The Impact of Alcohol Consumption on Diabetes Management

Yim Shi*

Department of Endocrinology, Chinese PLA General Hospital, Beijing, China

Corresponding Author*

Yim Shi

Department of Endocrinology, Chinese PLA General Hospital, Beijing, China

E-mail: Shiyim@hospital.com.cn

Copyright: \bigcirc 2024 Shi Y. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the v

Received: 01-Aug-2024, Manuscript No. jdm-24-34056; Editor assigned: 03-Aug-2024, PreQC No. jdm-24-34056; Reviewed: 17-Aug-2024, QC No. jdm-24-34056; Revised: 22-Aug-2024, Manuscript No. jdm-24-34056; Published: 29-Aug-2024, DOI: 10.35248/2155-6156.10001155

Abstract

Diabetes, a chronic metabolic disorder, requires careful management, with lifestyle factors like alcohol consumption playing a significant role. Alcohol impacts blood glucose levels, posing risks of hypoglycemia or hyperglycemia, and exacerbates complications such as cardiovascular disease, neuropathy, and liver damage. Understanding these effects is crucial for healthcare providers and patients to develop effective management strategies. This article explores the relationship between alcohol and diabetes, provides guidelines for safe consumption, and highlights the importance of education, regular monitoring, and personalized care in minimizing risks and optimizing diabetes management.

Introduction

Diabetes is a chronic metabolic disorder characterized by high blood glucose levels due to either insufficient insulin production or the body's inability to effectively use the insulin it produces. The disease can be broadly categorized into Type 1, Type 2, and gestational diabetes. Lifestyle factors, including diet and alcohol consumption, significantly impact diabetes management and complications. Understanding the effects of alcohol on diabetes is essential for both healthcare providers and patients to manage this condition effectively [1].

Alcohol metabolism and diabetes

When alcohol is consumed, it is rapidly absorbed into the bloodstream from the stomach and small intestine. The liver metabolizes most of the alcohol to acetaldehyde, a toxic compound, and then further breaks it down into acetate, which is harmless. This process interferes with gluconeogenesis—the liver's production of glucose—thereby affecting blood sugar levels. For people with diabetes, this interaction can lead to hypoglycemia, especially if alcohol is consumed on an empty stomach or in combination with certain diabetes medications like insulin or sulfonylureas [2,3].

Effects of alcohol on blood glucose levels

Hypoglycemia risk: Alcohol consumption can cause a significant drop in blood glucose levels, particularly in individuals with Type 1 diabetes who use insulin therapy. This effect can last for several hours after drinking, increasing the risk of nocturnal hypoglycemia.

Hyperglycemia risk: On the other hand, certain alcoholic beverages, especially those high in sugar like cocktails, sweet wines, and liqueurs, can cause blood glucose levels to rise. Individuals with Type 2 diabetes, who often have insulin resistance, may experience elevated blood sugar levels after consuming such

drinks.

Interference with medications: Alcohol can interact with various diabetes medications, leading to either potentiated effects or diminished efficacy. For instance, mixing alcohol with metformin can increase the risk of lactic acidosis, a rare but serious condition [4,5].

Impact of alcohol on diabetes complications

Cardiovascular complications: Moderate alcohol consumption has been associated with a lower risk of cardiovascular events in the general population. However, for people with diabetes, the risks often outweigh the benefits. Alcohol can increase blood pressure, contribute to weight gain, and worsen lipid profiles, all of which are risk factors for cardiovascular diseases.

Neuropathy and retinopathy: Alcohol exacerbates diabetic neuropathy by damaging the nerves and impairing their function. Chronic alcohol use can also worsen diabetic retinopathy, increasing the risk of blindness.

Liver disease: People with diabetes are already at a higher risk for liver diseases such as non-alcoholic fatty liver disease (NAFLD). Excessive alcohol consumption can further damage the liver, leading to cirrhosis or alcoholic hepatitis [6,7].

Guidelines for alcohol consumption in people with diabetes

Moderation is key: The American Diabetes Association (ADA) recommends that if individuals with diabetes choose to drink alcohol, they should do so in moderation. For women, this means up to one drink per day, and for men, up to two drinks per day. One drink is typically defined as 12 oz of beer, 5 oz of wine, or 1.5 oz of distilled spirits.

