

Alcoholic liver disease is more aggressive than other chronic liver diseases

August 24 2010

Many diagnostic and treatment options have been developed for chronic liver disease during the last 40 years, yet their influence on survival remain unclear. A new study of the prognosis for patients hospitalized for liver diseases between 1969 and 2006, and of differences in mortality and complications between patients with alcoholic and non-alcoholic liver diseases, has found that the general prognosis for patients hospitalized with chronic liver diseases has not improved.

Results will be published in the November 2010 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"The most effective changes in treatment for [chronic liver disease](#) during the last 40 years are, in my opinion, combination treatment for hepatitis C and treatment with prednisolone and azathioprine for autoimmune hepatitis," said Knut Stokkeland, an instructor in the department of medicine at Visby Hospital in Sweden and corresponding author for the study. "In addition, new diagnostic tools such as endoscopic examinations, computed tomography, MRI, and ultrasound have probably increased our possibilities to detect early disease and the development of cirrhosis."

Stokkeland added that the key difference between alcoholic and non-alcoholic liver disease is [alcohol](#) dependence (AD), which almost all patients with [alcoholic liver disease](#) have. "AD increases the risks of social problems, being a smoker, and severe psychiatric diseases," he

said. "It also inhibits staying sober, which may stop disease progression."

Stokkeland and his colleagues used data from the Swedish Hospital Discharge Register and Cause of Death Register between 1969 and 2006 to both identify and follow up with a cohort of 36,462 patients hospitalized with alcoholic liver diseases and 95,842 patients hospitalized with non-alcoholic liver diseases.

"The main finding of Dr. Stokkeland's study is the much increased [mortality](#) risk of having an alcohol- versus a non-alcohol-related liver disease," observed Johan Franck, a professor of clinical addiction research at Karolinska Institutet in Sweden. "Thus, patients with alcohol-induced liver diseases should receive more attention, and they should routinely be offered treatment for their alcohol-use disorder. Presumably, the various treatment systems involved - such as hepatology versus substance-abuse care - may not be very well coordinated and this may present an area for improvement."

Stokkeland agreed. "This may be caused by the fact that hospitalized patients with [alcoholic] liver disease have such a severe liver disease that no effort may change their prognosis," he said. "I hope this study will motivate clinicians and scientists in the field of hepatology and gastroenterology to design clinical studies to see if any changes in care-taking of our patients with alcoholic liver disease may change their severe prognosis. We must also focus on treating their AD so that they may stop drinking."

"Given that alcohol doubles the risk of having a serious liver disease," added Franck, "efforts to reduce alcohol drinking will likely have a positive impact on the disease's outcome."

Provided by Alcoholism: Clinical & Experimental Research

Citation: Alcoholic liver disease is more aggressive than other chronic liver diseases (2010, August 24) retrieved 4 May 2024 from <https://medicalxpress.com/news/2010-08-alcoholic-liver-disease-aggressive-chronic.html>

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