

Alcohol and Diabetes

Alcohol metabolism interferes with **hepatic glucose production**. Intoxication creates symptoms similar to hypoglycaemia and can delay detection and impair the person's ability to appropriately manage acute diabetes emergencies.

Alcohol intake in excess of 5 units impairs hepatic glucose output and increases the risk of nocturnal hypoglycaemia. See table below for a guide on what volume of what type of drink determines one unit.

Carbohydrates should be consumed with alcohol, alternating sugar containing and sugar-free mixes is a reasonable option.

Reducing the evening long-acting insulin on heavy drinking nights by 20% is appropriate

A designated non-drinking buddy should chaperone the diabetic drinker.






BG should be checked before bedtime and a snack taken if the BG is below 10 mmol/l

Gastritis on the morning after impairs glucose absorption and increases the risk of hypoglycaemia.

Simple high GI carbs for breakfast can minimize absorption issues

Sometimes greater amounts of carbohydrate are required to correct hypoglycaemia.

Glucagon does not work as effectively in alcohol induced hypoglycaemia and a lower threshold for admission and intravenous glucose should be maintained.

	Beer - 4.0% 568ml (Pint) = 2.3u	1u = 250ml
	Beer - 5.0% 330ml (small bottle) = 2.8u	1u = 150ml
	Cider - 4.5% 568ml (Pint) = 2.5u	1u = 175ml
	Wine - 13.0% 175ml (175ml glass) = 2.3u	1u = 75ml
	Champagne - 12.0% 125ml (125ml glass) = 1.5u	1u = 75ml
	Spirits - 40% 25ml (Single) = 1u	1u = 25ml
	Alcopops - 4.0% 275ml (275ml bottle) = 1.1u	1u = 250ml

<https://www.drinkaware.co.uk>