Long-Term Management of Alcoholic Liver Disease

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KEYWORDS

- Alcoholic liver disease Varices Abstinence Recidivism
- Hepatocellular carcinoma

KEY POINTS

- The absolute key to the management of alcoholic liver disease is early recognition by the patient and the physician.
- Excessive alcohol consumption, ranging from drinking more than recommended amounts to abuse, is one of the most preventable causes of death and disability.
- The US Preventive Services Task Force guidelines recommend screening for alcoholism in the primary care setting.
- Abstinence is the cornerstone of therapy and it decreases mortality and morbidity significantly.
- Alcoholic cirrhosis can cause varices that need to be followed closely with upper endoscopy to prevent or treat hemorrhage.

INTRODUCTION

Most established gastroenterology practices in the United States that deal with liver disease look after many patients with alcoholic liver disease (ALD), with the data that approximately two-thirds of Americans drink some amount of alcohol. The absolute key to the management of ALD is early recognition by the patient and the physician that excessive daily alcohol intake is occurring (>60 g/d). It is striking how often patients will virtually deny significant alcohol intake until repeated questioning gets them to reveal the problem. Overly aggressive approaches to patients with probable overconsumption of alcohol can, however, be counterproductive. Indeed, the patient may leave the practice altogether. In any event, it can take a number of visits to identify heavy alcohol consumption. Many physicians do not really probe the situation critically and later discover severe alcohol abuse problems. Clearly, the sooner the alcohol

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consumption problem is identified, the better the chances are to avoid developing ALD and subsequent cirrhosis. In this review, we describe an approach to long-term management of ALD that is outlined in the algorithm in Fig. 1.

MANAGEMENT OF ALCOHOLISM Screening for Problem Drinking

Excessive alcohol consumption, ranging from drinking more than recommended amounts to abuse, is one of the most preventable causes of death and disability.³ Patients who drink more than 60 g/d are at risk for alcohol-related health problems. The US Preventive Services Task Force (USPSTF) guidelines recommend screening for alcoholism in the primary care setting.⁴ This is aimed at detecting and treating alcohol abuse at an early stage before significant liver disease has occurred.

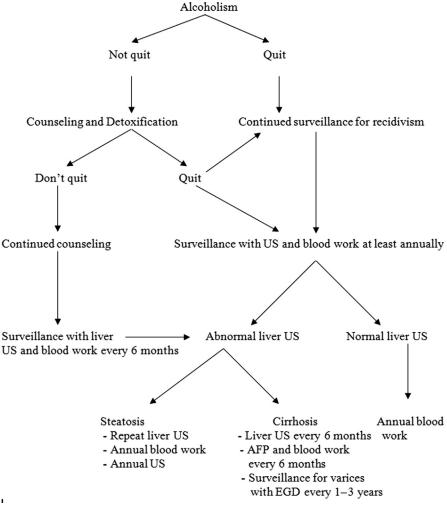


Fig. 1. Algorithm for long-term management of ALD. EGD, esophagogastroduodenoscopy; US, ultrasound.

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