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Summary

Optimised management of alcohol-related liver disease: From alcohol rehabilitation to liver transplantation

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Surgery | Radiology & Imaging | Immunology | Hepatobiliary

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The speaker presented a comprehensive approach to alcohol-related liver disease management emphasizing that early stages carry poor prognosis, alcohol use disorder treatment is underutilized but safe and effective across all disease stages, and liver transplantation including for non-responding alcohol-related hepatitis significantly improves survival.

KEY POINTS

- The speaker stated that patients with alcohol-related steatosis have marked increase in mortality compared to the general population, with a study of over 30,000 individuals showing approximately 40% probability of dying from liver-related conditions in five years.
- The speaker's meta-analysis found that medications for alcohol use disorder were safe and efficacious even in advanced liver disease, not associated with higher adverse event rates, yet these medications remain largely underused especially in advanced disease.
- Standard of care for compensated disease includes abstinence, alcohol use disorder treatment, comorbidity control, and HCC surveillance; the speaker noted a rifaximin trial showed lower fibrosis progression rates though it was negative for the primary endpoint of fibrosis regression.
- Corticosteroids remain the only consistently proven treatment for severe alcohol-related hepatitis (40mg prednisone/prednisolone for 28 days with Lille score at day seven), though the speaker noted they are underused particularly in the US and Asia.
- The speaker stated that three major studies demonstrated massive survival improvement with liver transplantation for non-responding alcohol-related hepatitis, including good outcomes even in patients who relapsed to alcohol use post-transplant.

– Approximately 10% of transplant candidates with alcohol-related cirrhosis may experience recompensation with treatment and abstinence, potentially resolving the transplant indication.

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