

Research sheds light on chronic liver disease

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Cirrhosis related ascites is a common and complex medical condition associated with increased morbidity, mortality, healthcare utilisation, and reduced quality of life. It is estimated that up to 0.5 per cent of the general population have cirrhosis and according to the World Health Organisation it is the 6th leading cause of death worldwide.

While other [chronic diseases](#) such as [heart failure](#) are well managed by a range of health professionals and a dedicated ambulatory care service, there is no comprehensive model of care for people living with [cirrhosis](#).

Published recently in the prestigious *American Journal of Gastroenterology*, a team of researchers at Monash University and Monash Health have shown for the first time that early intervention using [diuretic therapy](#) or paracentesis (removing fluid from the abdomen) for patients with cirrhosis and ascites significantly reduces hospital readmission and mortality.

According to Dr Suong Le, gastroenterologist and lead researcher: "Cirrhosis, or scarring of the liver, is commonly caused by alcohol and viral hepatitis. 50% of cirrhosis patients develop ascites, the most common complication of this debilitating disease."

Ascites is the build-up of fluid in the abdomen and results from scarred liver tissue unable to filter substances in the body.

"Some of our patients present in the emergency department looking like they're nine months pregnant; they can't breathe; they can't walk and

they're extremely sick. We often drain 5 to 10 litres of fluid from their abdomen," Dr Le said.

While there is no cure for cirrhosis related ascites other than liver transplantation, it can be managed to improve quality of life.

"Our study found that giving patients diuretics as early as possible lowers 90-day mortality, and early paracentesis lowers 30-day hospital admission rates," Dr Le said.

Senior author and Monash University Professor of Medicine William Sievert said 70 per cent of patients initially hospitalised for new onset cirrhotic ascites were being readmitted within 90 days because of recurrent ascites.

"People with cirrhotic ascites have a higher mortality rate than those with cirrhosis who have never developed ascites, and 30 day readmission was a very strong predictor of 90 day mortality," said Professor Sievert, who is also Director, Gastroenterology and Hepatology Unit at Monash Health.

"We found that if patients had a paracentesis within 30 days of the diagnosis of ascites or during their initial hospitalisation then those patients were significantly less likely to be readmitted for recurrent ascites and that early initiation of diuretics significantly lowered the risk of mortality at 90 days."

"Adherence to these two quality of care indicators had the greatest benefit for patients, which was especially important given that 40% of the unplanned 30-day readmissions were to the ICU," said Professor Sievert. Dr Le said there's a lack of awareness in the community about cirrhosis and patients and medical staff need to be educated that these simple and early interventions will extend and significantly improve

quality of life.

"One of the most shocking findings of our study was that 58% of patients did not even know they had liver disease until they presented to hospital with ascites," Dr Le said.

"These patients have previously had no formal diagnosis—cirrhosis is a long process, taking 10 to 20 years to develop and progress."

More than 300 patient records were analysed for the research study, revealing that most [patients](#) with the disease were men who lived alone, with a mean age of 57 years.

The Monash research team included Dr Phil Ha, Dr Lukas Sahhar, Dr Julian Lim and Dr Tony He, all of whom were medical students when the project commenced.

Provided by Monash University

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