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British Study Links Beer and Spirits to Higher Acute Kidney Injury Risk Than Wine

In 250,791 UK adults tracked for 14 years, the heaviest spirits drinkers showed a 25.5% higher risk of acute kidney injury

Wednesday, November 18, 2026



Higher consumption of beer and spirits was linked to a greater risk of acute kidney injury in a large British study that followed more than 250,000 adults for an average of 14 years, according to research from Anglia Ruskin University published in Scientific Reports.

The study analyzed 250,791 current alcohol consumers in the UK Biobank and identified 10,335 cases of acute kidney injury, or AKI, a serious condition in which the kidneys suddenly stop working properly. AKI can lead to chronic kidney disease, kidney failure and a higher risk of early death.

Researchers reported that higher consumption of spirits and beer was associated with a greater risk of AKI even after adjusting for liver disease and a broad set of health and lifestyle factors. The findings challenge the idea that alcohol-related kidney injury mainly happens through liver damage alone and suggest some drinks may be linked to kidney harm more directly, although the study does not prove cause and effect.

The researchers divided beer, wine and spirits drinkers into three consumption groups and compared the two higher groups with the lowest one. Among spirits drinkers, the reference group consumed an average of 1.22 UK alcohol units a week. People who drank an average of 2.69 units of spirits a week were 8.1% more likely to develop AKI, while those consuming an average of 8.73 units a week had a 25.5% higher risk.

Among beer drinkers, the reference group consumed an average of 2.67 units a week. Those drinking 6.81 units a week had a 5.7% higher risk of AKI, and those averaging 23.6 units a week had a 14.8% higher risk, the study found.

The researchers did not find a statistically significant association between AKI risk and consumption of red or white wine. But the absence of that association in this study does not mean wine protects the kidneys. Because the research was observational, it can only show links in a large population, not prove that one type of alcoholic drink directly causes or prevents kidney injury.

Lead author Rudolph Schutte, an associate professor of cardiovascular epidemiology at Anglia Ruskin University, said the results add population-level evidence to earlier laboratory work suggesting alcohol may affect the kidneys directly. He said the data indicate that beer and spirits may contribute to kidney damage through inflammatory pathways, though that mechanism would require further study.

The work could draw attention in the drinks industry because it adds to evidence that health risks may not look the same across wine, beer and spirits. It may also increase pressure for producers, retailers and policymakers to distinguish between observational associations and proven causal effects when discussing alcohol and health, especially in consumer messaging and public debate.

The study relied on self-reported alcohol intake recorded in the UK Biobank, and the researchers tracked participants over nearly a decade and a half. Even with statistical adjustments for many other factors, studies of this kind can be affected by differences in diet, income, medical history and drinking patterns that are difficult to measure fully. Still, the size of the sample and the long follow-up make the findings one of the larger prospective looks at how specific types of alcohol may be linked to acute kidney injury.