1989. During 10 years of follow-up, we documented 935 incident cases of type

2 diabetes mellitus. RESULTS: We found a nonlinear relationship between alcohol consumption and risk of type 2 diabetes mellitus after adjustment for multiple confounders, including body mass index, smoking, physical activity, and family history of diabetes mellitus (quadratic trend $P = .003$). Compared with lifelong abstainers, the adjusted relative risks (95% confidence intervals) were 0.80 (0.66–0.96) for those consuming 0.1 to 4.9 g/d, 0.67 (0.50–0.89) for those consuming 5.0 to 14.9 g/d, 0.42 (0.20–0.90) for those consuming 15.0 to 29.9 g/d, and 0.78 (0.34–1.78) for those consuming 30.0 g/d or more. Further adjustment for dietary factors, including glycemic load, trans-fatty acid, polyunsaturated fat, and total fiber intake, did not appreciably alter these findings. The inverse association with light to moderate drinking was most apparent in women who reported wine or beer drinking. Women who reported 30.0 g/d or more of liquor intake showed a significantly increased risk of diabetes mellitus compared with those who did not report liquor intake (adjusted relative risk, 2.50; 95% confidence interval, 1.00–6.23). CONCLUSION: Light to moderate alcoholic beverage consumption may be associated with a lower risk of type 2 diabetes mellitus among women aged 25 to 42 years, although this benefit may not persist at higher levels.

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