

# Acute Alcoholic Hepatitis



Patient-centred. Independent. Academic.

MEDICLINIC



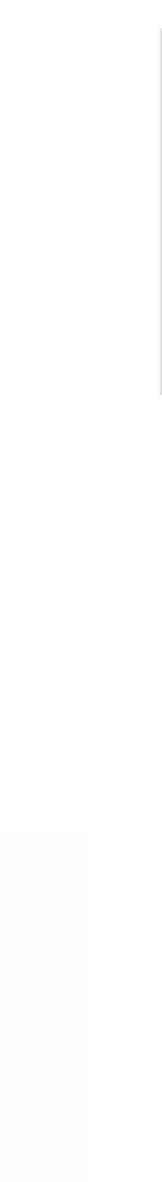
Time to consider Transplant

**Bilal Bobat** Liver Unit WDGMC



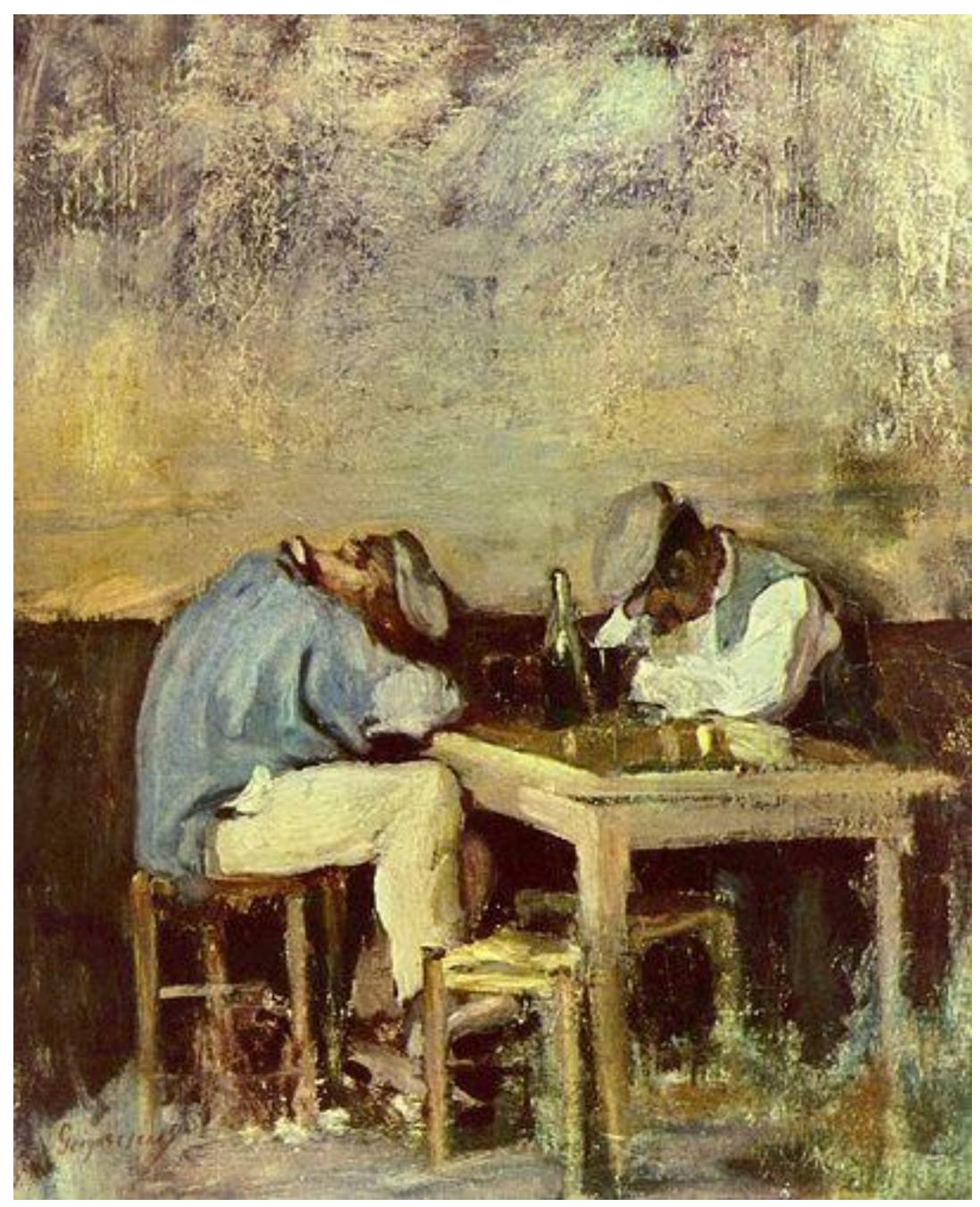


Progressive medicine, exceptional care.





- Alcohol Use Disorder
- Alcohol Associated Liver Disease
- Acute Alcoholic Hepatitis
- ACLF



Two Drinkers Nicolae Grigorescu



3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

4. Craving, or a strong desire or urge to use alcohol.

5. Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home.

6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.

7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.

8. Recurrent alcohol use in situations in which it is physically hazardous.

Alcohol Use Disorde 9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

