

Alcohol and Liver Disease

The liver is extremely resilient and symptoms related to alcoholic 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 that 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 alcoholic 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 alcoholic liver disease.

Types of alcoholic liver disease

Alcoholic liver damage does not come on overnight. It normally takes 10 to 20 years to develop, but it can be caused by consistent moderate drinking.

In simple terms there are three stages to alcoholic liver disease:

1. **Fatty liver:** Alcohol causes your liver to “get fat”. This can come on over a few days and can cause abnormal blood tests and right sided tummy pain. Fortunately it reverses when alcohol is taken away.
2. **Alcoholic hepatitis:** Several years of moderate to heavy drinking can result in alcoholic hepatitis. The liver becomes swollen and inflamed. Severe cases need admission to hospital and treatment.
3. **Cirrhosis:** Usually the liver is able to repair itself, but when subjected to ongoing damage, from long term drinking for example, it becomes scarred and shrunken. Patients that continue to drink when they have cirrhosis can “decompensate”. This term is commonly used by liver specialists to mean the onset of yellow jaundice, ascites (or a swollen belly due to water retention) and confusion. Patients with cirrhosis are also prone to vomiting up blood from varices (bleeding, swollen internal veins) and liver cancer. In spite of these potentially fatal complications it is still possible for liver function to improve if the patient stops drinking. If the liver does not improve after a period off alcohol, liver transplantation is an option in some cases.

Symptoms of alcoholic liver disease

As discussed above, the first sign of a problem may be when the liver is already badly damaged. The symptoms can be quite vague initially, but later in the disease more specific symptoms and signs may appear.

Vague symptoms:

- Pain 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.

Specific 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 tummy and legs due to fluid retention.
- Itching.
- Fever – possibly with shivering attacks.

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.
- Partly white fingernails.
- Enlargement of the male breasts, which may be tender.
- Swollen tummy.
- Thinning hair.
- Muscle weakness.

Tests for alcoholic 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 (also known as liver function tests)
- Ultrasound scans (similar to those given to pregnant women) to 'take a picture' 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.

- Liver biopsy, where a small sample of your liver is cut away 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 goes away if you stop drinking alcohol.

Alcoholic hepatitis can also recover if you stop drinking alcohol. Unfortunately, people with serious alcoholic 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 alcoholic 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.

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

Other treatments

There are two commonly used other treatments for severe alcoholic hepatitis. The first is steroids, these are prescribed for a month and can reduce the chances of dying by nearly half. Steroids work by damping down the inflammation in the liver. Another drug called pentoxifylline may also be used with similar effects. Currently there is a large national research trial (STOPAH) to work out which of these treatments, or both together, is best – you may be asked if you would like to take part.

For 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. Most people will have to have stopped drinking for at least six months before being accepted for a liver transplant.

Prevention

Of course, the best option is not to get alcoholic 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 has been shown to 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.
Wine drinkers get less liver disease than beer drinkers, probably related to their better diet. 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!

Government's advice on healthy drinking

The Department of Health recommends that:

- Men should not drink more than three units of alcohol in 24 hours.
- Women should not drink more than two units of alcohol in 24 hours.
- Everyone should have at least two alcohol free days every week.

A unit is a measurement of alcohol and is roughly equivalent to either: A half pint of average strength (3.5% vol) beer (Fosters, Carling Black Label) 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.

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?

AA (Alcoholics Anonymous) - Helpline: 0845 769 7555

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