

BACKGROUND MEDIA INFORMATION

Alcoholic liver disease: A grave concern for Europe

One of the functions of the liver is to break down alcohol so that it can be removed from the body.¹ Alcohol can damage or even destroy liver cells and, although 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.¹ Alcoholic liver disease or alcohol-related liver disease (ALD) is damage to the liver caused by excessive alcohol consumption.²

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.³

Types of alcoholic liver disease

ALD is a complex disease that encompasses a spectrum of conditions, including:⁴

- 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)
- 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 between 10 to 20% will develop cirrhosis⁴. Specific genetic factors have been shown to influence the risk of developing liver disease linked to alcohol consumption⁴.

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.²

Burden of disease

- In 2016, liver cirrhosis, as a result of ALD, was responsible for 1,254,000 deaths (171,400 female and 416,700 male deaths) worldwide⁵
- Alcohol-attributed liver cancer is responsible for 80,600 deaths, with approximately four times as many deaths in men compared to women⁵
- ALD is the most prevalent cause of advanced liver disease in Europe⁴
- In 2016, alcohol consumption was responsible for 3 million deaths or 5.3% of all deaths globally and 107.7 million disability-adjusted life-years (DALYs) lost due to ill health, disability or premature death from alcohol³.
- Europe shows particularly large gender differences in ALD burden: deaths attributable to alcohol are 7.6% for men, yet only 2.6% for women³
- Young people account for a disproportionate amount of ALD disease burden, with over 13.5% amongst those aged 20-39³
- Trends in liver cirrhosis mortality over the past 30 years vary throughout Europe:
 - 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:¹

- 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 in men is usually associated with consumption of more than 80 grams of alcohol a day for more than 10 years
- Men 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 gender, genetic factors and nutrition, are thought to be involved:¹

- Women are more susceptible to ALD than men, even when body size is taken into account
- ALD often runs in families and therefore 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 these patients⁴
- First-line therapy for severe alcoholic steatohepatitis includes corticosteroids⁴
- The first complication of alcoholic cirrhosis is typically ascites, which is an abnormal accumulation fluid in the abdominal cavity. Other complications include jaundice, variceal bleeding and hepatic encephalopathy and these patients are particularly prone to bacterial infections⁴
- EASL recommends screening for hepatocellular carcinoma for patients with liver cirrhosis, as well as alcohol-induced damage in organs including the heart, kidney, nervous system and pancreas⁴
- Some patients with acute alcohol-related hepatitis can be treated with liquid food supplements to provide nutrition while helping to reduce inflammation of the liver⁶
- A liver transplant may be considered for patients who have liver failure that has not improved after both treatment and long-term alcohol abstinence.⁶
- 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 laws⁴

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 2016, EASL took part in the fourth Awareness Week on Alcohol-Related Harm (AWARH), which brought together leading European medical and patient organisations to identify policy gaps relating to alcohol at both European and national levels. EASL also hosted a monothematic conference to coincide with AWARH, on the theme of Nutrition in Liver Disease. The conference addressed the role of nutrition as a risk factor and therapeutic option in ALD and other liver diseases.

References

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