Microscopic Colitis Foundation

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With the Holidays Approaching, Are Alcoholic Drinks Safe?

The simple answer is, “Maybe, depending on your situation, and what you choose to drink.” Of course that implies that the devil is in the details. For example, all beer contains gluten (from the barley malt). The beers claimed to be gluten-free, are not. They're actually low-gluten drinks. They may be able to pass the 20 parts-per-million FDA requirement for a gluten-free label listing, but their gluten content is not zero, because their fermentation process is started with barley malt. The gluten content is usually very low, so many of us are able to tolerate the so-called gluten-free beer brands, as long as we're in stable remission, and our diet is clean (free of any other small sources of gluten). But if we're trying to recover from a flare, or we happen to be eating any other "low-gluten" foods, then a “gluten-free” beer or two could possibly trigger a flare.

Pure (without any additives) alcoholic drinks are gluten-free.
At least they are when properly distilled, and not mixed or blended with other ingredients after the distillation process. Most MC patients can tolerate small to moderate amounts of alcohol. Larger amounts promote leaky gut, which is the cause of virtually all food sensitivities. So if consumption of significant amounts are likely, the lower the percentage of alcohol, the better. White wine can be a good choice for some, especially since it usually has a lower sulfite content than most red wines. Vodka, rum, bourbon, gin, and tequila are all safe alcohol examples. But as the alcohol content increases, so does the risk to intestinal integrity. After we've been in remission for a few years, our intestines should have healed sufficiently that we will be more tolerant of larger amounts of alcohol. But this isn't always the case for everyone, so please don't tempt fate by overdoing it.

All MC patients have increased intestinal porosity when the disease is active.
Since increased intestinal porosity (leaky gut) opens the door to the possibility of adding additional food sensitivities, whenever the

condition is present, it behooves us to eat a very restrictive diet (if we're not in remission) that does not contain any of the common food sensitivities, lest we become sensitive to some of them (assuming that we're not already sensitive to them). Always remember that when we're recovering from an MC flare, our food is our medicine, so our food (and drink) choices are critical for our recovery. When we're in long-term stable remission, our tolerance for alcohol is much greater than it is when we're not in remission.

Mixers used for drinks can also cause problems.
If you're not yet in stable remission, using any mixer that contains very much citric acid is probably going to cause problems. This rules out all but very small amounts of the juices of orange, lemon, lime, grapefruit, pineapple, and any other citrus fruits. The reject list also includes tomato and cranberry juice, and the juice of most berries. The only berry exception is blueberries, but that's not a very popular choice, as mixers go. Drinks such as Ginger Ale, Seven-Up, Pepsi, and Sprite also contain citric acid. Coca-Cola uses phosphoric acid instead of citric acid, but whether this is safer or not may depend on individual sensitivities. Safe options include seltzer (soda water), sparkling water, carbonated water, some root beers, and similar products. If you've been in stable remission for a while, then all these caveats probably won't apply — you should be able to tolerate normal amounts of citric acid without any problems.

What if everyone else has a drink in their hand, and you're afraid to risk drinking?
Rather than to be conspicuous, and feel left out, there are various options available. For example, instead of a glass of white wine, you could have a white wine spritzer (three parts white wine to one part sparkling water or club soda, garnished with a slice of lemon or lime). A search of the Internet should turn up numerous suggestions for low-alcohol or no-alcohol alternatives. Because most of those options won't be formulated for people who have food sensitivities, be sure to consider the ingredients carefully before making one or more selections.

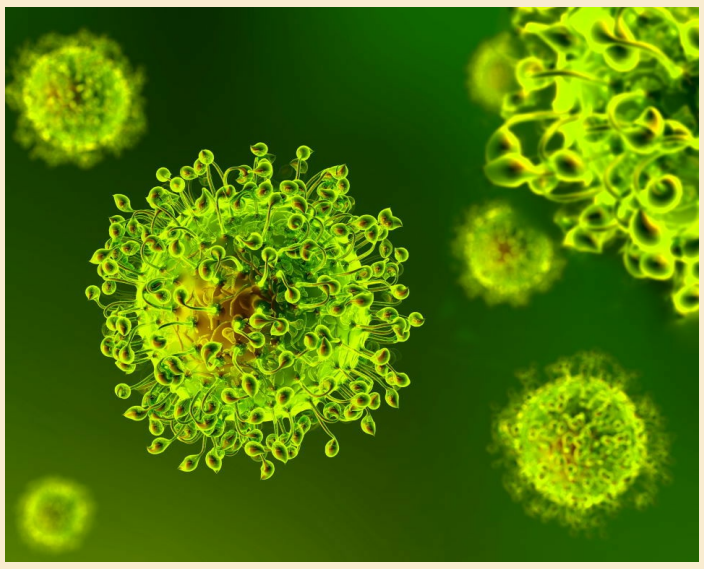
If you have a sensitivity to corn. for example, you shouldn't drink anything that contains high-fructose corn syrup. That rules out most commercial soft drinks that are bottled as carbonated beverages. Consider one of the brands of root beer, made with real sugar, rather than high-fructose corn syrup. And that should be a safe choice if you happen to be trying to resolve a difficult microscopic colitis flare. Drinking alcoholic beverages while still in recovery is somewhat akin to playing Russian roulette with your recovery. You might get away with it. But then again, you might not.

