

New study finds continued abstinence is key to increased survival from alcohol-related liver disease

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However, the downside is that up a quarter of people with alcohol-related cirrhosis die before they get the chance to stop drinking. Alcohol-related cirrhosis develops silently but usually presents with an episode of internal bleeding or jaundice - which is often fatal.

The study, led by Dr Nick Sheron, senior lecturer at the University of Southampton and consultant hepatologist at Southampton General Hospital, found that abstinence from alcohol is the key factor in long-term prognosis, even with relatively severe alcohol-related cirrhosis of the [liver](#).

The study appears in this month's *Addiction* journal. The aim was to determine the effect of pathological severity of cirrhosis on survival in patients with alcohol-related cirrhosis.

Liver biopsies from 100 patients were scored for the Laennec score of severity of cirrhosis between 1 January 1995 and 31 December 2000, and medical notes were reviewed to determine various clinical factors including drinking status.

Using up-to-date mortality data from the National Health Service Strategic Tracing Service, Dr Sheron found that drinking status was the most important factor determining long-term survival in alcohol-related cirrhosis of the liver.

He found that the degree of cirrhosis on biopsy had less impact on survival. Abstinence from alcohol at one month after diagnosis of cirrhosis was the more important factor determining survival with a seven year survival of 72 per cent for the abstinent patients against 44 per cent for the patients continuing to drink.

Dr Sheron, who has just been appointed as one of two internal advisors to the new Commons Health Select Committee on Alcohol, comments: "These findings illustrate the critical significance of stopping [alcohol intake](#), in alcohol-related cirrhosis but unfortunately the services needed to help these patients stay alcohol free simply do not exist in many parts of the UK.

"This study clearly confirms the common sense knowledge amongst hepatologists that the single most important determinant of long-term prognosis in alcohol-induced cirrhosis is for the patient to stop drinking.

"At the most simplistic level the successful management of alcohol-induced liver disease comprises two components; firstly to keep the patient alive long enough for them to stop drinking and secondly to maximise their chances of continued abstinence. A third and vital objective at a public health level is to prevent people developing alcohol-related [cirrhosis](#) in the first place. If we are to reduce liver mortality it would seem important to encourage and support [patients](#) to stop drinking, and to address the public health aspects of alcohol-related liver disease."

Source: Wiley ([news](#) : [web](#))

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