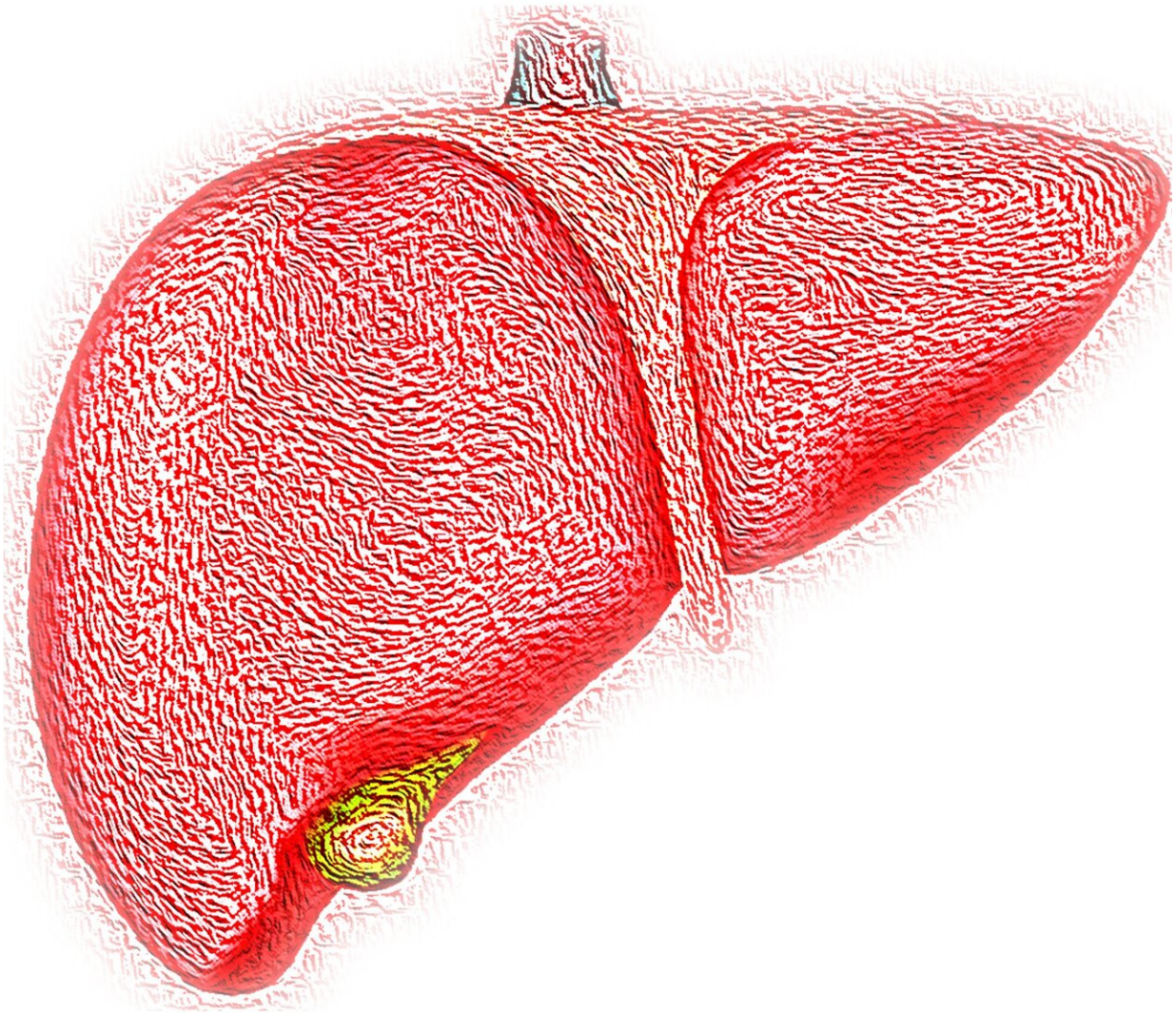


Study finds admissions for alcoholic hepatitis rose 50 percent in early months of the pandemic

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In new research published in *Liver International*, researchers at Henry Ford Health System have found that people hospitalized for alcoholic hepatitis—a life threatening liver disease fueled by alcohol use—increased a staggering 50 percent in the early months of the COVID-19 pandemic.

Researchers said the role of gender and race had no meaningful impact on the spike in admissions.

The findings add to the growing body of research and surveys that have shown more people were turning to alcohol to cope with the stresses of the pandemic and the health implications that followed. A 54 percent surge in national alcohol sales were reported during the first week of pandemic alone.

Humberto Gonzalez, M.D., a Henry Ford transplant hepatologist in the Department of Gastroenterology and the study's lead author, described the findings as alarming.

"This is an eye opener for how much the increase in [alcohol use](#) has affected us as a community," Dr. Gonzalez said. "Being hospitalized for alcoholic [hepatitis](#) changes the severity of the problem. We need to work on coping strategies for this never-ending health crisis."

Alcoholic hepatitis, or AH, often occurs after years of regular, heavy alcohol use. It has also been associated with bouts of binge drinking. More than 120,000 people are hospitalized with AH each year and the

average 28-day mortality rate is 26 percent. The condition leads to early liver and kidney failure and rapid multi-organ failure.

Nationally, it's estimated that alcohol-related deaths have more than doubled between 1999 and 2017.

Dr. Gonzalez and his team of researchers sought to examine the impact of the pandemic on alcoholic hepatitis admissions between May 2020 and September 2020 compared to the same time period from 2016-2019. Hospitalizations were defined as patients newly admitted for alcoholic hepatitis. Mortality was not part of this study, though researchers said it may be a focus of future research.

Dr. Gonzalez said they chose the six-month time frame because patient transfers had resumed after being paused due to the overwhelming number of hospitalizations in the first surge of the pandemic from March to April 2020.

Key findings of the study:

- 93 patients were hospitalized for alcoholic hepatitis between May and September 2020 compared to 244 between 2019-2016. That averages out to 18.6 hospitalizations a month compared to the 12.2 percent, or a 50 percent increase.
- The average age of people hospitalized in the 2020 group was 47 years compared to 45 in the other group.
- 45 percent of women accounted for the most admissions in the 2020 group compared to 41 percent in the other group.

"We did not observe a significant difference between sex, race or age and the increased rate of hospitalizations in 2020," Dr. Gonzalez said.

Currently, there is no cure for alcoholic hepatitis and there are also no

FDA-approved treatments. Treatment using steroids and the drug pentoxifylline to reduce liver inflammation caused by excessive drinking has not shown to have long-term benefit. Even for those who stop drinking, the damage to the liver may be irreversible. Liver transplantation, in many cases, is the only viable option to survival.

Dr. Gonzalez said an early warning sign of alcoholic hepatitis are jaundice, a yellowing of the skin or whites of the eyes, and a buildup of fluid that causes swelling in the abdomen and lower extremities.

Dr. Gonzalez said a follow-up study will look at alcoholic hepatitis hospitalizations in 2021 when vaccines were introduced and government and business restrictions were lifted. "We'll be looking to see if these developments had any impact on the volume of these admissions," he said. "My suspicions tell me yes, but we'll have to see what the data tells us."

More information: Humberto C Gonzalez et al, Alcohol-related hepatitis admissions increased 50% in the first months of the COVID-19 pandemic in the US, *Liver International* (2022). [DOI: 10.1111/liv.15172](https://doi.org/10.1111/liv.15172)

Provided by Henry Ford Health System

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