Of course this year, with all the social gathering restrictions that have been imposed in most areas due to the pandemic, social drinking concerns may be a moot point. However, you might still want to consider these guidelines in the event that you choose to “imbibe” in the privacy of your own home. Remember, whether a drink or three is associated with a social event, or an evening spent relaxing at home, an adverse reaction would be the same. Microscopic colitis will tend to perceive it the same way.

Remember, everyone is different.
Everyone has different tolerance levels, so we have to listen to our bodies for clues on some of the finer details of what we can safely do and what we shouldn't do. A common sense approach to this issue is usually helpful. Obviously, if we only have to avoid two or three

foods, our general sensitivity level is probably somewhat lower than the sensitivity of someone who has to avoid over a dozen foods. So a few drinks during the holidays will almost surely be relatively safe. But if we react to many foods, and especially if we're still trying to reach remission, then any more than minimal amounts of alcoholic drinks may cause a setback in our recovery program that we'll regret the next morning, and possibly much longer.

"Well, now we know what not to do."



Some Recent Updates About COVID-19

Hospital success rates when treating COVID-19 patients vary widely.

A distressing issue has come to light regarding the treatment of seriously-ill COVID-19 patients. Where a patient is treated appears to have a very significant effect on the mortality risks of that patient. The connection is so strong that it even overrides (and erases) the previously-claimed higher mortality rankings for certain ethnic groups. For this study, researchers looked at the records of 7,868 patients from 88 locations from January 1, to July 22, 2020.[1] The study showed that the mortality risk of a given patient was 99% higher at one hospital, when compared with the mortality risk of a similar patient at another hospital.

During the period covered by this study, 18.4 % (1,447) of the patients died. 53 % (768) of the mortalities were among Black and Hispanic patients. Of the deaths that occurred in hospitals, 17.6 % of the mortalities were Black, 16 % Hispanic, 19.3 % Asian, and 21.1% were non-Hispanic white patients.

Contrary to previous claims, the researchers discovered that logistic regression analyses of the data, allowing for sociodemographic, clinical, and presentation factors, showed that there is probably no association of mortality risk with race and ethnicity. Compared with non-Hispanic White patients, the study showed mortality odds ratios of 0.93 for Black patients, 0.90 for Hispanic patients, and 1.31 for Asian patients.

Discharge from hospital doesn't end COVID-19-associated

risks.

A study focused on 1,648 patients admitted into 38 Michigan hospitals from March 16 to July 1 showed that 24.2 % (398) of them died while in the hospital.[2] Of the 1250 who were discharged, 6.7 % (84) of them died, and 15.2 % (189) were readmitted into a hospital, within 60 days.

Discharged patients who had spent time in an ICU showed a death rate of 10.4 % (17 of 165) within 60 days of being discharged. That means that there was a total death rate of 63.5 % (257) for the 405 patients who spent time in an ICU, when the in-hospital ICU deaths are included. That leaves a success rate of only 36.5 % (148 of 495) for patients treated in an ICU.

The FDA has approved the first COVID-19 diagnostic test for home use.

Available by prescription only, the Lucira test costs about $50, and has been shown to be accurate. It provides results in half an hour or less.[3]

The Wall Street Journal reports that the Walton family (who control Walmart) is among a group of investors who are backing a startup company that hopes to develop a home COVID-19 test that can be sold at Walmart for about $10.

Hyperglycemia predicts risk of severity for COVID-19 patients.

Regardless of diabetes status, hyperglycemia was found be a predictor of death or other severe outcome in a Spanish study.[4] For more than 11,000 patients in 109 Spanish hospitals, those with an abnormally-high blood glucose level at hospital admission were significantly more than twice as likely to die from the disease than those with normal glucose levels (41.4 % vs 15.7 %). And they were also more likely to need to be admitted into an intensive care unit (ICU).

This wasn't part of that study, but please note that a chronic magnesium deficiency is associated with elevated blood glucose levels.[5]

Be aware of the risk of an allergic reaction to Pfizer/BioNTech vaccines.

While it's true that any vaccine can trigger an allergic reaction in some patients, note that two British Healthcare workers among those who received the first dose of the vaccine in the UK on Dec 8, the first day of the rollout, suffered severe allergic reactions.[6] They were presumably given antidotes, and they both recovered.

Based on the best scientific information available, this caveat should not apply to the type of food reactions typically associated with microscopic colitis (MC). Those are IgA-based reactions. Severe allergic reactions (anaphylactic reactions) are IgE-based reactions. That said, those of us who have significant histamine issues could certainly be candidates for that risk (since histamine issues are IgE-based reactions).

This doesn't mean that you absolutely should avoid the vaccines if you have any food allergies (as opposed to food intolerances). But it does imply that if you have any true food allergies (histamine issues), and you decide to get the vaccine, you should definitely alert the healthcare worker who is administering the vaccine that you are at a high risk of an allergic reaction due to a food allergy, so that they can be prepared in case an antidote to a reaction is needed.

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