> 10. Tolerance, as defined by either of the following:a.A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.b.A markedly diminished effect with continued use of the same amount of alcohol.

11. Withdrawal, as manifested by either of the following: a. The characteristic withdrawal syndrome for alcohol. b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

The presence of at least 2 of these criteria indicates an AUD. The severity of the AUD is defined as: Mild: The presence of 2 to 3 criteria Moderate: The presence of 4 to 5 criteria Severe: The presence of 6 or more criteria

Definition: A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

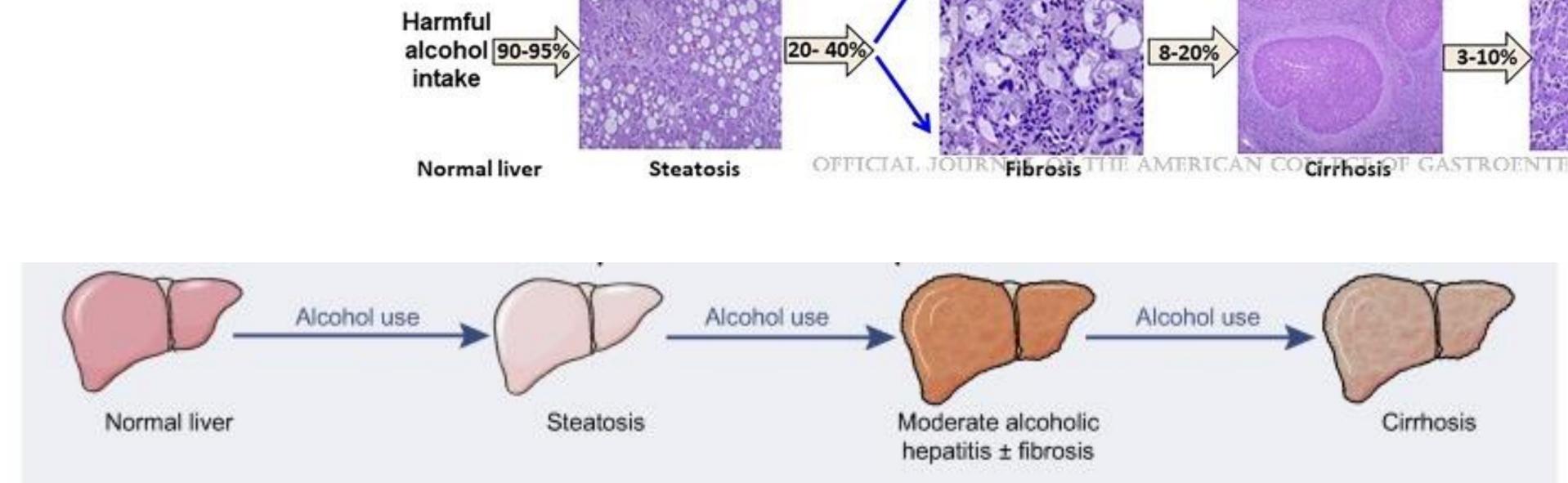
1. Alcohol is often taken in larger amounts or over a longer period than was intended.

