

# Individuals who flush after drinking are at higher risk of alcohol-related hypertension

19 November 2013

Excessive drinking is a known risk factor for hypertension. Drinking that results in facial flushing indicates high sensitivity or even intolerance to alcohol. A study of the relationship between drinking and these two conditions has found that drinking-related hypertension has a lower threshold value and higher risk in flushers than in non-flushers.

Results will be published in the April 2014 online-only issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"Facial flushing after [drinking](#) is always considered as a symptom of high [alcohol](#) sensitivity or even intolerance to alcohol, unless a patient is taking special medicine," said Jong Sung Kim, head of the department of family medicine at Chungnam National University School of Medicine. "The facial flushing response to drinking usually occurs in a person who cannot genetically break down acetaldehyde, the first metabolite of alcohol."

"Facial flushing after alcohol drinking differs across gender, age, and ethnic groups," added Kyung Hwan Cho, president of the Korean Academy of Family Medicine. "In general, it is more common in women, the elderly, and East Asians versus Westerners."

Cho noted that it is well known that excessive alcohol consumption is associated with elevated [blood pressure](#) and the likely development of hypertension. "This association persists regardless of beverage type and shows a dose-response relationship, which means excess drinking for weeks or months can increase blood pressure," he said. "However, the relationship may vary by gender, race/ethnicity, or presence of other risk factors for cardiovascular disease. Conversely, many studies have reported that meaningful blood pressure reductions occur after reductions in alcohol drinking."

"To my knowledge," noted Kim, "there has been no detailed research that has analyzed the [relationship](#) between drinking and hypertension while considering individual responses to alcohol."

Kim and his colleagues collected data from the medical records of 1,763 men (288 non-drinkers, 527 flushing drinkers, 948 non-flushing drinkers) who had received a health check-up. The risk of hypertension related to the weekly drinking amount by non-flushers and flushers was analyzed and compared with the risk of hypertension among non-drinkers.

"Our results indicate that hypertension associated with drinking has a lower threshold value and higher risk in flushers than in non-flushers," said Kim. "After adjusting for age, body mass index, exercise status, and smoking status, the risk of hypertension was significantly increased when flushers consumed more than four drinks per week. In contrast, in non-flushers, the risk increased with consuming more than eight drinks per week".

Kim added that these results indicate that facial flushing after drinking may potentially serve as a marker of risk for hypertension associated with drinking. "Our research findings suggest that clinicians and researchers should, respectively, consider evaluating their patients' flushing response to alcohol as well as drinking amount in a daily routine care, and researching hazard by drinking."

"Thus, if you or your patient have facial flushing, the risk of hypertension can increase even if you drink less than those who do not have [facial flushing](#)," said Cho. "[Under these circumstances, I would] recommend limiting your or their drinking amount even more to prevent the development of [hypertension](#)."

Provided by Alcoholism: Clinical & Experimental Research

APA citation: Individuals who flush after drinking are at higher risk of alcohol-related hypertension (2013, November 19) retrieved 26 April 2021 from <https://medicalxpress.com/news/2013-11-individuals-flush-higher-alcohol-related-hypertension.html>

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