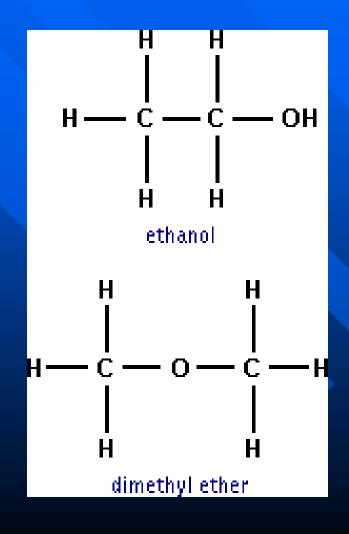
WELCOME TO THE SCIENCE OF ALCOHOL AND ALCOHOLISM

Element- A substance which cannot be decomposed into simpler substances by chemical reactions. Some important biological elements:

- Oxygen (O)
- Carbon (C)
- Phosphorus (P)
- Calcium (Ca)
- Potassium (K)
- Iron (Fe)

- Hydrogen (H)
- Nitrogen (N)
- Sulfur (S)
- Sodium (Na)
- Magnesium (Mg)

CHEMICAL ISOMERS BOTH CHEMICALS ARE H₆C₂O, BUT THEY ARE NOT THE SAME CHEMICAL!



Types of Alcohol

- Isopropyl ("rubbing alcohol")
- Methyl ("wood alcohol") (CH₃OH)
- Ethyl (beverage alcohol/ethylene/ethanol) H₅ C₂OH

ALCOHOL EQUIVALENTS

12 Oz. Beer @ 6% alcohol =

4 oz wine @ 12% alcohol =

1.25 oz spirits @ 80 proof (40%) alcohol =

1 oz spirits @ 100 proof (50%) alcohol

Absorption of alcohol

small amounts of alcohol absorbed by the mouth

most alcohol enters bloodstream from stomach, small intestine and colon

rate of absorption dependent on gastric emptying time

Absorption of alcohol

 absorption delayed by presence of food in the small intestine

occurs primarily in the liver

Proportionate to body weight

A small amount of alcohol is detoxified by the microsomal enzyme oxidation system

On average, occurs at rate of 1 ounce of pure alcohol per three hours (1.78 oz of 80 proof alcohol/hour)

Alcohol alcohol dehydrogenase (ADH)

Acetaldehydeacetaldehyde dehydrogenase (ALD-H)

Acetic acid (acetate)

CO2 & H20

- In heavy alcohol drinkers, liver enzymes will show an increase, especially:
 - >SGOT (serum oxaloacetic tranaminase)
 - >SGPT (serum glutamic pyruvic tranaminase)

Variations in alcohol metabolism

- 50% of persons of Japanese ancestry have a variant form of ALDH which is less able to metabolize alcohol. Also present in some persons of Chinese ancestry.
- Levels of acetaldehyde may be 10X higher than in persons with normal ALDH

Variations in alcohol metabolism

Excess acetaldehyde produces "alcohol flush reaction"

Alcohol Flush Reaction

facial flushing

vasodilation

tachycardia

headache

Alcohol Flush Reaction

nausea

vomiting

edema (fluid build-up/"water weight")

hypotension

Alcohol Flush Reaction

- Same reaction occurs when individuals on Antabuse drink
- Presence of ALDH variant seems to lessen tendency to drink alcohol
- The ALDH variant is rare in Japanese alcoholics with liver disease

BAL Behavior

0.05% Relaxation, decreased inhibitions & alertness, possible personality change

0.08 Legal level in Illinois for DUI

BAL Behavior

0.10 Slowed reaction time, impaired judgment, personality changes

0.15 Large, consistent in reaction time, increasing intoxication, mood/personality changes

BAL Behavior

0.20 Significant impairment of sensory and motor functions, marked intoxication

0.25 Severe motor and sensory disturbance, staggering gait, marked intoxication

BAL Behavior

- .30 Semi-stupor, marked decrease in awareness and breathing rate, blackouts
- Surgical anesthesia, level of LD₁, minimal level normally required to cause death

BAL Behavior

0.40 LD_{50}

On average, fifty percent of drinkers with a blood alcohol level of 0.40 will die of alcohol poisoning.

"HE IS...."

WHAT ABOUT "SHE"?

