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Summary

Multidisciplinary clinics in ALD: Alcohol use and liver disease complications management

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Hepatobiliary

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Alcohol-related liver disease is the leading cause of liver-related mortality and transplant indication in Europe and the United States, but early detection and alcohol reduction at any disease stage can improve outcomes and even reverse decompensated cirrhosis.

KEY POINTS

- The speaker reported that in a multicenter study of over 600 patients with decompensated cirrhosis, one-third of those who stopped drinking recompensated within five years, demonstrating substantial treatment effect.
- Almost a quarter of patients with decompensated cirrhosis die within 60 days and more than 60% within five years, as stated by the speaker.
- The speaker emphasized that any reduction in alcohol consumption at any disease stage improves prognosis, even if complete cessation is not achieved.
- Phosphatidylethanol, a blood biomarker reflecting 2-4 weeks of alcohol consumption, identified harmful drinking in 58% of patients classified as having alcohol-related liver disease and 38% classified as having metabolic dysfunction-associated steatotic liver disease, according to a study of 2000 people cited by the speaker.
- The speaker taught that assessment should include three pillars: alcohol evaluation using Audit-C and biomarkers, accurate diagnosis, and staging with non-invasive tests, with FIB-4 above 1.3 requiring confirmatory testing.
- The speaker recommended considering anti-craving medications and brief motivational interviewing, stating that these interventions are effective and can be learned by hepatologists.

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