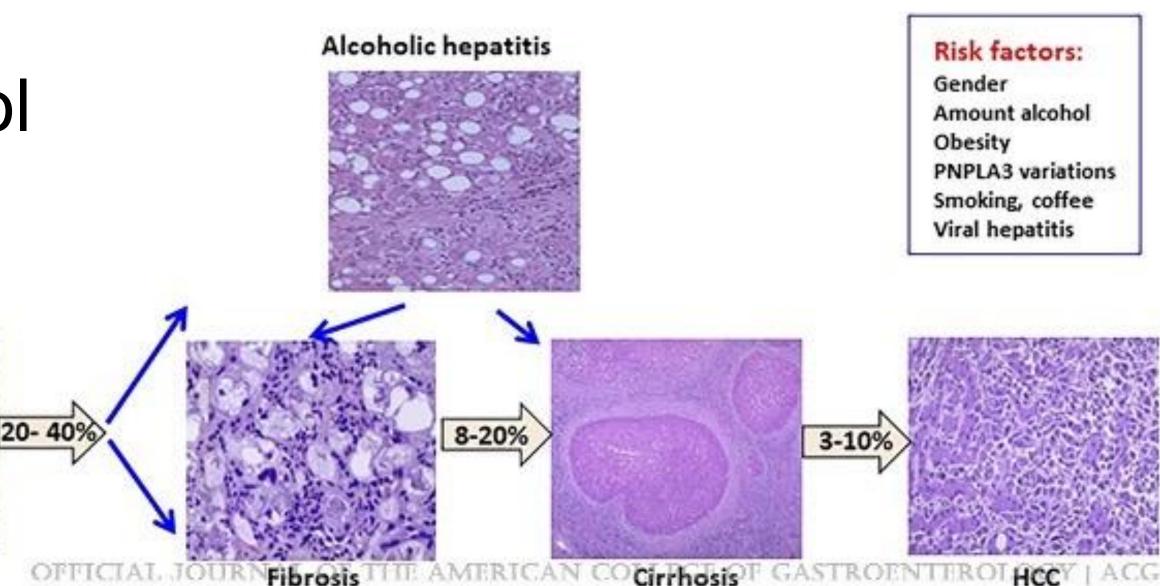
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.

Statistical tal **Л):** hol use **e** biological, nd social of which nber must he same d to liagnosis.

