Epilepsy (G40)

* Up to the point of about 24g of alcohol per day the curve between alcohol and the risk of epilepsy was relatively flat, after which, however, the risk curve increased steeply with increasing levels of consumption.
* A number of deaths are “sudden unexpected death in epilepsy” (SUDEP) where no cause of death is found at necropsy. Some of those are related to alcohol or are cases where the deceased previously have been admitted to hospital because of alcohol abuse, ranging from very few cases to 38% in different studies.
* If you drink in moderation you’re not likely to experience seizures, and you’re also probably not going to have withdrawal symptoms if you stop drinking, so you wouldn’t have to worry about experiencing withdrawal-related seizures.

Liver (K70-K70.4, K70.9, K74.3-K74.6, K76.0, K76.9)

* In 2018, of the 83,517 liver disease deaths among individuals ages 12 and older, 47.8 percent involved alcohol
* Fatty liver condition is present in approximately 90 to 100 percent of heavy drinkers.
* Alcohol remains the second most common cause of liver cirrhosis after hepatitis C virus (HCV) infection in the United States, contributing to approximately 20% to 25% cases of liver cirrhosis.

Alcohol Myopathy(G72.1)

* Acute alcoholic myopathy is present in 0.5 to 2.0 percent of alcoholics
* chronic alcohol-related myopathy is 10 times more common than the most common inherited myopathy (i.e., nemaline myopathy)
* alcohol-related muscle disease is nearly 5 times more common than liver cirrhosis