Never drink on an empty stomach: Consuming alcohol on an empty stomach can lead to hypoglycemia. It is advisable to eat a meal that contains carbohydrates before drinking to help stabilize blood glucose levels.

Choose low-sugar options: Opt for low-sugar or sugar-free mixers and avoid sweetened alcoholic beverages. Dry wines, light beers, and spirits mixed with diet soda or water are better choices for managing blood glucose levels.

Regular monitoring: Frequent blood glucose monitoring is crucial when consuming alcohol. Since the effects on blood sugar can be unpredictable, checking levels before, during, and after drinking can help manage potential risks [8,9].

Awareness of hypoglycemia symptoms: Symptoms of alcohol intoxication can mimic those of hypoglycemia, such as dizziness, confusion, and drowsiness. It is important for individuals and their companions to be aware of this to avoid confusion and ensure prompt treatment.

Alcohol use disorder (AUD) and diabetes

Alcohol Use Disorder (AUD) is a chronic disease characterized by an inability to control alcohol use despite harmful consequences. People with diabetes who have AUD face unique challenges, including a higher risk of diabetesrelated complications and difficulty managing blood sugar levels. Treatment for AUD in diabetic patients should be multidisciplinary, involving healthcare providers, mental health professionals, and support groups to address both conditions effectively.

Discussion

Alcohol consumption can significantly impact diabetes management by influencing blood glucose levels and overall glycemic control. For individuals with diabetes, alcohol can cause unpredictable changes in blood sugar levels—either causing hypoglycemia if consumed on an empty stomach or hyperglycemia if consumed excessively. Alcohol can also interfere with the effectiveness of diabetes medications and contribute to weight gain, further complicating blood sugar management. Moreover, alcohol may affect liver function, which is crucial for glucose metabolism. It is essential for individuals with diabetes to monitor their alcohol intake carefully, understand its potential effects on their condition, and consult with healthcare professionals to develop a personalized management plan. Moderation and awareness of the type of alcoholic beverage, as well as its impact on diabetes management, are key for maintaining stable blood glucose levels and preventing complications [10].

Conclusion

While moderate alcohol consumption may be safe for some individuals with diabetes, it is essential to approach alcohol use cautiously and with awareness of its potential effects on blood glucose levels and diabetes-related complications. Personalized advice from healthcare providers, continuous education, and regular monitoring are critical components of safely managing alcohol consumption in individuals with diabetes. By understanding these dynamics, patients can make informed decisions and maintain better control of their condition, leading to improved health outcomes.

References

- 1. Stitt AW (2016) The progress in understanding and treatment of diabetic retinopathy. Prog Retin Eye Res 51: 156-186.
- 2. Cole ED, Novais EA, Louzada RN, Waheed NK (2016) Contemporary retinal

imaging techniques in diabetic retinopathy: A review. Clin Experiment Ophthalmol 44: 289-299.

- 3. Jackson GR, Barber AJ (2010) Visual dysfunction associated with diabetic retinopathy. Curr Diab Rep 10: 380-384.
- Brownlee M (2005) The pathobiology of diabetic complications: A unifying mechanism. Diabetes 54: 1615-1625.
- 5. Bek T (2017) Diameter changes of retinal vessels in diabetic retinopathy. Curr Diabetes Rep 17: 82.
- Romeo G, Liu WH, Asnaghi V, Kern TS (2002) Activation of nuclear factorkappa B induced by diabetes and high glucose regulates a proapoptotic program in retinal pericytes. Diabetes 51: 2241-2248.
- Ejaz S, Chekarova I, Ejaz A, Sohail A, Lim CW, et al., (2008) Importance of pericytes and mechanisms of pericyte loss during diabetes retinopathy. Diabetes Obes Metab 10: 53-63.
- 8. Beltramo E, Porta M (2013) Pericyte loss in diabetic retinopathy: Mechanisms and consequences. Curr Med Chem 20: 3218-3225.
- 9. Wang W (2018) Diabetic Retinopathy: Pathophysiology and Treatments. Int J Mol Sci 19: 1816.
- Kowluru RA, Odenbach S (2004) Role of interleukin-1β in the pathogenesis of diabetic retinopathy. British Journal of Ophthalmology 88: 1343-1347.