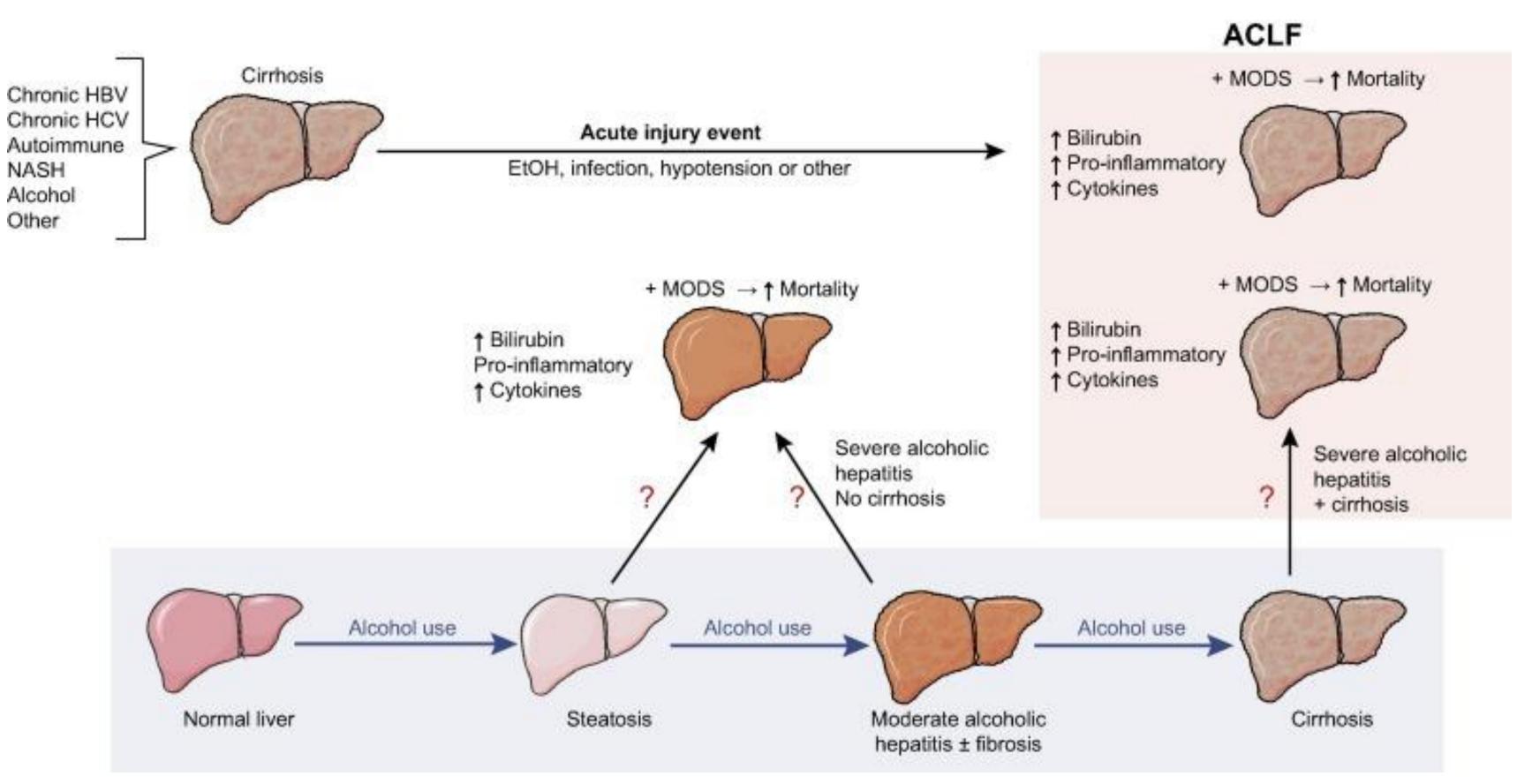
Alcohol Associated Liver Disease

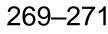
### Spectrum of Disease Complications include Acute Alcohol Hepatitis and ACLF





Alcohol Associated Liver Disease





## South Africa and Alcohol

• 47% Regular drinkers

Pamela J. Trangenstein, Neo K. Morojele, Carl Lombard, David H. Jernigan & Charles D. H. Parry

53% Heavy drinkers

- 3.5% increase in Alcohol use over the last 30 years
- to alcohol consumption

### Heavy drinking and contextual risk factors among adults in South Africa: findings from the International **Alcohol Control study**

Substance Abuse Treatment, Prevention, and Policy 13, Article number: 43 (2018) Cite this article