SEX DIFFERENCES AND ALCOHOL INTOXICATION

IN GENERAL, AT THE SAME LEVEL OF ALCOHOL COSUMPTION, WOMEN ACHIEVE A HIGHER BAC THAN MEN

SEX DIFFERENCES AND ALCOHOL INTOXICATION

- Women's body weight is usually less than men's
- Women tend to have less water in their bodies and a higher percent of body fat, so there is less tissue in which alcohol can dissolve
- Women tend to metabolize alcohol less efficiently than men.

SEX DIFFERENCES AND ALCOHOL INTOXICATION

- Food in the stomach tends to slow the absorption of alcohol
- Men tend to drink and snack, thus increasing the amount of food in the stomach
- Women tend to diet more than men, and may not very much prior to drinking

PHYSIOLOGICAL EFFECTS OF ACUTE ALCOHOL CONSUMPTION

- Dilation of the peripheral blood vessels = flushing, increased warmth of skin, possibly sweating.
- Small doses produce slight in respiration. Large doses (>.39) can produce respiratory arrest.

GASTROINTESTINAL (G.I.) SYSTEM: THE G.I. TRACT

- mouth
- esophagus
- stomach
- small intestine
- large intestine (colon)
- rectum
- anus

GATROINTESTINAL (G.I.) SYSTEM : ACCESSORY ORGANS

- salivary glands
- pancreas
- liver
- gallbladder

EFFECT OF ALCOHOL ON THE GASTROINTESTINAL SYSTEM

Responsible for:

- ingestion, digestion, absorption of food
- ingestion, absorption, and breakdown of some drugs
- the elimination of solid wastes.

EFFECT OF ALCOHOL ON THE GASTROINTESTINAL SYSTEM

- Esophagitis
- Peptic Ulcer Disease
- Hemorrhagic pancreatitis
- Uric acid elevation---Gout
- Hyperglycemia
- Alcoholic hepatitis

- Gastritis
- Pancreatitis
- Pancreatic insufficiency
- Hypoglycemia
- Alcoholic fatty liver (hepatosis)
- **Cirrhosis**

Gastritis

- Presence of alcohol in the stomach initiates release of gastric juices
- If no food is present, the stomach can become irritated

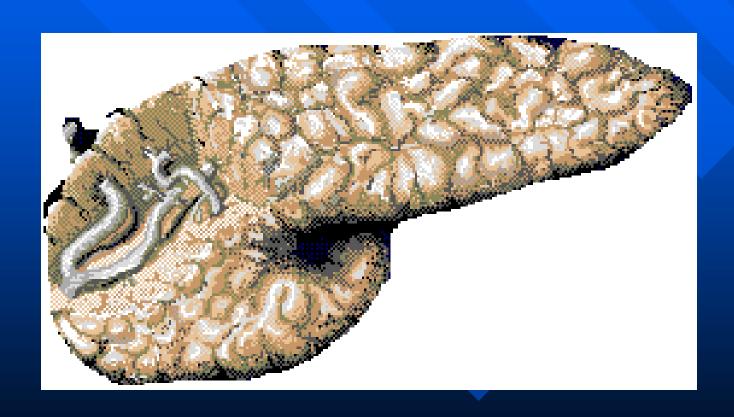
Peptic Ulcer Disease

- Alcohol does not cause ulcers, but if one is already present, both alcohol and unabsorbed gastric juices can make it worse
- If stomach lining is ulcerated enough, bleeding can occur

Pancreatitis

- Pancreas secretes digestive enzymes into the small intestine via the pancreatic duct.
- Alcohol can block the duct by inflaming the small intestine
- Digestive enzymes "stuck" in pancreas;
 begin to irritate and digest it

Pancreas



Pancreatitis

- Most common symptom pancreatitis is pain.
- May come on suddenly or build gradually.
- Pain usually centered in the upper middle or upper left part of the abdomen.
- May feel as if it radiates through to the back.
- Often begins or worsens after eating.
- Typically lasts a few days, unless drinking continues
- Pain worsen when person lies flat on his/her back
- May be relieved when the person curls up into a ball.

