



Marcia Stefanick is a Professor in the Departments of Medicine and by courtesy, Obstetrics and Gynecology at Stanford University Medical Center. Dr. Stefanick has been the investigator-elected Chair of the Women's Health Initiative (WHI) Steering and Executive Committees from 1998 to 2005, at which time she was elected as Chair of the WHI Extension Study Executive Committee, which is overseeing the 5-year continuation of the project nationwide. She participates in a broad range of scientific activities for the NHLBI and American Heart Association.

Do you drink wine?

YES, on average 1 glass per day

What types of wines do you like?

I prefer RED, in general (Cabernet, Pinot Noir, Merlot, Zinfandel – but, of course, it depends on the winery & year – though I'm not even remotely savvy – just know when I like it or don't – at the moment), but there is definitely a time and occasion for WHITE (Chardonnay; not sweet).

In your opinion, what health benefits, if any, does drinking wine have?

I am willing to accept that anti-oxidants in red wines (grapes) might have some benefit to cardiovascular health, but this might be due to the socioeconomic status of folks who drink it – since alcohol raises HDL, but also triglycerides and blood pressure, it might be like the menopausal estrogen therapy association – but it seems to help with relaxation and stress reduction, and good feelings & laughter.

In excess, alcohol is clearly harmful (increases accidents, possible liver issues), so the amount

consumed must be taken into account.

Most findings about the impact of wine on health are based upon in vitro studies, animal models, epidemiologic data, and cohort trials. Can you comment on drawing conclusions on the impact of wine on health based upon these types of study designs?

Likely to be biased, like the “estrogen story”.

Give examples of conclusions made from epidemiologic data that were later found to be untrue.

Health benefits attributed to Estrogen therapy, Vitamin E supplements, Beta-carotene

Many epidemiologic studies do not define “drink”, that is alcohol content in weight per volume. What are your thoughts on that?

Doubt that it leads to grossly inaccurate conclusions, since “drink” defined as 4 oz (American Heart Association) or 5 oz (American Cardiology Society) glass of wine is not the way most folks who fill out the reports define a glass of wine (which is probably closer to 6 oz)

What did you mean when you said, “science cannot be explained in sound bytes”?

Clearly too complicated – things aren’t “good” and “bad” – e.g., there’s a time and place for vasodilation or vasoconstriction and most physiological reactions to drink and ambient temperature etc.

What is your theory on alcohol and hot flashes?

GOOD GRIEF, I hadn't read ahead to see that was where you were going – I believe alcohol increases the severity of hot flashes some of the time, but not all of the time – am planning to look at this in the menopause “anti-trigger training” proposal I'm writing.

Is there any information from the WHI that gives any clarity about the risks and benefits of alcohol consumption?

Confess, I haven't read every paper that addresses this, but a lot of it is just more socioeconomic status-biased observational data, in my honest opinion – see the paper on alcohol and cognitive function by Espeland (with me among the authors somewhere).