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Summary

THE ASSOCIATION BETWEEN ALCOHOL INTAKE AND INCIDENT MAJOR ADVERSE LIVER OUTCOMES REMAINS STABLE IN REPEATED POPULATION-BASED COHORTS OVER TWO DECADES

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In a Finnish population cohort of 34,756 participants followed from 1992 to 2012, the association between alcohol intake and major adverse liver outcomes remained stable despite a tripling of diabetes and high waist-hip ratio prevalence.

KEY POINTS

- The hazard ratio for major adverse liver outcomes per 100 g/week increase in alcohol was 1.28 (95% CI 1.19–1.38) in 1992 and 1.33 (95% CI 1.17–1.52) in 2012, with no significant interaction over time (p-interaction=0.94).
- Adjustment for metabolic risk factors did not attenuate the alcohol-MALO association, with hazard ratios remaining essentially unchanged across all five survey waves (1992, 1997, 2002, 2007, 2012).
- Diabetes prevalence increased from 4% to 11% and high waist-hip ratio from 11% to 35% over the 20-year period, while alcohol consumption patterns showed only modest changes.
- The association between alcohol intake and all-cause mortality weakened over time, from HR 1.17 (95% CI 1.12–1.22) in 1992 to HR 0.99 (95% CI 0.89–1.10) in 2012 (p-interaction=0.027).
- The findings suggest that increasing metabolic burden has not modified the association between alcohol intake and liver outcomes at the population level.

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