Global Burden of Disease Study 2020 reported 1.78 million deaths attributed





### **Alcohol Use Disorder and** management

- Few patients get help
- 22% of patients with AUD were offered Intervention

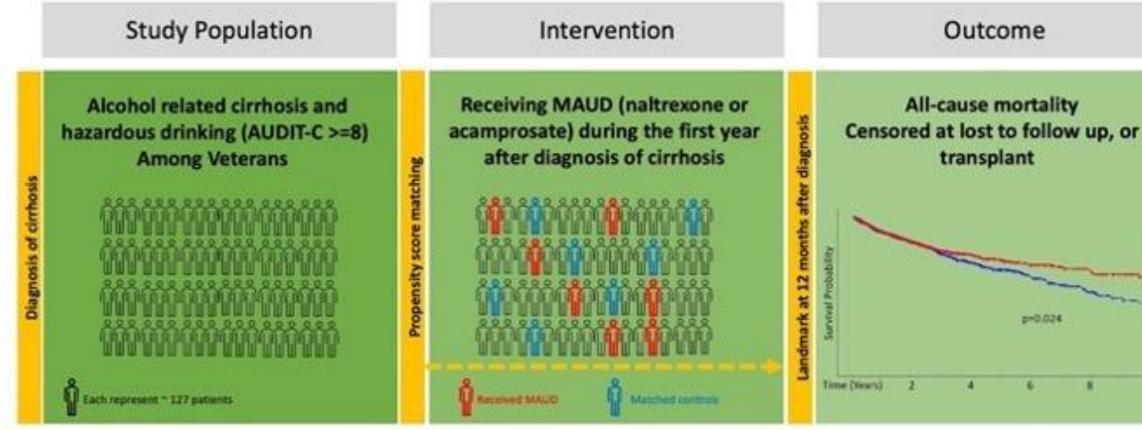
Prejudice and Stigma

CAGE or AUDIT

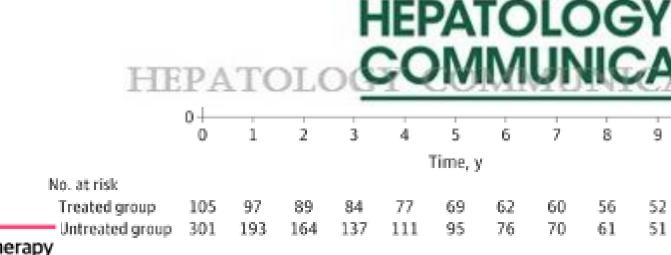
Table 2. Odds Ratios for the Development

Medical addiction therapy Any pharmacotherapy Gabapentin Topiramate Baclofen Naltrexone Disulfiram Acamprosate

### Medications for Alcohol Use Disorder (MAUD) Improve Survival in Alcohol Related Cirrhosis



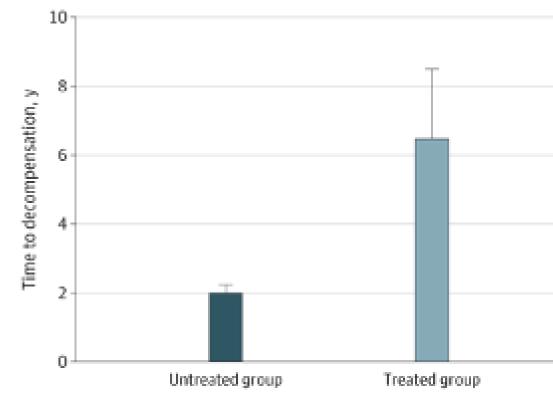
Rabiee, et al. Hepatol Commun. 2023.



of Alcohol-Associated Liver	Disease After	Medical	Addiction Therapy

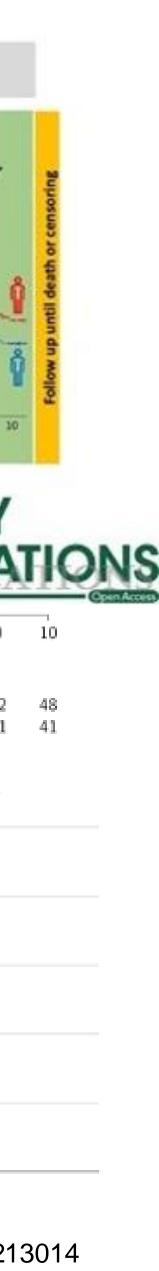
Adjusted odds ratio (95% CI)	P value
0.37 (0.31-0.43)	<.001
0.36 (0.30-0.43)	<.001
0.47 (0.32-0.66)	<.001
0.57 (0.36-0.88)	.01
0.67 (0.46-0.95)	.03
0.86 (0.43-1.61)	.66
2.59 (1.84-3.61)	<.001

