

BACKGROUND MEDIA INFORMATION

Alcoholic liver disease: A grave concern for Europe

The liver is responsible for breaking down alcohol so that it can be removed from the body. Alcohol can damage or even destroy liver cells and, even though the liver can regenerate and repair itself, drinking more alcohol than the liver is able to process can lead to serious damage and loss of function. Alcoholic liver disease or alcohol-related liver disease (ALD) is damage to the liver caused by excessive alcohol consumption, which usually takes place over a period of years.

According to the World Health Organization, Europe is the heaviest drinking region in the world in terms of the prevalence of alcohol consumption; therefore ALD is an important issue for Europe to address.¹

Types of alcoholic liver disease

ALD is a complex disease that encompasses a spectrum of conditions, including:²

- Simple steatosis (accumulation of fat in the liver).
- Alcoholic fatty liver disease (or alcoholic steatohepatitis).
- Alcoholic hepatitis (inflammation of the liver).
- Cirrhosis (irreversible scarring of the liver).
- Development of liver cancer.

While many people who consume more than 60 grams of alcohol a day (equivalent to half a bottle of wine or more than a litre of beer) will develop steatosis, only a minority will go on to develop the more serious condition of alcoholic fatty liver disease and only between 10% and 20% will develop cirrhosis.² Specific genetic factors have been shown to influence the risk of developing liver disease linked to alcohol consumption.³

The consequences of ALD can be grave. Severe alcoholic hepatitis is life-threatening and people who develop cirrhosis and fail to stop drinking have less than a 50% chance of living for five years.⁴

Burden of disease

- In 2010, liver cirrhosis, as a result of ALD, was responsible for 493,300 deaths (156,900 female deaths and 336,400 male deaths) worldwide.⁴
- Alcohol-attributable liver cancer was responsible for 80,600 deaths, with approximately four times as many deaths in men compared to women.⁴
- ALD is the most prevalent cause of advanced liver disease in Europe.²
- Alcohol consumption is responsible for 6.5% of all deaths in Europe and 11.6% of disability-adjusted life-years (DALYs) lost due to premature death from alcohol.²
- Europe shows particularly large sex differences in burden of disease: the deaths attributable to alcohol are 11% for men, yet only 1.8% for women.
- Young people also account for a disproportionate amount of this disease burden, with over 10% and 25% of alcohol-related deaths in female and male youths respectively.²
- Trends in liver cirrhosis mortality over the past 30 years vary quite a lot throughout Europe.²

- About half the European countries (including Austria, France, Germany, Italy, Portugal, Spain, Hungary and Romania) have experienced sharp declines in liver cirrhosis mortality.
- Other countries such as Finland, Ireland, the United Kingdom and a large number of Eastern European countries have increasing rates.

Risk factors

Intake of alcohol is the biggest risk factor for ALD:⁵

- The risk of liver disease increases significantly for men who drink more than 40 grams of alcohol a day for more than 10 years.
- The development of cirrhosis is usually associated with consumption of more than 80 grams of alcohol a day for more than 10 years.
- People who drink in excess of 230 grams of alcohol a day for 20 years have approximately a 50% risk of developing liver cirrhosis.

However, not all chronic alcohol abusers develop liver disease and factors beyond alcohol intake, such as sex, genetic factors and nutrition, are thought to be involved:⁵

- Women are more susceptible to ALD than men even when body size is taken into account.
- The fact that ALD often runs in families suggests that genetic causes play a part in its development.
- Both obesity and a diet that is high in unsaturated fat are risk factors for ALD.
- Other factors, such as infection with the hepatitis C virus, also play a part in ALD risk.

Management of alcoholic liver disease

- Abstinence from alcohol improves the clinical outcomes of all stages of ALD and is therefore a critical goal for patients with ALD.²
- First-line therapy in patients with severe alcoholic steatohepatitis includes corticosteroids.²
- The first complication of alcoholic cirrhosis is typically ascites. Other complications include jaundice, variceal bleeding and hepatic encephalopathy and these patients are particularly prone to bacterial infections.²
- EASL recommends screening for hepatocellular carcinoma for any patient with liver cirrhosis, as well as alcohol-induced damage in other organs including the heart, kidney, nervous system and pancreas.²
- Some patients with acute alcohol-related hepatitis can be treated with liquid food supplements to ensure they receive enough nutrition and help to reduce inflammation of the liver.⁶
- In patients with liver failure that has not improved after both treatment and long-term and reliable abstinence, a liver transplant may be considered.⁶ The transplant community and transplant hepatologists are currently re-evaluating the guidelines, to take into consideration limited resources and scarcity of organ donation.
- The most cost-effective policies to reduce harm caused by alcohol are those that reduce the availability of alcohol, either through pricing policies, hours and places of sale, and implementing minimum age purchase laws.²

EASL is taking action to address ALD in Europe

EASL is involved in a wide range of public affairs initiatives aimed at raising awareness amongst European decision makers about the need to tackle liver disease in a comprehensive manner. In November 2014, EASL took part in the second *Awareness Week on Alcohol-Related Harm*, which brought together leading European medical and patient organisations to identify policy gaps relating to alcohol at both European and national levels.

References

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