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Summary

ALCOHOL ABUSE DOES NOT IMPACT IN OUTCOMES OF NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING

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UEG Week Vienna 2024 | Poster

Oesophagus

October 13, 2024

In non-cirrhotic patients with non-variceal upper gastrointestinal bleeding, alcohol abuse does not worsen acute clinical outcomes, with comorbidity burden and bleeding severity being the only independent predictors of mortality.

KEY POINTS

- A retrospective analysis of 892 non-variceal upper gastrointestinal bleeding cases at a Spanish tertiary hospital from 2013 to 2022 found no difference in need for intervention or in-hospital mortality between alcohol abusers and non-alcohol consumers.
- Alcohol abusers were younger (median age 56 vs. 66 years), predominantly male (95.6% vs. 64.1%), and had fewer comorbidities including lower rates of chronic renal disease, heart failure, and diabetes compared to non-alcohol consumers.
- In multivariate analysis, only ASA score 3-4 (OR 4.17) and MAP(ASH) score (OR 7.61) were independent risk factors for acute mortality, not alcohol consumption.
- At six months, delayed mortality and cardiovascular events were more frequent in the non-alcohol group (8.2% vs. 3.1% and 8.9% vs. 2.3% respectively), likely reflecting their higher baseline comorbidity burden.
- This study addresses a gap in the literature as previous data included cirrhotic patients, and provides evidence relevant to clinicians managing non-cirrhotic patients with non-variceal upper gastrointestinal bleeding.

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