Istituto Nazionale
di Ricerca per gli Alimenti
e la Nutrizione

Alcohol Prevention Day

Roma, 7 Aprile 2010

LINEE GUIDA PER UNA SANA ALIMENTAZIONE ITALIANA

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INRAN

Le evidenze scientifiche per le nuove linee guida di consumo alcolico in Italia

Le attuali Linee Guida: 2003

4. ALCOL E FARMACI

In conclusione: chi sta bene, gode di buo-

e) Bisogna inoltre usare particolare cautela in certe ben identificate fasi della vita e in certi gruppi di popolazione a rischio. Nell'infanzia e nell'adolescenza occorre evitare del tutto l'uso di bevande alcoliche, sia per una non perfetta capacità di trasformare l'alcol, sia per il fatto che più precoce è il primo contatto con l'alcol, maggiore è il rischio di abuso. Le donne in gravidanza e in allattamento dovrebbero astenersi completamente dal consumo di alcolici, o comunque diminuire drasticamente le dosi (1 U.A. una volta o al massimo due volte la settimana). L'alcol infatti si distribuisce in tutti i fluidi e le secrezioni e quindi arriva al feto, attraversando la barriera placentare, e al bambino, tramite il latte, rischiando di provocare seri danni. Nell'anziano l'efficienza dei sistemi di metabolizzazione dell'etanolo diminuisce in maniera rilevante, e il contenuto totale di acqua corporea è più basso; è perciò consigliabile limitare il consumo di alcolici ad 1 U.A. al giorno. Gli alcolisti in trattamento e gli ex alcolisti devono assolutamente astenersi dal consumo di qualsiasi bevanda alcolica.

tesa come limite massimo oltre il quale gli effetti negativi cominciano a prevalere su quelli positivi.

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Basso consumo di bevande alcoliche e salute

- Aumento HDL-Ch
- Aumento fibrinolisi
- Diminuzione funzione piastrinica
- Aumento sensibilità insulinica
- Migliore controllo glicemico
- Aumentato rischio di cancro

Brien SE, et al. Effect of alcohol consumption on biological markers associated with risk of coronary heart disease: systematic review and meta-analysis of interventional studies BMJ 2011;342:d636