Pancreatitis

Other symptoms:

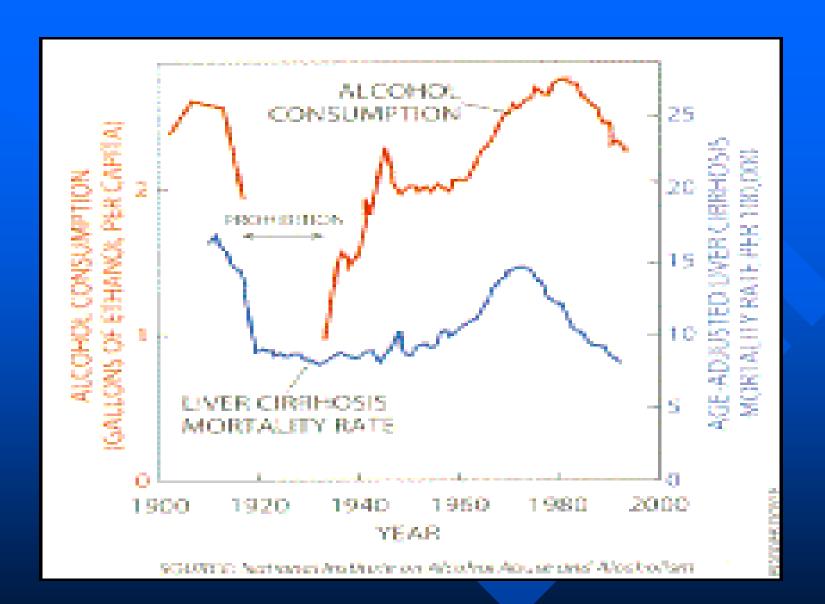
- > Nausea, w/ or w/o vomting
- > Fever, chills, or both
- > Abdomen swollen and tender to the touch
- > Tachycardia (May indicate internal bleeding)
- ➤ In very severe cases, dehydration and low blood pressure, fatigue, faintness, lethargy, irritability, confusion or difficulty concentrating, headache.
- ➤ If blood pressure ↓ too much, circulatory shock

Hemorrhagic Pancreatitis

Pancreatic enzymes eat through wall of pancreas, causing bleeding in the abdominal cavity

Pancreatic insufficiency

- Pancreas is sufficiently damaged that it stops producing digestive enzymes
- Islands of langerhans are on bottom surface of pancreas. They secrete insulin
- Production and secretion of insulin may slow or stop.
- Tx=Supplemental enzymes and insulins



ALCOHOL AND LIVER DISEASE

- Alcohol-induced liver disease (ALD) is a major cause of illness and death in the United States.
- Alcoholic fatty liver (hepatosis), the most common form of ALD, is reversible with abstinence.

HEPATOSIS

- At least nine out of ten chronic alcoholics will develop alcoholic fatty liver.
- Placques of fat invade the normal structure of the liver to cause this condition.
- The disease usually has no obvious symptoms. It is detected by physical exam and blood laboratory studies.

HEPATOSIS

- If a person stops drinking, fatty liver will disappear on its own in 4 to 6 weeks without formalized medical treatment.
- If drinking continues, fatty liver may progress to hepatitis.

ALCOHOL AND LIVER DISEASE

- More serious ALD includes
 - alcoholic hepatitis, characterized by persistent inflammation of the liver
 - cirrhosis, characterized by progressive scarring of liver tissue.

ALCOHOLIC HEPATITIS

- Hepatitis" is a general word that refers to swelling or inflammation of the liver.
- Alcoholic hepatitis is caused by the toxic effects of alcohol on the liver after long-term use.
- Alcoholic hepatitis usually occurs after fatty liver but may appear without any previous liver dysfunction.

ALCOHOLIC HEPATITIS

- Ten to thirty percent of all alcoholics will develop hepatitis if they continue to abuse alcohol.
- A person with alcoholic hepatitis feels generally ill.
- Common symptoms:
 - loss of appetite and weight,
 - low grade fever
 - abdominal pain
 - nausea and vomiting

ALCOHOLIC HEPATITIS

- Common symptoms:
 - enlarged, tender liver
 - abnormal laboratory tests of liver function
- Treatment of alcoholic hepatitis involves abstinence from alcohol and provision of adequate nutrition.

CIRRHOSIS

- Five to ten percent of all alcoholics develop cirrhosis of the liver
- It usually develops after a long history of excessive alcohol intake.
- The disease may follow alcoholic hepatitis or may occur without any previous symptoms

ALCOHOL AND LIVER DISEASE

CONSEQUENCES OF LIVER DISEASE

- inability to synthesize protein
- inability to manufacture clotting factors
- inability to eliminate estrogen
- lessened ability to store vitamins
- diminished tolerance