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Alcohol and Liver Disease

Liver NORTH
LIVER PATIENT SUPPORT

information leaflet 4
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The liver is remarkably resilient and symptoms related to alcohol-related liver disease do not develop until there is significant injury. Too often, patients do not go to see their doctor until the disease is very advanced. The good news is that, with complete abstinence, this liver disease can often improve.

This leaflet is designed to help you understand the impact that alcohol can have on your liver. It is aimed at patients who have just been told they have liver disease but could also serve as a brief guide to relatives or the general public on the harm caused by alcohol. We will discuss the types of alcohol-related liver disease and explain some terms you may have heard in clinic. We will then deal with symptoms, investigations and outcomes (or prognosis).

After this will be a section on treatment. Finally we will define some patterns of hazardous drinking and offer some advice on how you can reduce your risk of developing alcohol-related liver disease.

Types of alcohol-related liver disease

Alcohol-related liver damage does not come on overnight. It normally takes many years to develop, but it can be caused by consistent moderate drinking.

In simple terms there are three stages to alcohol-related liver disease:

1. **Fatty liver:** When alcohol is broken down, the liver can store this as fat. If you drink more alcohol than the liver can deal with, fat can accumulate within the liver. This stage can cause abnormal blood tests but does not usually cause many symptoms. Fortunately, a fatty liver can reverse when alcohol is taken away. However, if you do not reduce the amount of alcohol you drink, then more serious liver damage can develop.
2. **Alcohol-related hepatitis:** Sustained heavy drinking can result in alcohol-related hepatitis. This is when the liver becomes swollen and inflamed. Severe cases need admission to hospital and treatment. This can be a very serious illness, leading to liver failure and even death.
3. **Cirrhosis:** Initially, the liver is able to repair itself, but when subjected to ongoing damage, from long term alcohol excess, for example, this can lead to scar tissue (fibrosis) being formed. If this continues, eventually the scar tissue becomes irreversible and the liver becomes scarred and shrunken (cirrhosis). If people continue to drink when they have cirrhosis, the liver will fail to function sufficiently and "decompensate". This term is used by liver specialists to mean the onset of jaundice, ascites (swollen abdomen due to water retention) and confusion. Those with cirrhosis may also vomit up blood from varices (bleeding, swollen internal veins) and may develop liver cancer. Despite these potentially fatal complications, it is still possible for liver function to improve upon stopping drinking.

Symptoms of alcohol-related liver disease

In the early stages, you may not experience any symptoms. Indeed, many people with a fatty liver from alcohol may only find this out during tests for other illnesses. There are often no specific symptoms or warning signs until cirrhosis has developed.

Early symptoms:

- Discomfort over the liver (place your right hand over the lower right hand side of your ribs and it will just about cover the area of your liver).
- Tiredness
- Loss of appetite
- Sickness (nausea), especially in the mornings, often with diarrhoea

Later symptoms:

- Yellow eyes or, in more severe cases, yellow skin (jaundice)
- Vomiting blood
- Dark black, tarry, stools (faeces). This is called melaena and is usually due to bleeding in the oesophagus or stomach
- Weight loss
- Periods of confusion or poor memory
- Swelling of the abdomen ('tummy') and legs due to fluid retention.
- Easy bruising

If your doctor suspects you may have liver damage, he or she will look out for the following signs:

- Enlarged liver (felt by your doctor)
- Red and mottled palms
- Enlargement of the male breasts, which may be tender
- Swollen abdomen ('tummy') - ascites
- Thinning hair
- Muscle weakness

Tests for alcohol-related liver damage

If your doctor suspects you may have liver damage you may be sent to see a liver specialist (hepatologist) or a digestive disease specialist (gastroenterologist) for further tests. These may include:

- Blood tests (especially liver function tests)
- Scans – These can help visualise the shape, size and structure of the liver and can include Ultrasound (similar to those done for pregnant women), CT (Computed Tomography) or MRI (Magnetic Resonance imaging). Fibroscan is a type of ultrasound that can measure the stiffness of your liver.
- Endoscopy – where a thin tube, with a light and a camera at the end of it, is passed through your mouth into your stomach to look for bleeding or swollen blood vessels (varices) which can occur when the liver stiffness increases.
- Liver biopsy - where a small sample of your liver is taken for examination under a microscope. (This test is done under a local anaesthetic).

