

Alcoholic cirrhosis patients had high prevalence of complications at diagnosis

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A recent study by Danish researchers discovered patients with alcoholic cirrhosis had a high prevalence of complications at the time of the disease diagnosis. Researchers noted that complications, such as ascites (excessive fluid in the abdomen), were predictors of mortality, but did not develop in a predictable sequence. Results of this 12-year mortality study appear in the May issue of *Hepatology*, a journal published by Wiley-Blackwell on behalf of the American Association for the Study of Liver Diseases (AASLD).

According to a 2004 report by the World Health Organization (WHO) an estimated 2 billion people worldwide consume [alcoholic beverages](#) with 76.3 million of those having alcohol-related disorders. Alcoholic cirrhosis (scarring of the liver) is one such disease, which can occur in 10%-20% of heavy drinkers after many years of frequent drinking. In 2000 the National Institutes of Health (NIH) listed cirrhosis as the 12th leading cause of death and the 4th primary cause of mortality in individuals between 45 and 54 years of age.

The research team led by Peter Jepsen, M.D., identified potential study participants from the Danish Cause of Death Registry, the Danish National Patient Registry, or from the Danish Pathology Registry. The cohort included 466 patients whose medical records indicated cirrhosis was due in part or fully to [alcohol abuse](#), who were diagnosed between January 1, 1993 and August 31, 2005, and who had not previously been examined for suspected cirrhosis. Participants were between the ages of 27 and 84, were 71% male and 79% consumed alcohol.

Results showed that at diagnosis of alcoholic cirrhosis, 24% of patients had no complications, 55% had ascites alone, 6% had variceal bleeding alone, 4% had ascites and variceal bleeding, and 11% had liver encephalopathy (hepatic coma). One-year mortality was 17% among patients with no initial complications, 20% following variceal bleeding alone, 29% following ascites alone, 49% following ascites and variceal bleeding (from the onset of the later of the two complications), and 64% following hepatic encephalopathy. The 5-year mortality ranged from 58% to 85%. After 1 year the risk of complications was approximately 25% and 50% after 5 years for all patients without hepatic encephalopathy.

"Our findings demonstrate that alcoholic cirrhosis patients have a high prevalence of complications at the time of their diagnosis," said Dr. Jepsen. "These complications are strong predictors of 1-year mortality, but not of the risk of developing more complications. Due to the random sequence of complication development the clinical course of alcoholic cirrhosis cannot be determined based on the presence or absence of particular cirrhosis complications," Dr. Jepsen concluded.

More information: "The clinical course of alcoholic liver cirrhosis: A Danish population-based cohort study." Peter Jepsen, Peter Ott, Per Kragh Andersen, Henrik Toft Sørensen, Hendrik Vilstrup. *Hepatology*; Published Online: March 10, 2010 ([DOI: 10.1002/hep.23500](https://doi.org/10.1002/hep.23500)); Print Issue Date: May 2010.

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