B Mean time to decompensation in untreated group vs treated group



JAMA Netw Open. 2022;5(5):e2213014





## AUD Pathway

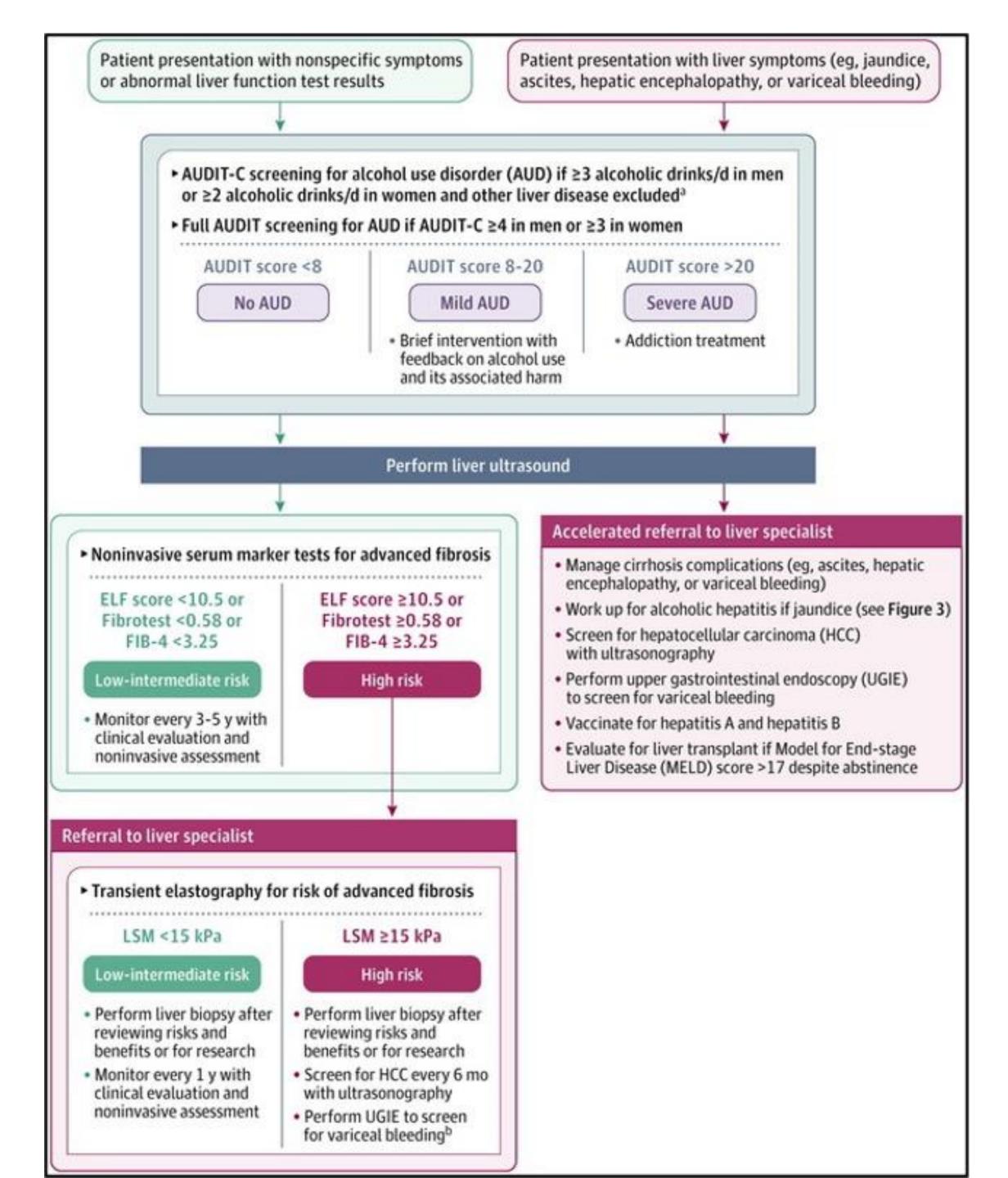
### Alcohol

### Scoring:

A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive. TOTAL

Questions	Scoring system						
Questions	0	1	2	3	4	score	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	44 times per week		
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+		
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		

Questions	Scoring system						
Questions	0	1	2	3	4	score	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekdy	Daily or almost daily		
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year		
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year		