Please ask for leaflets on liver function tests, liver biopsy and liver ultrasound from your consultant or nurse.

Outcomes (Prognosis)

This depends on how badly the liver is damaged.

Fatty liver usually goes away if you stop drinking alcohol.

Alcohol-related hepatitis can also recover if you stop drinking alcohol. Unfortunately, people with serious alcohol-related hepatitis only have

a 50% chance of surviving beyond three months.

Cirrhosis never completely recovers. By stopping drinking you can stop more damage being done to your liver and, in some people, the liver can recover enough for jaundice and other features of decompensation (see above) to go away. Prognosis can be improved in some patients with liver transplantation.

Treatments

Stop drinking - This is the single most important treatment which prevents progression of the disease and can result in complete recovery in many cases. In all but the mildest cases, abstinence should be for life.

If you have alcohol-related liver damage, cutting down will only reduce the rate of damage. Although the symptoms may improve with cutting down, the liver disease is likely to get worse unless alcohol is stopped altogether. To find out about options available to support and help you cut down and stop drinking, please ask your GP, hospital staff or contact local alcohol services.

Diet - Eating well can play an important part in helping your liver recover. If you have alcohol-related liver damage it is likely that you may lack vitamins, in particular vitamin B and your doctor may prescribe vitamin supplements.

Other treatments

Nutrition – If your liver is severely damaged, you may benefit from oral nutritional supplements or enteral feeding (through a feeding tube into the stomach) to help your liver recover.
Steroids – If you are admitted to hospital with severe alcohol-related hepatitis you may be recommended a course of steroids, which can dampen down the inflammation within the liver. However, they can make you more susceptible to infection and do not work in all cases, so they are not used routinely. There are ongoing clinical trials to try and determine whether additional or alternative treatments may be better – and you may be asked if you would like to take part.

Liver Transplant - For some people with cirrhosis that has not improved after stopping alcohol, liver transplantation is an option. A liver transplant is a major operation; your liver is removed and replaced with a donor liver. Only those whose liver condition fails to improve after a period of complete abstinence (usually six months) are considered potential transplant candidates. If you continue to drink alcohol and do not show commitment to life-long abstinence, liver transplantation will not be an option.

Prevention

Of course, the best option is not to develop alcohol-related liver disease in the first place. Avoiding alcohol altogether is the safest (but not everyone's favourite) option. If you are going to drink alcohol there are certain rules to follow to avoid liver disease.

1. Do not drink too much. Stick to the healthy limits shown below.

2. Drink alcohol with meals rather than on its own.
   This may reduce the risk of liver disease.

3. Have at least two alcohol free nights a week.
   Gives the liver a "rest".

4. Eat a healthy diet and stay slim.
   Obese people are more likely to get liver disease
   than thin people with the same amount of alcohol.

5. Drink coffee.
   Some evidence suggests this may protect the liver
   slightly but it is not enough on its own!

UK Government's advice on healthy drinking

The Department of Health recommends that:

- ➡ Both men and women should not drink more than 14 units of alcohol per week.
- ➡ Both men and women should not drink more than 2-3 units of alcohol in 24 hours.
- ➡ Everyone should have at least two alcohol free days every week.

In the UK, one unit of alcohol is 10mls (8g) of pure alcohol. ABV (alcohol by volume) is a measure of the amount of pure alcohol as a percentage of the total volume of liquid in a drink and will be found on the label. Most labels will also tell you how many units per drinks container. In general, one unit is roughly equivalent to: A half pint of average strength (3.5% vol) beer or a 125ml glass of wine (a small or standard size) or one standard pub measure of spirits (25ml) or 25ml of fortified wine, such as sherry or port. However, be aware that the abv may be much higher in some drinks than others.

Drinking with other liver diseases

People with any liver condition should be very cautious about drinking alcohol. Drinking advice will vary from person to person, even with the same condition. If you are unsure whether it is okay for you to drink, talk to your doctor.

Who can help me to cut down?

Local alcohol services - Please ask your GP or hospital staff for contact details.

AA (Alcoholics Anonymous) - National Helpline: 0800 9177650

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