

Study identifies factors which predict alcohol use after liver transplantation

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Patients who receive a liver transplant due to alcoholic liver disease need to demonstrate periods of abstinence and often attend addiction treatment before transplantation. However, alcohol use disorders can recur, as can other diseases requiring transplantation, and thus alcohol use after liver transplantation is not uncommon. A new study published today in the *American Journal of Transplantation* reveals that those at highest risk to drink alcohol post transplant, especially in patterns that will damage their health, can be identified potentially preventing relapse.

Researchers led by Andrea DiMartini, MD, of the University of Pittsburgh Medical Center, collected data on [alcohol consumption](#) following liver transplantation for alcoholic liver disease in 208 patients transplanted between May 1998 to August 2004.

Alcohol relapse rates following [liver transplantation](#) are low, especially when compared to the general population. Of the 208 patients, 54% had no reported alcohol use post surgery.

However, among the remaining patients who did drink alcohol again, certain patterns emerged. Two patterns show early onset of alcohol use, one moderate and one accelerating to heavy use. These patterns show that for some patients, resumption occurs early following transplantation and recipients can quickly lose control over their drinking. For others, moderate to heavy alcohol use can begin years post surgery, showing that clinical monitoring for alcohol use should extend well beyond the first one to two years post-LTX.

The researchers found that the length of sobriety prior to surgery is the most powerful predictor of return to alcohol use, e.g. shorter sobriety conferring higher risk. Additionally, stresses immediately following surgery would increase the risk of alcohol use. Those more likely to drink were experiencing more problems overall, were more stressed, reported worse health, and had more pain and less energy.

"Our findings will aid clinicians in early monitoring and identification of patients at risk for alcohol use," DiMartini notes. "With improved methods to identify those at high risk, and effective treatments for alcohol use disorders, we can keep the relapse rates low and get patients into proper treatment before they injure their health."

More information: A. DiMartini, M.A. Dew, N. Day, M.G. Fitzgerald, B.L. Jones, M.E. deVera, and P. Fontes. Trajectories of Alcohol Consumption Following Liver Transplantation. American Journal of Transplantation 2010; 10: 1-8.
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