Cystic Fibrosis all about nutrition

Drinking alcohol and cystic fibrosis

With thanks to members of the Cystic Fibrosis Dietitians Group (CFDGUK) for preparing the information in this leaflet.

Drinking alcohol and cystic fibrosis

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Introduction

People drink alcohol for lots of reasons; celebrating an occasion, socialising with friends, for enjoyment and fun, or to help them relax or even cope with stress. As you may already know, there can be health risks associated with alcohol, and having cystic fibrosis (CF) can mean that alcohol affects you differently to people who don't have the condition.

This leaflet aims to help you to drink sensibly if you choose to drink. Depending on your health, it may be that you've been advised to limit your alcohol intake or not to drink alcohol at all. If you don't already know, it's important that you check with your CF team whether drinking alcohol is safe for you.

If you think your alcohol use is causing any problems, talk to your GP or CF team about it.

Cystic fibrosis and alcohol

Your liver works to rid your body of alcohol. This is a slow process; alcohol is removed at about one unit per hour, so if you drink heavily in the evening the alcohol will still be in your system the next morning! If you drink five standard pints of lager it will take 10 hours for your blood alcohol level to return to zero. It's important to be aware that alcohol can affect people differently depending on their individual metabolism.

The advice to the general public regarding alcohol consumption should also be followed by those with CF, but in some ways, people with CF are more at risk of the adverse effects of alcohol.

In people with CF, the liver can be 'sluggish', which means it has to work harder to rid the body of alcohol. This puts more strain on it, and puts you at greater risk of liver damage than the general population.

Some medications can enhance the effects of alcohol, causing unpleasant symptoms. Some medications may also not work effectively when taken alongside alcohol. If you are concerned about the way your alcohol intake may interfere with your medication please speak to your CF team.

Adverse effects of drinking alcohol

Alcohol is a depressant, and it can slow down the way your brain and body work. It affects the way you think and what you do. It can make you argumentative or violent, as well as sick and dizzy. You may find yourself doing things that you regret!

Longer term effects

- Anxiety and mood swings
- Problems with sleeping
- Vitamin deficiencies
- High blood pressure
- Loss of brain cells
- Stomach ulcers
- Certain types of cancer
- Nerve damage
- Heart failure
- Epilepsy
- Infertility
- Liver failure

What is a sensible limit?

The UK Government has recently changed its recommendations to state that no amount of alcohol is completely safe.

The alcohol limit for men has been lowered to be the same as that for women. The UK's Chief Medical Officer (CMO) guideline for both men and women gives the following advice:

- It is safest not to drink more than 14 units per week on a regular basis. This is to keep health risks from drinking alcohol to a low level.
- If you do drink as much as 14 units per week, it is best to spread this evenly across the week.

How much is 14 units of alcohol?

One unit is 10ml of pure alcohol. As alcoholic drinks come in different strengths and sizes, units are a good way of telling how strong your drink is. It's not as simple as one drink equaling one unit.

Many bottles and cans have the units marked on them, so check them for the exact number of units.



The measures of alcohol people pour themselves at home are often larger than the recommended amount.

The new alcohol unit guidelines are equivalent to six pints of average strength beer or six 175ml glasses of average-strength wine. Be aware that often beers and ciders can be stronger than you think, eg a strong or 7.5% cider may be closer to 3-4 units per pint. Further information about the number of units in different drinks is available at www.drinkaware.co.uk.

Examples of units:

Drink	Unit
1 pint of lager (Carling®/Fosters®)	2
1 pint of strong beer (Stella®/Kronenbourg 1664®)	3
1 pint of bitter (John Smiths®/Boddingtons®)	2
1 pint of cider	2
1 pint of strong cider (Strongbow®/Dry Black-thorn®/ Magners®)	3
175ml wine	2
Pub-measure spirit	1
1 bottle of alcopop (WKD®/Barcardi Breezer®)	1.5

If you would like help and advice on tracking your drinking and how to drink within the recommended limits, you can download an app from Drinkaware at www.drinkaware.co.uk/tools/app.

