

# Alcohol and stroke

Stroke Support Helpline: **0303 3033 100**  
or email: [helpline@stroke.org.uk](mailto:helpline@stroke.org.uk)

This guide looks at how alcohol can affect you after a stroke, with tips on drinking within the recommended limits.

Many of us enjoy a drink as part of a social occasion or a meal, and alcohol is often used as part of celebrations. But drinking above the recommended limits for alcohol can increase your risk of stroke, and it can also affect your recovery and wellbeing.

## Alcohol and stroke risk factors

Alcohol can increase your risk of having a stroke because it contributes to a number of conditions that are risk factors for stroke.

1. High blood pressure contributes to around half of all strokes in the UK. Drinking too much alcohol raises your blood pressure.
2. Drinking more than the recommended limit can make you more likely to have type 2 diabetes, which is linked to an increased risk of stroke.
3. Being overweight increases your risk of having a stroke. Alcoholic drinks tend to be high in calories, so regularly drinking lots of alcohol can make it more difficult to maintain a healthy weight.
4. Drinking large amounts of alcohol can trigger atrial fibrillation, a type of irregular heartbeat linked to an increased risk of stroke.

### Guidelines on low-risk levels of drinking

The UK government guidelines advise that to keep your risk low, it's best not to regularly drink more than 14 units per week. If you do drink as much as 14 units per week, it is best to spread this across at least three days in the week. The limit is the same for men and women. Some people may be advised by their doctor to drink less than this or not at all, for example, people with a liver condition. If you're pregnant, you're advised not to drink alcohol.

## Can I drink alcohol after a stroke?

If you have had a stroke or transient ischaemic attack (TIA or mini-stroke), it's a good idea to get some individual advice about alcohol. It's likely you can drink, but it may be more important to stick within the guidelines on drinking.

### Reduce your risk of another stroke

Discuss your levels of drinking with your stroke nurse, practice nurse or GP. If they feel alcohol could raise your risk of another stroke or TIA, they can give you advice and help you find support to cut down.

### Medication

Drinking more than the recommended limits, or binge drinking, while on blood-thinning medication can raise your risk of bleeding.

Nimodipine is often given after a type of stroke due to bleeding on the brain (a subarachnoid haemorrhage). Drinking alcohol while taking nimodipine can lead to headaches and dizziness.

Some other types of medication can also interact with alcohol, so check with your pharmacist whether you can drink alcohol.

### Alcohol and wellbeing after a stroke

If you've had a stroke, you may be more vulnerable to the negative effects alcohol can have.

If you're sleeping badly, have poor balance or speech problems, alcohol could make these worse. Alcohol can also worsen mood swings and depression, which are common after stroke. It can also affect your memory and thinking. Alcohol makes you dehydrated and this can make headaches worse.

### Do I need to cut down?

It's not always easy to know if you are drinking over the recommended alcohol limit. Your usual drinks may contain more units than you realise. Or you might have a few drinks after work every day, adding up to more than you think.

First you need to work out how many units you're drinking. You can find out by keeping a drinks diary. For a couple of weeks, at the end of each day, make a note of what you drank and count up the units.

If you find you're regularly drinking more than the recommended weekly limits, or are drinking a lot of alcohol in a short space of time (binge drinking), some of the tips **Page 3** may help you cut down.

Ask your GP for advice and look for organisations, websites and apps that can help you. See 'Other sources of help and information' on **Page 4**.

### Problem drinking

If you feel you may be drinking too much or you cannot control your drinking, it's especially important to talk about it. Consider seeking help if you are:

- Often drinking more than the advised limits.
- Struggling to do what is normally expected of you because of your drinking.
- Unable to remember what happened when you were drinking.
- A friend or family member has told you they think you should cut down.

Help is available through your GP and there are local alcohol support groups in many areas. To talk to someone about your drinking, contact the free national alcohol helpline, Drinkline, on **0300 123 1110**. Or visit **nhs.uk/live-well/alcohol-support** to find more ways to get support.

### Can alcohol protect me against a stroke?

The idea that moderate drinking, such as a glass of red wine a day, could protect you against a stroke or heart attack has been around for some time. But more recently, evidence has started to tell us that the less you drink, the lower the overall risk to your health. So it's best to stay within the guidelines on low-risk drinking.

