

# Alcohol consumption and COPD

Written by Dr. Harold Gunatillake FRCS, MBBS,  
AM(Sing), FIACS, FICS

Health writer



Any form of alcohol consumption, up to one to two drinks a day seem to favor good health in some chronic diseases including hypercholesterolemia, Essential high blood pressure, coronary heart disease, chronic airway disease(COPD), viral and bacterial diseases, and among others provided the medication taken has no side effects with alcohol, or contraindicated for other reasons.

Research articles on the alcohol consumption shows a U-shaped relation with all-causes, including COPD and cardiovascular mortality.

Analyses data on alcohol consumption in 1970 and 20-year mortality from chronic obstructive pulmonary disease among 2,953 middle-aged men from Finland, Italy, and the Netherlands, and also studies of alcohol consumption in relation to pulmonary function ( $FEV_1$  or  $FEV_{0.75}$ ) at baseline with adjustment regression models for age, height (for pulmonary function only), body mass index, smoking habits, energy intake, and country, showed a smoothed spline-plot U-shaped relation between alcohol and chronic obstructive pulmonary disease mortality. Compared with non-drinkers and occasional drinkers, the relative risk of chronic obstructive pulmonary disease mortality was 0.60 (95% CI = 0.33–1.09) in light drinkers (>1 drink per week,  $\leq 3$  drinks per day) and 1.25 (95% CI = 0.47–3.31) in moderate-to-heavy drinkers. Pulmonary function was lower in non-drinkers compared with occasional and light drinkers in Finland (75 ml, 95% CI = -2 to 151) and the Netherlands (93 ml, 95% CI = 0–186) and lower in very heavy (>12 drinks per day) compared with moderate-to-heavy drinkers in Italy (99 ml, 95% CI = 9–189).

**In conclusion, we observed a U-shaped curve between alcohol consumption and 20-year chronic obstructive pulmonary disease mortality in middle-aged men that was supported by cross-sectional data on alcohol and pulmonary function(Paper by Tabak, Cora, Smit, Henriette, Rasanen and others)**

The meaning of U-shaped relationship means that initially it has a beneficial effect and then on long term continuation, in this discussion-alcohol, it may have an increasing or vice versa effect.

**So, alcohol consumption with binge drinking with association with COPD- related morbidity has not yet been demonstrated to be an independent risk factor for COPD exacerbation.**

Those who suffer from COPD will notice that immediately after having an alcoholic drink will loosen up the airway secretions and eases breathing.

Those people suffering from asthma and having COPD, alcohol can trigger an asthmatic attack and worsen the shortness of breath

Patients having COPD must abstain from smoking and be in an environment where the air is not polluted, including second-hand smoking.

**Heavy drinking is not recommended for those having airway obstructive disease, because the mucociliary transport system working continuously to clear mucus and contaminants out of your airways may not function efficiently and make your disease worse**

Heavy drinking lowers a person's immune system, which can have a direct impact on lung function among COPD patients. However, as mentioned earlier small amounts of any alcohol have not been shown to worsen the COPD symptoms.

White wine is good for your lungs, it strengthens your lungs.

Eucalyptus inhalations seem to break up congestion and expel phlegm

Other herbal kitchen products that help to ease breathing are ginger, and curcumin

Tea is another drink option for improving breathing. All teas, including black, green, or herbal teas are beneficial.

Tea and coffee have caffeine, and further tea has theobromine and theophylline related to caffeine in Tea and Coffee.

They are bronchi-dilators and are included in the cough expectorants.

Conclusions: A drink or two daily cause no harm among COPD patients. Smoking should always be avoided.

Drinking more daily will have a deleterious effect on your airways and lungs.

Drinking plenty of water daily tends to soften the mucus phlegm.

Treatment for acute COPD Exacerbation would be the use of bronchodilators, Corticosteroids, antibiotics, ventilation assistance through a home ventilator, oxygen supplementation

Patients with life threatening exacerbations could go into respiratory acidosis and heart irregularities (arrhythmias) and you may need hospitalisation and ICU management.

This article does not recommend alcohol for COPD patients but gives the precautionary information for those who enjoy a drink having COPD.

---

#### About the author

**Dr Gunatillake-Health editor is a member of the Academy of Medicine, Singapore. Member of the Australian Association of Cosmetic Surgery. Fellow of the Royal College of Surgeons (UK), Corresponding Fellow of the American Academy of Cosmetic Surgery, Member of the International Societies of Cosmetic surgery, Fellow of the International College of Surgery (US), Australian diplomat for the International Society of Plastic, Aesthetic & Reconstructive Surgery, Board member of the International Society of Aesthetic Surgery, Member of the American Academy of Aesthetic & restorative Surgery, Life Member of the College of Surgeons, Sri Lanka, Bachelor of Medicine & Surgery (Cey). Government scholar to UK for higher studies**

Website: [www.Doctorharold.com](http://www.Doctorharold.com)