

THE ROLE OF ALCOHOL CONSUMPTION IN THE DEVELOPMENT OF TYPE 2 DIABETES

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Type 2 diabetes mellitus (T2DM) is one of the most significant global health threats, with its prevalence steadily rising worldwide. According to the International Diabetes Federation (IDF), approximately 537 million adults were living with T2DM in 2021, and this figure is projected to reach 643 million by 2030. The primary pathophysiological mechanisms of T2DM—insulin resistance and β -cell dysfunction—are closely influenced by energy balance, dietary behavior, genetic predisposition, and environmental factors.

For decades, nutrition and physical activity have been recognized as the main modifiable determinants of T2DM risk. However, alcohol consumption has recently emerged as another modifiable factor significantly influencing diabetes development [5,6]. Systematic reviews and meta-analyses indicate a *U-shaped* association between alcohol intake and T2DM: moderate consumption may reduce risk, whereas heavy alcohol use significantly increases it.

Several meta-analyses report that moderate alcohol consumption can decrease T2DM risk by approximately 20–30%. For example, Koppes et al. found that moderate drinkers had significantly lower odds of developing diabetes compared to non-drinkers, although this effect varies depending on the type of alcohol (wine, beer, spirits) and the amount consumed.

Conversely, clinical studies consistently show that high levels of alcohol consumption increase T2DM risk. In men, consuming more than 14 servings of spirits per week increased the likelihood of diabetes by 1.82 times. Japanese cohort studies similarly reported an independent association between heavy drinking and higher incidence of newly diagnosed T2DM.

Thus, the relationship between alcohol intake and T2DM is complex and biphasic: moderate consumption may exert a protective effect in some cases, whereas excessive intake increases risk substantially. This paper aims to analyze the epidemiological and biological mechanisms underlying this relationship, dose–response dynamics, and potential preventive strategies.

Alcohol Consumption and Risk of Type 2 Diabetes

A substantial body of evidence (Baliunas et al., *Diabetes Care*, 2009; Knott et al., *BMJ*, 2015; *BMC Endocrine Disorders*, 2023) demonstrates that: Low or moderate alcohol intake may slightly improve insulin sensitivity in certain populations; Heavy drinking, however, increases T2DM risk by 1.5–2 times, regardless of gender or ethnicity.

Biological Mechanisms: How Alcohol Influences T2DM Risk.

Hepatic lipid dysregulation: Alcohol disrupts liver lipid metabolism, increasing triglyceride synthesis and contributing to hepatic steatosis. This loss of metabolic balance accelerates insulin resistance; Toxic effects on pancreatic β -cells: Chronic alcohol exposure impairs β -cell function, reduces insulin secretion, and promotes apoptosis;

Systemic insulin resistance: Excessive alcohol intake promotes inflammation, oxidative stress, and hormonal imbalance, all of which impair insulin signaling pathways.

As a result, glucose homeostasis becomes progressively dysregulated, leading to chronic hyperglycemia and eventual T2DM onset.

The interaction between alcohol consumption and T2DM development is multifaceted. While moderate alcohol intake may provide some metabolic benefit, heavy and chronic consumption is consistently associated with elevated T2DM risk. Given the rising global burden of diabetes, understanding the metabolic implications of alcohol is crucial for developing effective prevention strategies.

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