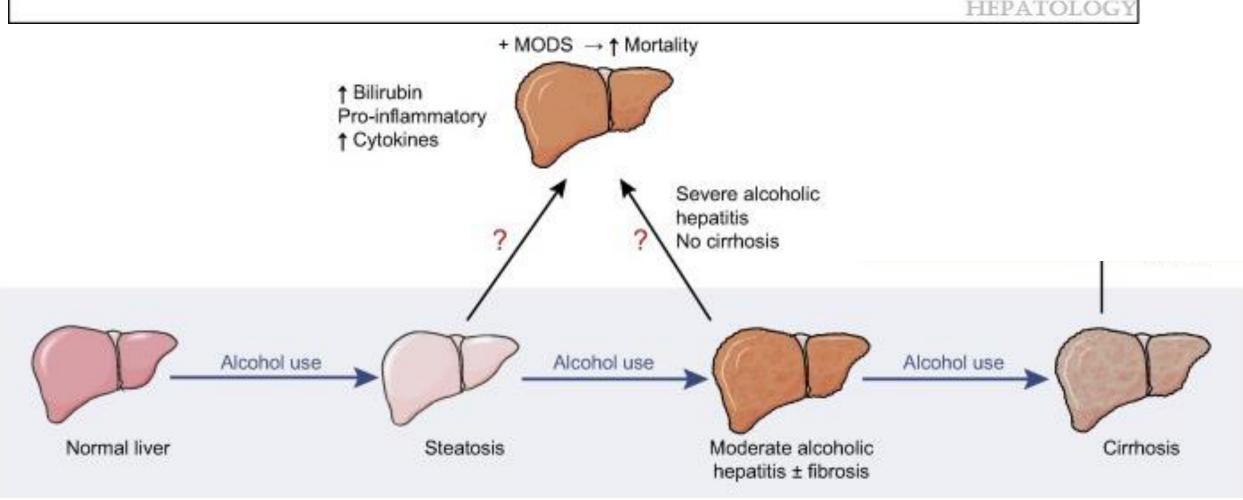


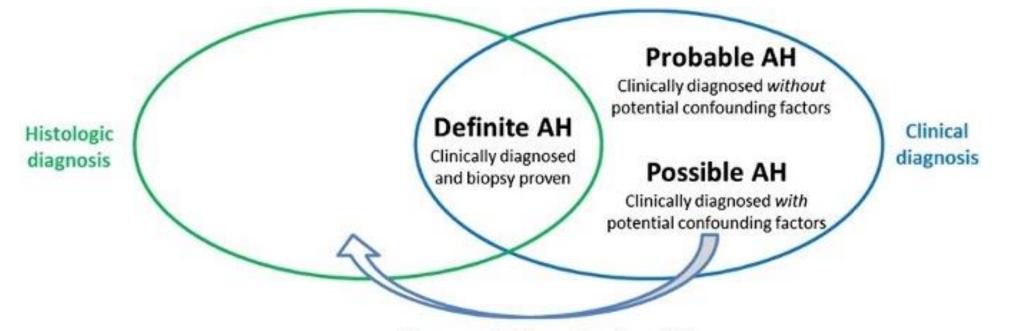
### **Severe Acute Alcohol Hepatitis**

Abrupt onset of	liver
failure	

Sudden onset of jaundice in an individual with recent active alcohol use

It is defined by set clinical, biochemical and histological criteria





Biopsy needed for confirmation of AH

### Clinical diagnosis of AH

- Onset of jaundice within prior 8 weeks
- Ongoing consumption of >40 (female) or 60 (male) g alcohol/day for ≥6 months, with <60 days of abstinence before the onset of jaundice
- AST >50, AST/ALT >1.5, and both values <400 IU/L</li>
- Serum total bilirubin >3.0 mg/dL

### Potential confounding factors

- Possible ischemic hepatitis (e.g., severe upper gastrointestinal bleed, hypotension, or cocaine use within 7 days) or metabolic liver disease (Wilson disease, alpha 1 antitrypsin deficiency)
- Possible drug-induced liver disease (suspect drug within 30 days of onset of jaundice)
- Uncertain alcohol use assessment (e.g., patient denies excessive alcohol use)
- Presence of atypical laboratory tests (e.g., AST <50 or >400 IU/L, AST/ALT <1.5), ANA >1:160 or SMA >1:80.

