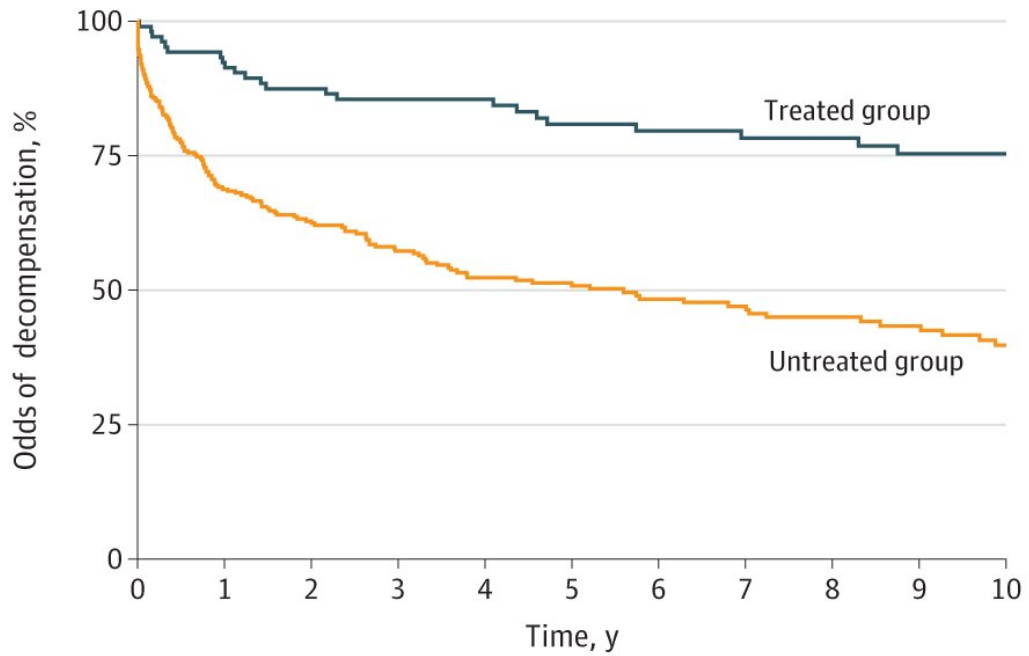


Can medications for excessive alcohol use help prevent and treat alcohol-related liver disease?

May 23 2022

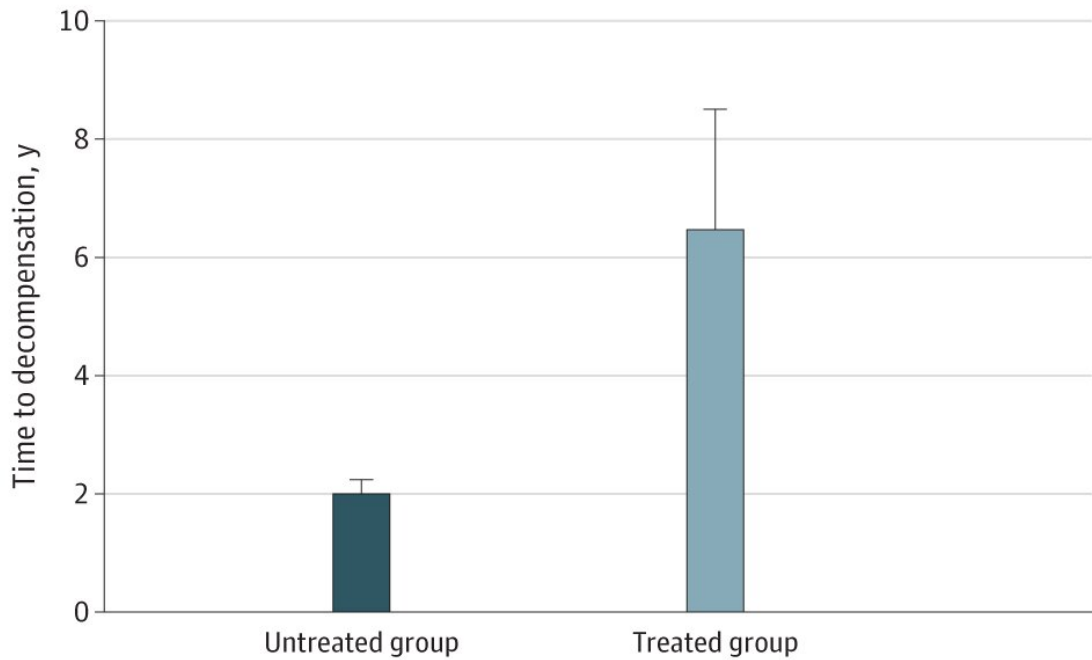
A Kaplan-Meier analysis of association between treatment and decompensation



No. at risk

Treated group	105	97	89	84	77	69	62	60	56	52	48
Untreated group	301	193	164	137	111	95	76	70	61	51	41

B Mean time to decompensation in untreated group vs treated group



Association of medical addiction therapy for alcohol use disorder with odds of hepatic decompensation within 10 years after cirrhosis diagnosis. Credit: *JAMA Network Open* (2022). DOI: 10.1001/jamanetworkopen.2022.13014

Excessive alcohol consumption can harm the liver, causing a range of conditions from relatively minor liver damage to serious problems such as cirrhosis and liver cancer—all of which fall under the umbrella of alcohol-associated liver disease (ALD). Though medications that help patients reduce their alcohol intake exist, they are widely under-prescribed.

New research led by investigators at Massachusetts General Hospital (MGH) and published in *JAMA Network Open* suggests that receiving medications that reduce [alcohol consumption](#) may lower the risk of ALD among individuals with [alcohol use disorder](#), and also slow disease progression in patients already diagnosed with ALD.

The retrospective study analyzed information from the Mass General Brigham Biobank, an ongoing research initiative that has been recruiting patients since 2010. Among 9,635 patients with alcohol use disorder who were included in this study, 1,135 (11.8%) had ALD and 3,906 (40.5%) were treated with medications for alcohol use disorder, including disulfiram, acamprosate, naltrexone, gabapentin, topiramate, and baclofen.

Among participants without ALD, those who received medications for alcohol use disorder had a 63% lower odds of later developing ALD than untreated patients (over an average follow-up of 8.8 and 9.2 years after diagnosis of alcohol use disorder in untreated and treated patients, respectively). Such treatment was also linked with a 59% lower risk of disease progression in patients who had already been diagnosed with

cirrhosis. Associations between different drugs and such outcomes varied, however.

"Our findings indicate that [medical treatment](#) for excessive alcohol use may have a meaningful role to play in preventing [liver disease](#)," says lead author Augustin Vannier, BA, research fellow at the MGH Alcohol Liver Center.

"While prospective randomized [clinical trials](#) are warranted to determine the true benefits of addiction medications for alcohol abuse disorder for the prevention and treatment of ALD, we are hopeful that these results will provide further support for the use of medical therapy for alcohol, which tends to be underutilized," adds Jay Luther MD, Director of the MGH Alcohol Liver Center and an assistant professor of Medicine at Harvard Medical School.

More information: Augustin G. L. Vannier et al, Incidence and Progression of Alcohol-Associated Liver Disease After Medical Therapy for Alcohol Use Disorder, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.13014](#)

Provided by Massachusetts General Hospital

Citation: Can medications for excessive alcohol use help prevent and treat alcohol-related liver disease? (2022, May 23) retrieved 4 May 2024 from <https://medicalxpress.com/news/2022-05-medications-excessive-alcohol-alcohol-related-liver.html>

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