Avoiding Acute Alcoholic Hepatitis

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1. INTRODUCTION

Excessive alcohol consumption is the 3rd leading preventable cause of death in USA. 87% of American adults have a history of alcohol consumption and 25% of them meet the criteria for heavy drinking. Alcoholic liver disease (ALD) is one of the main causes of chronic liver disease in USA, accounting for nearly half of cirrhosis related deaths.

2. What’s Too Much Alcohol?

>3 drinks a day
Binge drinking: >5 drinks in 2 hours

>2 drinks a day
Binge drinking: >4 drinks in 2 hours

3. Definition

ALD is a spectrum of liver damage and alcoholic hepatitis (AH) can occur at any stage.
AH is the presence of clinical symptoms and lab findings in a patient with history of alcohol use after other causes are ruled out.

4. Clinical Manifestation

Symptoms
Jaundice, anorexia, fever, proximal muscle wasting, abdominal pain or distension due to ascites in a chronic alcoholic person

Labs
- Elevated AST and ALT (typically < 300 IU/L)
- AST:ALT ratio ≥2
- Elevated bilirubin
- Elevated gamma-glutamyl transferase (GGT)
- Elevated international normalized ratio (INR)
- Abdominal imaging may suggest steatosis, underlying cirrhosis, or ascites

5. Disease Severity

- Scoring systems to assess the severity of AH and identify high risk patients that may benefit from steroid administration
- Maddrey discriminant factor ≥32
- Lille score predicts mortality in patients not responding to steroid therapy after 7 days
- Glasgow alcoholic hepatitis score ≥9
- MELD >20 for cirrhosis

6. Why is Alcoholic Hepatitis Bad?

- Ascites: Most common cause of hospital admission
- 15% of patients will die in 1 year and 44% in 5 years
- Gastroesophageal Varices: Present in 50% of patients at diagnosis
- Most lethal complication of cirrhosis
- Mortality rate at 6 week is ≈ 20%

- Hepatic Encephalopathy: 30-45% of cirrhotics

- Hepatocellular Carcinoma: Annual incidence of is ≥ 3%-5%

- Hepatorenal Syndrome: 18% develop it at 1 year and 39% at 5 years

8. PREVENTION

Alcohol abstinence improves survival at all stages of liver disease

- Pharmacological therapies:
  - Baclofen (y-amino butyric acid agonist) is effective in preventing alcohol relapse
  - Started at 5mg TID and increased at a 3-5 day interval with a maximum dose of 15mg TID

- Non-pharmacological therapies:
  - Motivational interviewing is a non-judgmental and non-confrontational technique to increase patient awareness; for example using the 5-A model:
    1. Ask about use
    2. Advice to quit/reduce
    3. Assess willingness
    4. Assist to quit
    5. Arrange follow up
  - Cognitive behavioral therapy is a goal directed form of psychotherapy in which patient learns how their thought process affects his/her behavior

Early detection of early alcohol use disorder in the primary care setting using the Alcohol Use Disorders Inventory Test (AUDIT-c)

- Algorithm for diagnosis of alcohol use disorder (AUD) using AUDIT tool and on management of early alcoholic liver disease (ALD)