

New insights into treatment options for patients suffering from severe alcoholic hepatitis

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Results from two French studies presented today at the International Liver Congress 2010 press conference will help inform clinical practice in the treatment of patients with severe or acute alcoholic hepatitis.

The first study demonstrated the positive potential of performing [liver transplantation](#) for patients suffering from severe alcoholic hepatitis (SAH) earlier than the recommended 6-months rule (required minimum of recorded abstinence for an alcoholic patient to be eligible for a [liver transplant](#)). Indeed, those patients who do not respond to treatment with [steroids](#) have a 6-month survival of around 30% and most deaths actually occur within 2-months. The results show that early liver transplantation could be proposed to non-respondents, pending a very careful evaluation of selected patients.

Acute alcoholic hepatitis (AAH) however, is an absolute contraindication for liver transplantation. It has a low survival rate, with mortality remaining at around 35% at 6 months despite corticoid treatment, the current standard of care for the condition. The second study presented today will help inform a potential new treatment option for those patients who do not respond to standard treatment with corticoid. Data demonstrated that treatment with combined corticoids plus N-acetyl cysteine (C+NAC) showed an increase in survival rates. There have been few, large, well-designed trials advocating the use of N-acetyl cysteine to slow progression of liver disease. This latest study adds

to the growing body of evidence in the benefits of treatment with C+NAC in patients with acute liver disease.

Professor Philippe Mathurin from the Hôpital Huriez, CHRU Lille, France who presented the results commented: "Whilst the management of alcoholic [hepatitis](#) is steeped in controversy, as clinicians we have a responsibility to treat these patients in the most effective way possible, and as researchers we have a mandate to highlight new options.

These latest results across large patient cohorts are the sort of clinical studies that are vital to help guide best practice in the treatment pathway for difficult-to-treat patients with a challenging medical history. Alongside education and, ideally, prevention strategies we can achieve some successful outcomes."

More information: References:

Castel et al. Early transplantation improved survival of non-responders to corticosteroids in severe alcoholic hepatitis: a challenge of the 6 month rule of abstinence. Abstract presented at The International Liver Congress™ 2010

Nguyen-Khac et al. Treatment of severe Acute Alcoholic Hepatitis (AAH) with Corticoids plus N-Acetyl Cysteine (C+NAC) versus Corticoid alone (C): a multicenter, randomized control trial. Abstract presented at ILC 2010.

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Lucey M et al. Alcoholic Hepatitis. *N Engl J Med* 2009; 360: 2758-2769

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