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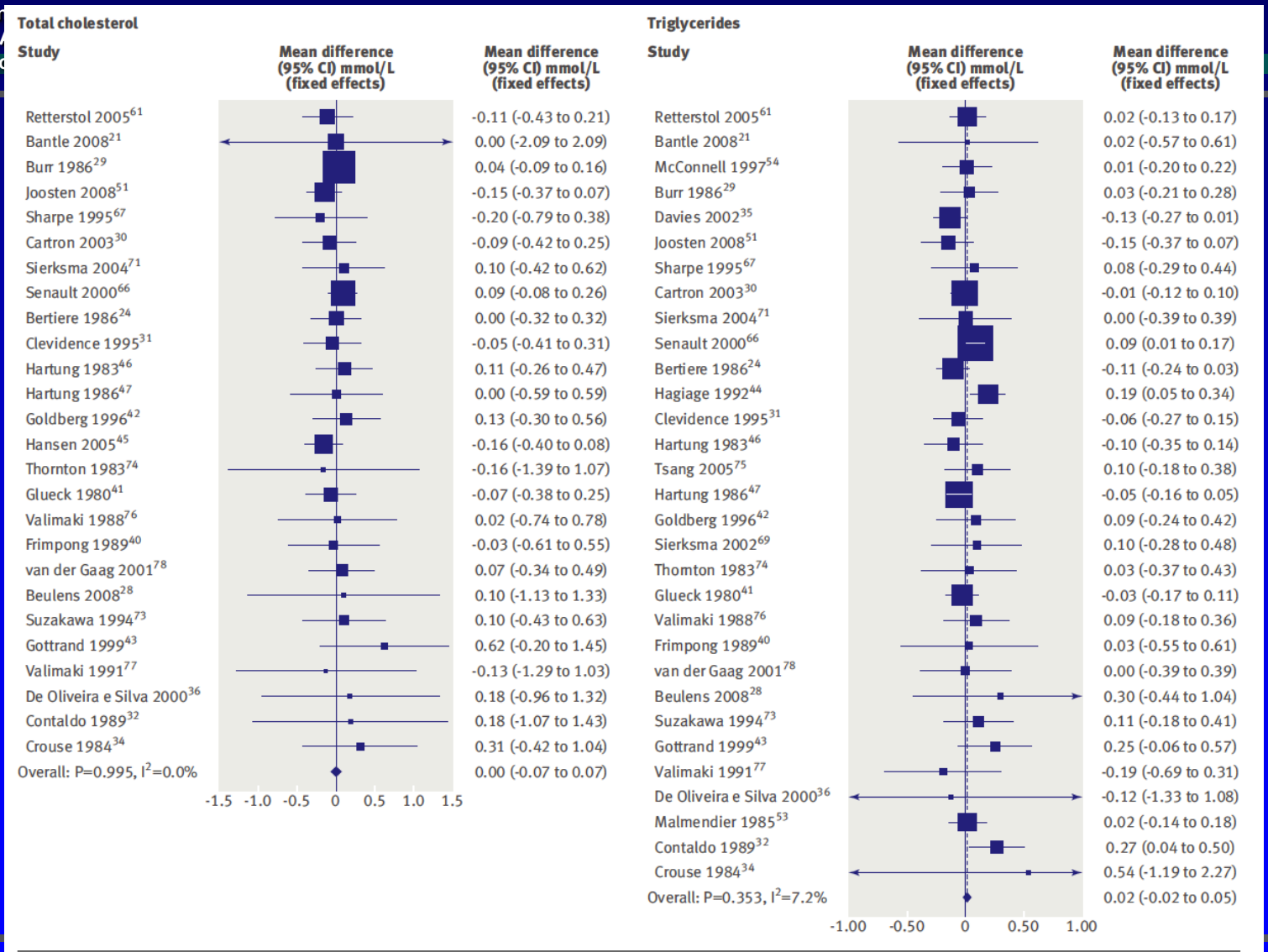

Fig 3| Forest plot of meta-analysis (fixed effects) of effect of alcohol consumption on levels of total cholesterol and triglycerides

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Come fare senza alcol?

- Esercizio fisico aerobico
- Perdita peso
- Diminuire i grassi saturi e i trans
- Consumo di oli vegetali e pesce
- Consumo di legumi, frutta e ortaggi
- Sospensione del fumo attivo e passivo
- Integratori/Farmaci

Resveratrol and breast cancer risk

F Levi[1,2], C Pasche[2], F Lucchini[1], R Ghidoni[3], M Ferraroni[4] and C La Vecchia[1,4,5]

Resveratrol is a non-flavonoid polyphenol that has attracted attention as a potential anticancer agent *in vitro* and *in vivo*, but scanty epidemiological data are available. We have therefore analysed the relation between dietary intake of resveratrol and breast cancer risk using data from a case–control study conducted between 1993 and 2003 in the Swiss Canton of Vaud on 369 cases and 602 controls. Compared with the lowest tertile of total resveratrol intake, the multivariate odds ratios (OR) were 0.50 for the intermediate and 0.39 for the highest tertile, and the trend in risk was significant. A significant inverse association was observed for resveratrol from grapes (OR = 0.64 and 0.55),

Journal of Cancer Prevention 14:139–142 © 2005 Lippincott Williams & Wilkins.

European Journal of Cancer Prevention 2005, 14:139–142

Keywords: Breast cancer, case–control study, diet, epidemiology, humans, micronutrients, neoplasms, resveratrol, Switzerland.