Binge drinking

This is classed as an episode of drinking more than six units of alcohol in less than six hours. This amount of alcohol puts enormous strain on the liver and increases the risk of hangovers and abnormal behavior.

Pregnancy and alcohol

Guidance from the CMO advises that pregnant women should not drink any alcohol at all.

- If you are pregnant or planning a pregnancy, the safest option is not to drink alcohol.
- This is to keep the risks to your baby to a minimum. The more you drink, the greater the risk to your baby.

Alcohol and liver disease

The British Liver Trust advises people with CF-related liver disease to avoid alcohol to minimise further damage to their liver.

Alcohol and CF-related diabetes

It is important that you understand the effects of alcohol on your blood glucose levels if you have CF-related diabetes (CFRD). Alcohol can initially make your blood glucose rise, and this may be related to the type of alcohol you drink. For example, this rise may be more significant if you are drinking a spirit with a mixer or an alcopop. However, alcohol slows down the release of glucose from the liver, which is why drinking alcohol can increase your risk of having hypoglycemia (a hypo).

- Stick to alcohol limits (2-3 units at any time) and avoid binge drinking.
- Remember the signs/symptoms of a hypo may be mistaken for being drunk. Make sure the 'Emergency Information' section of your Insulin Passport (or other ID) is complete and up to date with your usual hypo treatment and carry it with you.
- Make sure your friends know how to recognise and treat a hypo.
- Don't forget, your awareness of hypos may be impaired due to the effects of alcohol.
- Never drink alcohol on an empty stomach, and try to have a carbohydrate-containing snack such as crisps, sandwiches or pretzels (not nuts, as these do not contain carbohydrate) while you are drinking. Check your blood sugar after drinking so that you know how alcohol affects you.
- Always have a carbohydrate-containing bedtime snack such as toast, cereal or biscuits after drinking alcohol to help prevent night-time hypos.

Do you think you have a drinking problem?

If drinking is affecting you physically or psychologically speak to your GP or your CF team about it, they may be able to offer support or refer you to specialist services.

Drinkline offers a free, confidential helpline for people who are concerned about their drinking or someone else's.

0300 123 1110 (Weekdays 9am-8pm, weekends 11am-4pm.)

More information about support services is available here: www.drinkaware.co.uk/alcohol-support-services

Ways to help limit your alcohol intake

- Choose standard/lower-alcohol beers and wines, ie Carling®, Carlsberg®, Fosters® or a 9% ABV wine.
- Alternate alcoholic drinks with soft drinks, water or alcohol-free beer, wine or cider (diet drinks if you are diabetic).
- Have single measures rather than doubles.
- Do not mix drinks.
- Make your drink a longer one by adding more mixer.
- Spread your alcohol intake over the week rather than drinking heavily one or two nights in the week.
- If you're going out with friends, do something that isn't centred around drinking, like going to the cinema or having a meal.
- Always eat before having alcohol.
- Stay out of rounds drink at your own pace and not at the pace of others!
- Drink plenty of water after having alcohol.
- Have at least two days off alcohol after a drinking session.

Alternate alcoholic drinks with soft drinks, water or alcohol-free beer, wine or cider (diet drinks if you are diabetic).



This leaflet has been designed to be given out by a CF dietitian, along with their advice. If you downloaded or requested it directly from the Cystic Fibrosis Trust we would advise you to discuss this information with your CF dietitian.

The information in this leaflet is based on clinical best practice and a consensus of opinion by dietitians within the CFDGUK. For detailed guidance on CF nutrition, please see the 'Consensus document on nutritional management of cystic fibrosis', published September 2016. View our consensus documents here cysticfibrosis.org.uk/publications.

The Cystic Fibrosis Trust provides information about cystic fibrosis through our factsheets, leaflets and other publications. Most of our publications can be downloaded from our website cysticfibrosis.org.uk/publications or ordered from our helpline.

Our helpline can help you with a range of issues, no matter how big or small. Our trained staff can provide a listening ear, practical advice, welfare/benefits information or direct you to other sources of support. The helpline is open Monday to Friday, 9am–5pm, and can be contacted on 0300 373 1000 or at helpline@cysticfibrosis.org.uk.