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Study of 340,000 adults links even light beer or spirits drinking to higher cardiovascular death risk

The observational analysis found moderate wine drinkers had a 21% lower heart death risk, but researchers said the data do not prove protection

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A study of more than 340,000 adults has found a sharp divide in mortality risk across different types of alcohol, with low to moderate wine consumption linked to lower cardiovascular death rates while even light consumption of beer, cider or spirits was associated with higher risk.

The findings were released on Monday, November 16, by the American College of Cardiology and were presented at ACC.26. The researchers said the results do not show that wine protects health and should not be taken as a reason for people to start drinking.

The analysis drew on 340,924 adults in the UK Biobank, a large long-term health database in Britain, and followed them for an average of more than 13 years. Participants entered the study between 2006 and 2022 and reported their alcohol use through dietary questionnaires. Researchers then grouped them by the amount of pure alcohol they consumed, rather than by the number of drinks alone, because beer, wine and spirits contain different concentrations of alcohol.

For reference, the researchers said a 12-ounce beer, a 5-ounce glass of wine and a 1.5-ounce shot of spirits each contain about 14 grams of pure alcohol. People consuming less than 20 grams a week were treated as never or occasional drinkers. Low consumption meant 20 grams a week up to 20 grams a day for men and up to 10 grams a day for women. Moderate drinking meant 20 to 40 grams a day for men and 10 to 20 grams a day for women. High consumption meant more than 40 grams a day for men and more than 20 grams a day for women.

The clearest pattern was among heavy drinkers. Compared with people who never drank or drank only occasionally, those in the high-consumption group had a 24% higher risk of death from any cause, a 36% higher risk of cancer death and a 14% higher risk of death from heart disease. Those higher risks were seen regardless of whether people mainly drank wine, beer, cider or spirits.

At lower consumption levels, the picture was different. People who drank wine in low to moderate amounts had lower mortality risk, especially from cardiovascular disease. Moderate wine drinkers had a 21% lower risk of cardiovascular death than never or occasional drinkers. By contrast, even low consumption of beer, cider or spirits was

linked to a 9% higher risk of cardiovascular death.

The researchers stressed that these are relative differences between groups, not a direct estimate of any one person’s chance of dying. They also said the study was observational, which means it can detect associations but cannot prove that one type of alcoholic drink caused better or worse outcomes.

“These results come from the general population, and in certain high-risk groups, such as people with chronic diseases or cardiovascular conditions, the risks could be even higher,” senior author Zhangling Chen of the Second Xiangya Hospital at Central South University in China said in the release.

Chen said the findings help explain why earlier research on low and moderate drinking has often appeared mixed. The study suggests that both the amount of alcohol and the type of beverage may matter in long-term health outcomes, while also supporting a broader message that drinking less alcohol is generally better for health.

The study looked at several reasons why wine drinkers may have shown lower cardiovascular mortality. One possibility is the chemical composition of wine, especially red wine, which contains polyphenols. These are plant compounds with antioxidant properties that researchers have studied for possible effects on blood vessels and heart function. But the study did not show that those compounds were responsible for the lower risk.

Another possible explanation is behavior. Wine is more often consumed with meals, and people who prefer wine tend to report healthier diets and other habits linked to better cardiovascular health. Beer, cider and spirits are more often consumed outside meals, and in this study the people who favored those drinks also tended to have poorer diet quality and other lifestyle factors tied to higher health risks.

That makes it hard to separate the effects of the beverage itself from the characteristics of the people who choose it. To reduce that problem, the researchers adjusted their analysis for age, socioeconomic conditions, lifestyle factors, cardiometabolic health and family history of diabetes, cardiovascular disease and cancer. Even after those adjustments, they said other differences between participants

may still have influenced the results.

The study has several limits. Alcohol use was measured through self-reported questionnaires completed when participants joined the study, which means the data depended on accurate reporting. The analysis also did not capture changes in drinking habits over time. In addition, UK Biobank participants are generally healthier than the wider population, which may limit how far the findings apply elsewhere.

The research was presented by Ziyue Li under the title Alcohol Use at Mid-Life and All-Cause and Cause-Specific Mortality. The authors said randomized trials would be needed to provide stronger evidence on whether the observed differences reflect the drinks themselves or the broader habits that surround them.

The results are likely to feed a long-running debate over alcohol and health, especially for the wine, beer and spirits industries. They may increase pressure on producers, marketers and public health officials to distinguish clearly between a statistical association and a proven health benefit when discussing wine in particular.