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Table 1 Distribution of 369 cases of breast cancer and 602 controls according to various sources of dietary resveratrol intake, and corresponding odds ratios (OR) and 95% confidence intervals (CI). Vaud, Switzerland, 1993–2003

	1st tertile[a]		2nd tertile		3rd tertile		
	Cases:controls	OR[b] (95% CI)	Cases:controls	OR (95% CI)	Cases:controls	OR (95% CI)	χ^2, trend
Total (wine & grapes)	133:208	1.0	84:191	0.50 (0.34–0.72)	152:203	0.39 (0.25–0.62)	18.80 ($P<0.001$)
Wine, total	184:406	1.0	69:92	1.05 (0.18–6.25)	116:104	1.60 (0.28–9.28)	1.35 ($P = 0.25$)
Grapes	168:213	1.0	79:151	0.64 (0.44–0.93)	122:238	0.55 (0.39–0.76)	12.79 ($P<0.001$)

[a]Reference category: tertile of total resveratrol determined on controls distribution. The upper cut-points for the tertile of total resveratrol intake (μg/day) ranged between 0.0 and 73.0 for the 1st tertile (lowest), 73.1 and 160.7 for the 2nd tertile, >160.7 for the 3rd tertile (highest); intake from wine was 0.0 for the 1st tertile, ranged between 0.1 and 176.8 for the 2nd tertile, >176.8 for the 3rd tertile; intake from grapes ranged between 0.0 and 72.2 for the 1st tertile, 72.3 and 126.4 for the 2nd tertile, >126.4 for the 3rd tertile.

[b]OR adjusted for age, education, body mass index, hormone replacement therapy, menopausal status, parity, energy intake, and total alcohol consumption.

Principali fonti di resveratrolo

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	Alimento	Resveratrolo (mg/100 g)	Resveratrolo(mg/ porzione)	Cancerogeni (mg/porzione)
Wines	Fox grape. red wine	0.250	0.31	~ 12000
	Fox grape. red wine	0.010	0.01	~ 12000
	Muscadine grape. red wine	3.020	3.78	~ 12000
	Red wine	0.270	0.34	~ 12000
	Rosé wine	0.120	0.15	~ 12000
	White wine	0.040	0.05	~ 12000
	Champagne	0.009	0.01	~ 12000
Chocolate	Dark	0.040	0.004	0
Fruits	Bilberry	0.670	1.00	0
	European Cranberry	1.920	2.88	0
	Grape (Black)	0.150	0.22	0
	Grape (Gren)	0.020	0.03	0
	Lingonberry	3.000	4.5	0
	Redcurrant	1.570	2.35	0
	Strawberry	0.350	0.52	0
	Grape (green) pure juice	0.006	0.01	0
Oils - Nut oils	Peanut butter	0.040	0.004	0
Nuts	Peanut. roasted. dehulled	0.020		0
	Pistachio dehulled	0.110		0

	Supplemento	Resveratrolo (mg/100 g)	Resveratrolo(mg/ porzione)	Cancerogeni (mg/porzione)
	Resveratrol		231	0

Fonte dati: http://www.phenol-explorer.eu/

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Il salame protegge il cuore

Salame Milano	mg/100
Proteine	26,7
Potassio	452
Ferro	1,5
Calcio	32
Fosforo	356
Vitamina B1	0,24
Vitamina B2	0,21
Niacina	2,5
Folati (µg)	3
Vitamina B12 (µg)	2
Vitamina E	0,23
Vitamina D (µg)	0,9
Acido oleico	12350
Omega 3	850

Alcohol consumption and mortality: modelling risks for men and women at different ages

