

Liver transplant patients with prior drinking problems can do well after transplantation, new study finds

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A new USC study shows that liver transplant patients with established alcohol abuse issues prior to transplantation can do as well as, or better than, others who receive new livers—a finding that challenges

longstanding selection criteria.

"The assumption has been that liver failure patients who continue to use alcohol are poor transplant candidates because they aren't motivated to take care of the donor organ," said senior author Brian Lee, a liver transplant hepatologist at Keck Medicine of USC. "However, that view is not supported by the data."

The study appears today in *The American Journal of Gastroenterology*.

The persistent scarcity of donor organs means that doctors must make [difficult decisions](#) while screening potential transplant candidates for those most likely to thrive. However, some seemingly common-sense inclusion or exclusion criteria are not backed by hard data, Lee said.

For example, many centers mandate six months of sobriety before transplantation, even though research shows such abstinence is no guarantee against post-transplant drinking. Doctors also view strong support networks as a plus when evaluating transplant candidates, though research hasn't confirmed the importance of that factor.

Too sick to survive mandated six months of sobriety

USC does not mandate six months of sobriety. Such a delay in transplantation can be a [death sentence](#) for some patients, Lee said. That's especially true of those diagnosed with end-stage liver disease who were heavy drinkers but had no prior symptoms.

"With the extraordinary rise in both listings and completed transplants for alcohol-associated hepatitis in the setting of the COVID-19 pandemic, the need to explore the appropriateness of selection criteria is more relevant than ever," Lee said. "This study will ideally serve as a foundation for ongoing debate among liver transplant providers and

teams to improve selection and post-transplant practices as well as encourage a revision to national transplant policies."

This study looked at 241 [liver transplant patients](#), including 31 who continued using alcohol against doctors' advice after being diagnosed with alcohol-related hepatitis. The other 210 patients received transplants for sudden, unexpected liver failure resulting from heavy drinking.

"The [conventional wisdom](#) was that these patients who continued drinking were more at risk for bad outcomes and were possibly more likely to return to drinking after transplant," said first author Matthew Dukewich, a gastroenterology fellow at USC. "Perhaps they had more recalcitrant addiction, which would be difficult to overcome after transplant."

Both groups had high 3-year survival rate

The researchers found a higher risk of death and resumption of drinking among transplant patients who continued drinking after a liver disease diagnosis. However, three-year [survival rates](#) were still high in both groups: 78% for those with a history of continued drinking after liver disease diagnosis, versus 85% for those with sudden liver failure. Most patients in both groups were able to stop [drinking](#) completely after transplant.

These survival rates are similar to those of patients transplanted for [liver cancer](#), who account for 25% of total [liver transplant](#) recipients in the United States.

"We know that these patients are sick enough that if they weren't transplanted, only 30% would have survived three months," said Dukewich. "The study supports the idea that [liver transplant](#), even in this

patient population that was deemed high-risk, is life-saving, has merit, and should be studied further."

More information: Ethan M. Weiberg et al, Early Liver Transplantation for Severe Alcohol-Associated Hepatitis and a History of Prior Liver Decompensation, *The American Journal of Gastroenterology* (2022). [DOI: 10.14309/ajg.0000000000001901](https://doi.org/10.14309/ajg.0000000000001901). [journals.lww.com/ajg/Abstract/...for Severe.432.aspx](https://journals.lww.com/ajg/Abstract/...for_Severe.432.aspx)

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