### Accepted Manuscript

Association between beverage consumption and liver fibrosis

Hanwei Huang, Yisheng Huang

PII: S0168-8278(18)30001-1

DOI: https://doi.org/10.1016/j.jhep.2017.10.037

Reference: JHEPAT 6808

To appear in: Journal of Hepatology

Received Date: 19 September 2017 Revised Date: 1 October 2017 Accepted Date: 16 October 2017



Please cite this article as: Huang, H., Huang, Y., Association between beverage consumption and liver fibrosis, *Journal of Hepatology* (2018), doi: https://doi.org/10.1016/j.jhep.2017.10.037

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

## **ACCEPTED MANUSCRIPT**

# Association between beverage consumption and liver fibrosis

#### TO THE EDITOR:

We read with interest the study by Alferink *et al*<sup>1]</sup>, which is a questionnaire investigation among 2,424 participants in the general population, of whom 5.2% had significant liver fibrosis (SLF) defined as liver stiffness measurements  $\geq$  8.0 kPa. It concluded that the consumption of herbal tea, but not black or green tea, was related to the presence of lower liver stiffness, so as frequent coffee consumption ( $\geq$  3 cups/day), but not no or moderate coffee consumption (< 3 cups/day). Herein, we would like to raise the following comments:

In this study, the authors categorized the total coffee and tea consumption into no, moderate (1~3 cups/day), or frequent (≥ 3 cups/day) intake. Unlike coffee, the authors further divided tea into three subtypes: Green, black and herbal tea (no/any). Although collectively named as tea, different tea subtypes have distinct components and potential effects on human body, especially between green/black and herbal tea (mixture of leaves, seeds, roots or bark) [2]. The authors compared three different levels of coffee consumption and found a significant correlation between coffee consumption and SLF (P = 0.006, Table 1). For tea consumption, however, the authors did not conduct similar analyses based on classes defined by number of consumed cups (same as for coffee) for each one of the three types of tea. Instead, only a comparison on dichotomized data (no or any) was done and significant association was found between herbal tea consumption and SLF prevention (P =0.035). However, when we dichotomized coffee intake into no/any groups by combining the moderate and frequent coffee intake groups into "any intake" group and conducted a Chi-square test's analysis, the statistically significant correlation between coffee intake and SLF no longer existed (P = 0.143). Therefore, we are curious about what the results would be like if the authors compare tea consumption in the same way they did with coffee intake.

#### Download English Version:

# https://daneshyari.com/en/article/8729112

Download Persian Version:

https://daneshyari.com/article/8729112

<u>Daneshyari.com</u>