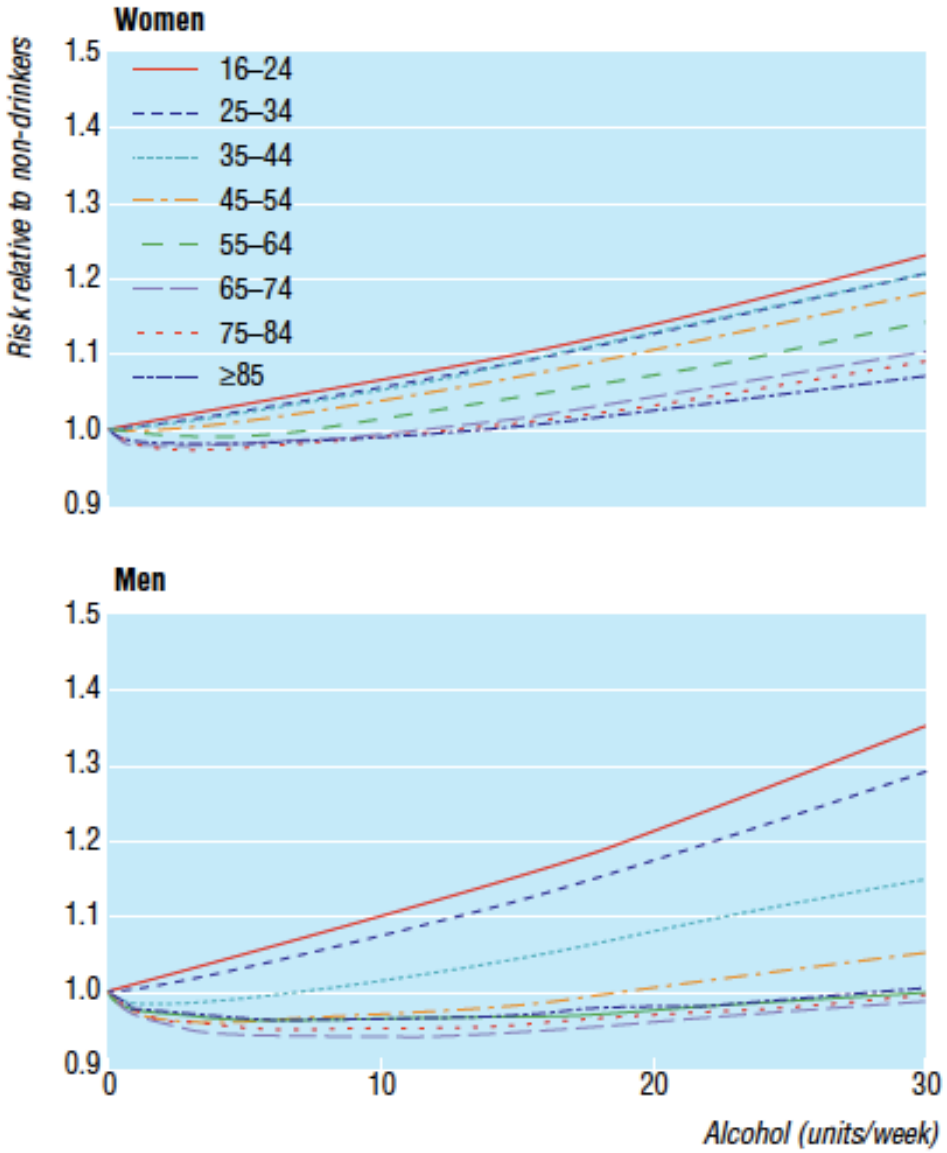


Fig 4 Risk of all cause mortality (relative to non-drinkers) by level of alcohol consumption in women and men

