

Alcohol use disorders - stronger predictor of mortality than chronic hepatitis C virus infection

25 April 2015

Results presented today at The International Liver Congress 2015, show that alcohol use disorders (AUD) have a serious, negative prognostic outcome with higher mortality risks in the general population and patients with hepatitis C virus (HCV) infection in particular.

The study found that chronic HCV infection has a limited impact on mortality, unless the patient also has other severe comorbidities, such as HIV infection, cancer or [chronic kidney disease](#). In contrast, those with AUDs are at significant risk of death with a higher mortality risk observed across all the study subgroups.

Michaël Schwarzinger, Director, THEN (Translational Health Economics Network) and Vincent Mallet, Professor of Hepatology, Université Paris Descartes and Assistance Publique—Hôpitaux de Paris, France, commented: "There is an epidemiological relationship between chronic HCV infection and AUD. However, the burden of chronic HCV infection analyses barely take into account the potential confounding role of AUD on prognosis. Our primary aim was to study the confounding role of severe comorbidities and AUD on prognosis in Hep C patients in a real-life setting."

Between 2008 and 2012, 28,953,755 adults residing in Metropolitan France were hospitalised and 1,506,453 died at hospital. All hospitalised patients were characterised by severe comorbidities and their trajectory was tracked according to chronic HCV infection and/or AUD. Chronic HCV infection was present in 112,146 (0.39%) of hospitalised patients, AUD in 705,259 (2.44%), and both chronic HCV infection and AUD in 23,351 (i.e., 20.8% AUD recorded in Hep C patients).

The researchers found that:

- Chronic HCV infection was mostly associated with higher mortality risks in the presence of severe comorbidities (e.g., HIV/AIDS, liver transplant receipt)
- In the absence of severe comorbidities, the prognostic value of chronic HCV infection was mostly explained by the presence of AUD (end-stage liver disease and mortality)
- More broadly, AUD was associated with higher mortality risks in all hospitalized patients, and alcohol withdrawal or abstinence was significantly associated with lower mortality risks

"These results show that alcohol use disorders are a much more accurate indicator of mortality in chronic HCV [infection](#), and highlight the need to encourage alcohol withdrawal and abstinence in all [patients](#)," said Professor Tom Hemming Karlsen, Scientific Committee Member, European Association for the Study of the Liver.

More information: THE COUNFOUNDING ROLE OF SEVERE COMORBIDITIES AND ALCOHOL USE DISORDERS ON PROGNOSIS IN CHRONIC HEPATITIS C VIRUS INFECTION: AN ANALYSIS OF THE 2008-2012 FRENCH NATIONAL HOSPITAL DISCHARGE DATABASE, The International Liver Congress 2015.

Provided by European Association for the Study of the Liver

APA citation: Alcohol use disorders - stronger predictor of mortality than chronic hepatitis C virus infection (2015, April 25) retrieved 27 November 2021 from <https://medicalxpress.com/news/2015-04-alcohol-disorders-stronger-predictor.html>

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