

COVID-19 pandemic sees increased consults for alcohol-related GI and liver diseases

May 14 2021

Inpatient consults for alcohol-related gastrointestinal (GI) and liver diseases have surged since the beginning of the COVID-19 pandemic and remained elevated, according to research selected for presentation at Digestive Disease Week (DDW) 2021. The proportion of patients that required inpatient endoscopic interventions for their alcohol-related GI and liver diseases has also increased, highlighting an apparent worsening trend in the severity of disease.

"When we went into lockdown, many people experienced significant negative impacts, such as social isolation, job loss and an increase in anxiety and depression," said Waihong Chung, MD, Ph.D., lead researcher of the study and a research fellow for the Division of Gastroenterology at the Warren Alpert Medical School of Brown University, Providence, Rhode Island. "These experiences may have led people to increase their alcohol consumption, which could explain why we are seeing a surge in the volume of consultations for alcohol-related diseases."

Researchers conducted a hospital system-wide audit of all inpatient GI consults performed during the lockdown and re-opening phases in Rhode Island during the COVID-19 pandemic. The data was compared to the same timeframe in 2019 to determine the degree of changes in disease burden for alcohol-related GI and liver conditions.

While the total number of all GI consults declined by 27 percent during lockdown—due to restrictions on hospital visits—the proportion of



consults for alcohol-related GI and liver diseases increased sharply by 59.6 percent, including alcohol-related forms of hepatitis, cirrhosis, pancreatitis and gastritis, researchers found. In comparison, there were no significant changes in the proportions of consults for non-alcohol-related liver diseases, biliary obstruction/injury, inflammatory bowel diseases or gastrointestinal bleeding.

"In further analysis, we noted that during the lockdown phase, the majority of admission for alcohol-related GI and liver diseases clustered around weeks five, six and seven of lockdown," Dr. Chung said. "This timeframe mirrors the length of time it takes for symptoms to appear for these diseases, suggesting the start of the pandemic may have had an impact on patients' alcohol consumption."

In the reopening phase, the total volume of all GI consults was restored to full pre-pandemic levels and the proportion of consults for alcohol-related GI and <u>liver</u> diseases remained highly elevated by 78.7 percent. Furthermore, patients presenting with alcoholic hepatitis more than doubled (127.2 percent) compared to 2019 and those requiring inpatient endoscopic procedures were considerably higher (34 percent vs. 12.8 percent).

Because many people who have alcohol-related diseases are not admitted to a hospital right away, researchers believe health problems related to increased alcohol consumption could be even higher in the community. They encourage <u>primary care physicians</u> and gastroenterologists to double-down on questioning patients about their <u>alcohol consumption</u> to identify anyone who might need help sooner rather than later.

"Validated screening tools, such as the CAGE questionnaire [for alcohol use], only take a minute to administer and offer reasonable sensitivity and specificity for alcohol use disorders," Dr. Chung suggested.



The National Institute on Alcohol Abuse and Alcoholism defines heavy drinking as consuming more than four drinks on any day or more than 14 drinks per week for men; and consuming more than three drinks on any day or more than seven drinks per week for women.

"Alcohol-related GI or <u>liver diseases</u> may cause sudden weight gain, yellowing of the skin, confusion, fatigue, decreased appetite, black stool and/or severe abdominal pain," said Dr. Chung. "I encourage anyone who is experiencing these symptoms as well as anyone who is concerned about his or her own drinking to see a physician as soon as possible."

Provided by Digestive Disease Week

Citation: COVID-19 pandemic sees increased consults for alcohol-related GI and liver diseases (2021, May 14) retrieved 27 April 2024 from https://medicalxpress.com/news/2021-05-covid-pandemic-alcohol-related-gi-liver.html

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