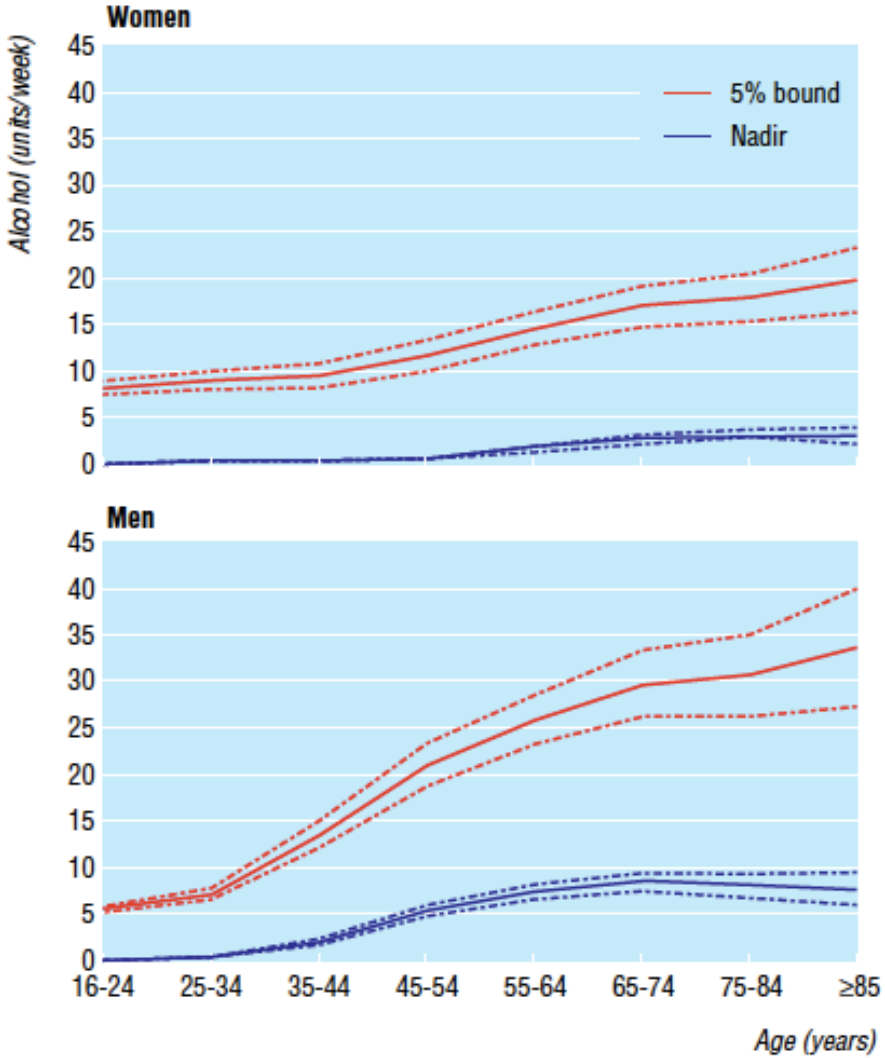
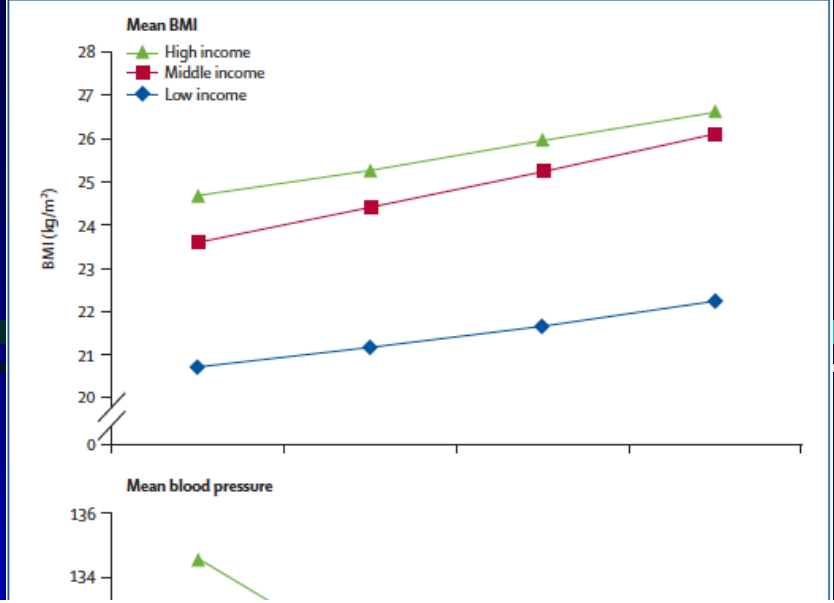