### Practical tips to limit your drinking

If you're going out for a drink, you can help keep the short-term health risks at a low level with some of our practical tips:

- Set yourself a daily alcohol limit and stick to it. Work out when you do most of your drinking and see if there are obvious times when you can cut back.
- Ask for support. Tell your family and friends that you're cutting down. They can help you reach your goals.
- Avoid drinking on an empty stomach. Eating something slows down the rate that alcohol is absorbed into your bloodstream.
- Have several alcohol-free days each week to avoid becoming dependent on alcohol.
- Alternate each alcoholic drink with a glass of water or a soft drink. This can help you cut down on the amount of alcohol you're drinking and avoid becoming dehydrated.
- Avoid buying rounds if you're out in a group, as this can encourage everyone in the group to drink more.
- Try alternatives to alcohol and experiment with flavours. Add slices of fruit to bring extra zing to soft drinks, or try non-alcoholic versions of your usual drinks such as alcohol-free wines and beers.
- Go for smaller sizes such as a bottle of beer instead of a pint, or a smaller glass of wine. A standard pub wine measure is often 175ml, but you can ask for the smaller measure of 125ml. When you drink at home, try to pour smaller drinks than you would get in a pub or restaurant.
- Keep a range of non-alcoholic drinks that you like at home. Or you could serve drinks that are lower in alcohol, like spritzers or fruit punches.

### Alcohol and mood

Low mood or depression is common after a stroke, and is often a reason why people drink alcohol. If you're feeling low or depressed, then talk to someone about it. Your GP can tell you about help and support that is available.

Many people like to drink because it helps them relax. Try to find other things that will help you unwind, such as exercise, relaxation sessions or complementary therapies.

## Quick guide to alcohol units

### What does 14 units look like?

One unit is 10ml of pure alcohol. Because alcoholic drinks come in different strengths and sizes, it's not as simple as one drink equals one unit.

The weekly limit of 14 units is equivalent to around:

- Six pints of average strength beer.
- Six 175ml glasses of average strength wine.

Visit the calculator tool at [drinkaware.co.uk](https://www.drinkaware.co.uk) to find out how many units are in each of your drinks.

## Where to get help and information

### Stroke Support Helpline

Our Stroke Support Helpline offers information and support for anyone affected by stroke, including family, friends and carers.

Call us on **0303 3033 100**,  
from a textphone **18001 0303 3033 100**  
Email [helpline@stroke.org.uk](mailto:helpline@stroke.org.uk)

### Read our information

Log onto [stroke.org.uk](https://www.stroke.org.uk), where you can find easy-to-understand information, videos and an online community to support you. You can also call the Helpline to ask for printed copies of our guides.

## Other sources of help and information

### **Alcoholics Anonymous (AA)**

Website: [alcoholics-anonymous.org.uk](https://alcoholics-anonymous.org.uk)

Helpline: **0800 9177 650**

Offers information and support for anyone concerned about their own drinking.

### **Al-Anon**

Website: [al-anonuk.org.uk](https://al-anonuk.org.uk)

Helpline: **0800 008 6811**

Information and support for anybody affected by someone else's drinking.

### **Alcohol Change (England and Wales)**

Website: [alcoholchange.org.uk](https://alcoholchange.org.uk)

Information and sources of help for people with alcohol-related problems.

### **Alcohol Focus Scotland**

Website: [alcohol-focus-scotland.org.uk](https://alcohol-focus-scotland.org.uk)

Drinkline Scotland: **0800 7314 314**

Promotes responsible drinking information and advice in Scotland.

### **Drinkaware**

Website: [drinkaware.co.uk](https://drinkaware.co.uk)

Drinkline: **0300 123 1100**

Offers tips and tools for monitoring and cutting down on drinking.

## About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.

### **How did we do?**

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at [feedback@stroke.org.uk](mailto:feedback@stroke.org.uk)

### **Accessible formats**

Visit our website if you need this information in audio, large print or braille.

### **Always get individual advice**

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.

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Surviving a stroke is just the start of a long and hard journey back to life. But with strength, determination and the right support, recovery is possible.

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