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Summary

Alcohol and TIPS - an unholy alliance?

Caroline Schwarz

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Endoscopy | IBD

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In a retrospective study of 248 alcohol-related liver disease patients who underwent TIPS, the speaker reported that ongoing alcohol use post-TIPS was identified as an independent risk factor for acute-on-chronic liver failure and liver-related death, though TIPS may still reduce portal hypertension complications even in patients who continue drinking.

KEY POINTS

- About one third of the 248 TIPS patients continued or restarted drinking alcohol during a median 30-month follow-up, and this group had significantly higher rates of acute-on-chronic liver failure and liver-related mortality compared to abstinent TIPS patients.
- The speaker stated that in multivariable analysis adjusting for age, MELD score, portal pressure gradient, and other factors, ongoing alcohol use post-TIPS remained an independent risk factor for acute-on-chronic liver failure and liver-related death.
- When comparing alcohol-using patients who received TIPS to those who continued drinking without TIPS, the speaker reported no difference in acute-on-chronic liver failure or mortality, but TIPS recipients had lower rates of recurrent ascites, variceal bleeding, and spontaneous bacterial peritonitis.
- The speaker acknowledged that retrospective alcohol use assessment was a major limitation and called for prospective studies using standardised questionnaires and biomarkers to identify which alcohol-related liver disease patients benefit from TIPS.
- The speaker recommended multidisciplinary post-TIPS support programs involving hepatology, psychiatry, diabetology, physical activity, and social reintegration to optimise long-term outcomes in alcohol-related liver disease.

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