Fig 5 Level of alcohol consumption at which mortality is least (nadir) and level at which risk is raised by 5% above this minimum risk in women and men (95% confidence intervals show uncertainty due to relative risk functions only)

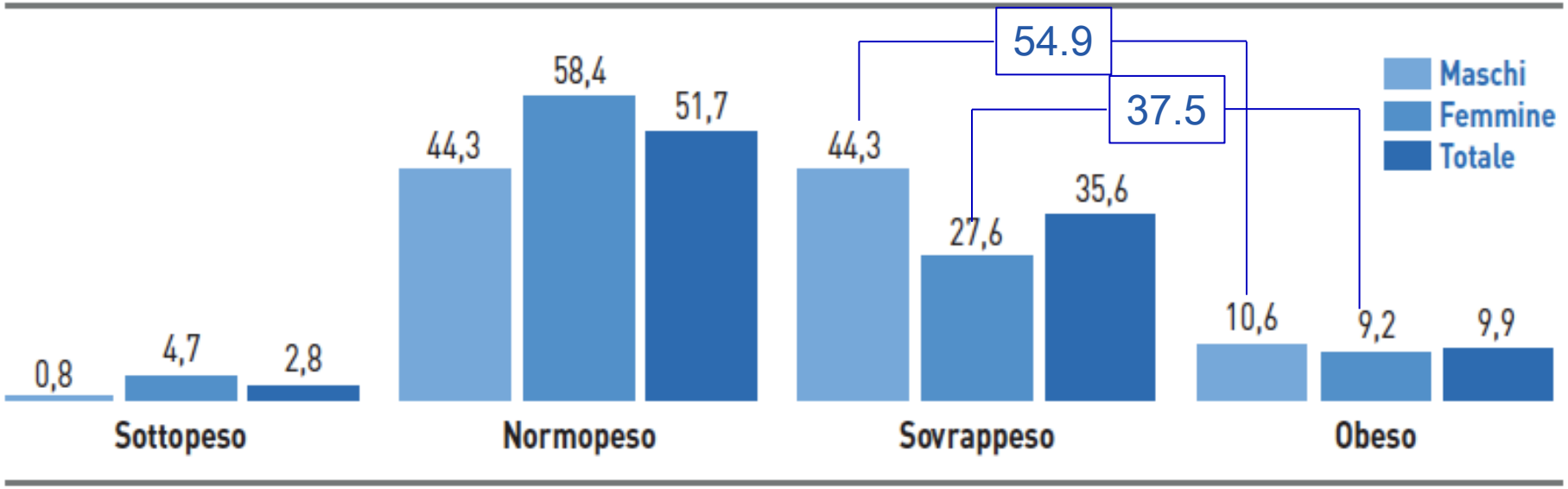


Stemming the global tsunami of cardiovascular disease

The Lancet 2011; 377:529

PERSONE PER INDICE DI MASSA CORPOREA

Anno 2007, per 100 persone di 18 anni e più



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Percentuale di eccedenza ponderale per differenti fasce di età

ISTAT 2005

INDICE DI MASSA CORPOREA	18-24	25-34	35-44	45-54	55-64	65-69	70-74	75-79	80 e +	TOTALE
Sovrappeso	17,9	31,7	42,7	49,9	53,3	51,9	52,6	48,2	43,5	42,5
Obesità	2,6	5,2	9,9	13,6	15,2	16,3	15,0	12,4	8,6	10,5
Somma	20,5	36,9	52,6	63,5	68,5	68,2	67,6	60,6	52,1	53
Sovrappeso	8,3	13,4	19,6	29,4	36,5	41,1	40,6	40,3	34,5	26,6
Obesità	1,7	3,5	5,5	10,3	14,5	15,2	15,7	14	11,3	9,1
Somma	10	16,9	25,1	39,7	51	56,3	56,3	54,3	45,8	35,7

