Chronic hepatic diseases generate high costs to Europe

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Two studies presented at the International Liver Congress 2012 show the true impact that liver disease has across Europe. One highlights the financial cost of liver disease to the community and the second highlights the high mortality rates associated with cirrhosis.

A naturalistic, multicenter, retrospective, Cost of Illness study (COME) was developed to assess costs occurring in 1,088 patients over six months. Patients enrolled had liver diseases including hepatitis C, cirrhosis, hepatitis B, hepatic carcinoma and other hepatic diseases (cholestasis, NASH etc.). The study found that liver disease cost the EU on average at least €644.77 per patient per month.(1) Hospitalisations account for 50.6% of the overall mean direct costs per month, with treatment accounting for 41.2% of costs.(1) In addition, patients and family caregivers lost an average of 1.15 days per patient per month of productivity, an important indirect cost.

EASL Vice Secretary Professor Markus Peck-Radosavljeic commented: "These results demonstrate the real life costs involved in the treatment and ongoing management of patients with liver disease. Liver disease is an increasing problem and having concrete information on the financial impact can help us plan our treatment strategies more effectively and more importantly, might engage health authorities more to invest into preventive action like reducing harmful alcohol consumption and fight obesity."

The study concludes that although treatment costs account for just over

40% of direct costs, the use of efficient treatments is necessary to reduce worsening of patients' health, direct and indirect costs.

In a separate study the EASL-CLIF consortium report that 28 day mortality for Acute-on-Chronic liver failure (ACLF) is 35.5%.(2) The consortium set out to address questions around ACLF, a poorly defined syndrome characterized by acute deterioration of cirrhosis, representing a main cause of hospitalisation and death. At present, no diagnostic criteria and information on prevalence, pathogenesis or prognosis are available. The consortium aimed to develop a new score (CLIF-SOFA, derived from the existing sequential organ failure assessment score) to assess the severity and number of organ failures.

1,379 patients, admitted to 29 hospitals due to complications of cirrhosis, were enrolled in this observational prospective European CANONIC study. Data presented at The International Liver Congress™2012 reports on results of the first 920 cases.

Four grades of ACLF were identified:

- ACLF-1: renal failure or a nonrenal organ failure associated with creatinine 1.5-2 mg/dL and/or grade I-II encephalopathy
- ACLF-2: 2 organ failures
- ACLF-3: 3 organ failures
- ACLF-4: 4-6 organ failures

The overall prevalence of ACLFwas 22.6% with twenty-eight-day mortality of ACLF patients at 35.3% compared (but as high as 85.7% in ACLF-4 patients) to only 4.1% in patients without ACLF. ACLFoften developed in patients with previously compensated (21%) or recently decompensated (Hepatitis, TIPS, paracentesis without albumin and surgery were infrequent precipitating events. In about 20% of cases no

precipitating event was identified. ACLF was associated with an inflammatory reaction (both in infected and not infected patients) as estimated by increased WBC and plasma C-reactive protein levels.

More information: References:

1. Fagiuoli S, et al, Societal burden in patients with Chronic Hepatic Diseases: the COME study results. Abstract presented at the International Liver Congress 2012.

2. Moreau R, et al, DIAGNOSIS, PREVALENCE, AND PROGNOSIS OF ACUTE-ON-CHRONIC LIVER FAILURE (ACLF): RESULTS OF THE EASL-CHRONIC LIVER FAILURE (CLIF) CONSORTIUM CANONIC STUDY. Abstract presented at the International Liver Congress 2012.

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