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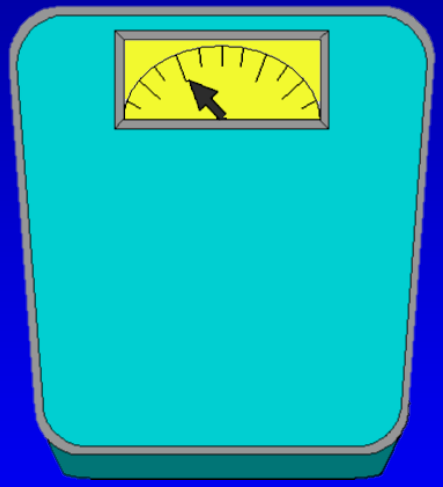
Due bicchieri: 180 kcal

/die =



-9 Kg/anno

Effect of body mass index and alcohol consumption on liver disease: analysis of data from two prospective cohort studies Hart, CL. et al BMJ 2010;340:c1240

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Table 3 | Liver disease mortality by BMI and alcohol consumption

	Drinking status (units per week)		
	0	1-14	≥15
Underweight/normal weight			
Number of men	1749	1950	1334
Number of deaths	7	6	16
RR1	1	0.77 (0.26 to 2.31)	3.43 (1.41 to 8.37)
RR2	1	0.72 (0.24 to 2.14)	3.16 (1.28 to 7.80)
Overweight			
Number of men	1414	1465	1121
Number of deaths	3	7	29
RR1	0.58 (0.15 to 2.24)	1.26 (0.44 to 3.60)	7.35 (3.20 to 16.9)
RR2	0.60 (0.16 to 2.33)	1.21 (0.42 to 3.48)	7.01 (3.02 to 16.3)
Obese			
Number of men	192	168	166
Number of deaths	0	3	9
RR1	–	5.44 (1.40 to 21.1)	18.7 (6.91 to 50.7)
RR2	–	5.30 (1.36 to 20.7)	18.9 (6.84 to 52.4)

RR=relative rate (95% CI), RR1= relative rate adjusted for age and study, RR2= relative rate adjusted for age, study, social class, smoking, height, bronchitis, FEV1, angina, ischaemia on electrocardiogram, and diabetes.

Table 4 | Liver disease mentioned as any cause of death by BMI and alcohol consumption

	Drinking status (units per week)		
	0	1-14	≥15
Underweight/normal weight			
Number of men	1749	1950	1334
Number of deaths	11	15	28
RR1	1	1.21 (0.55 to 2.64)	3.79 (1.88 to 7.63)
RR2	1	1.14 (0.52 to 2.49)	3.32 (1.63 to 6.74)
Overweight			
Number of men	1414	1465	1121
Number of deaths	8	20	46
RR1	0.95 (0.38 to 2.37)	2.17 (1.04 to 4.53)	7.02 (3.62 to 13.6)
RR2	0.97 (0.39 to 2.41)	2.09 (1.0 to 4.37)	6.39 (3.27 to 12.5)
Obese			
Number of men	192	168	166
Number of deaths	0	5	13
RR1	–	5.57 (1.93 to 16.1)	16.2 (7.22 to 36.4)
RR2	–	5.01 (1.73 to 14.5)	14.3 (6.27 to 32.7)

RR=relative rate (95% CI), RR1= relative rate adjusted for age and study, RR2= relative rate adjusted for age, study, social class, smoking, height, bronchitis, FEV1, angina, ischaemia on electrocardiogram, and diabetes.

World Cancer Research Fund

Food, Nu
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of Cancer
a Global P

RECOMMENDATION 6

ALCOHOLIC DRINKS

Limit alcoholic drinks[1]

PUBLIC HEALTH GOAL

Proportion of the population drinking more than the recommended limits to be reduced by one third every 10 years[1 2]

PERSONAL RECOMMENDATION

If alcoholic drinks are consumed, limit consumption to no more than two drinks a day for men and one drink a day for women[1 2 3]

[1] This recommendation takes into account that there is a likely protective effect for coronary heart disease
[2] Children and pregnant women not to consume alcoholic drinks
[3] One 'drink' contains about 10–15 grams of ethanol