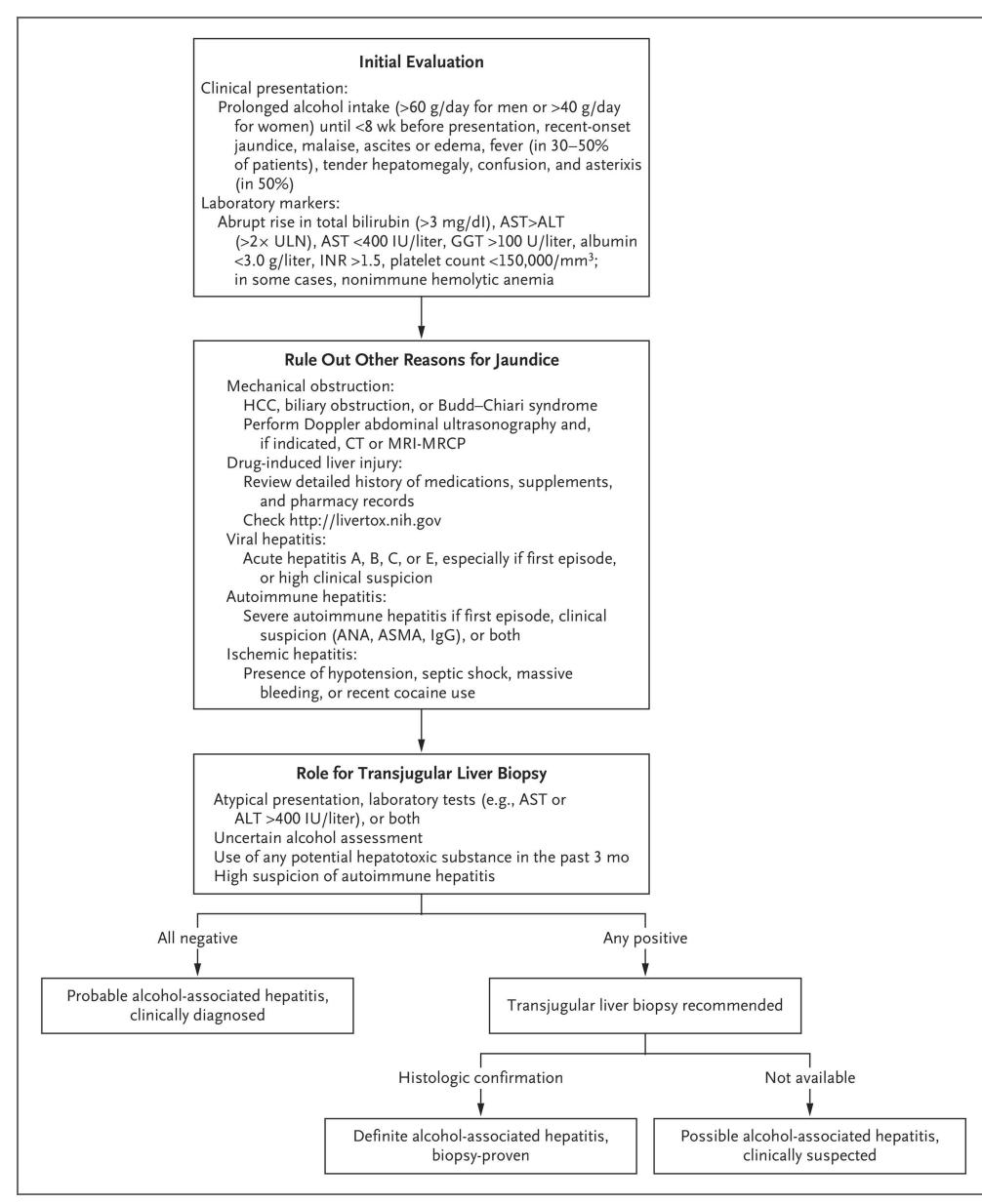
Szabo, G Journal of Hepatology 2018 vol. 69 j 269–271 Hepatology71(1):306-333, January 2020.



## **Severe Acute Alcohol Hepatitis**

### Criteria

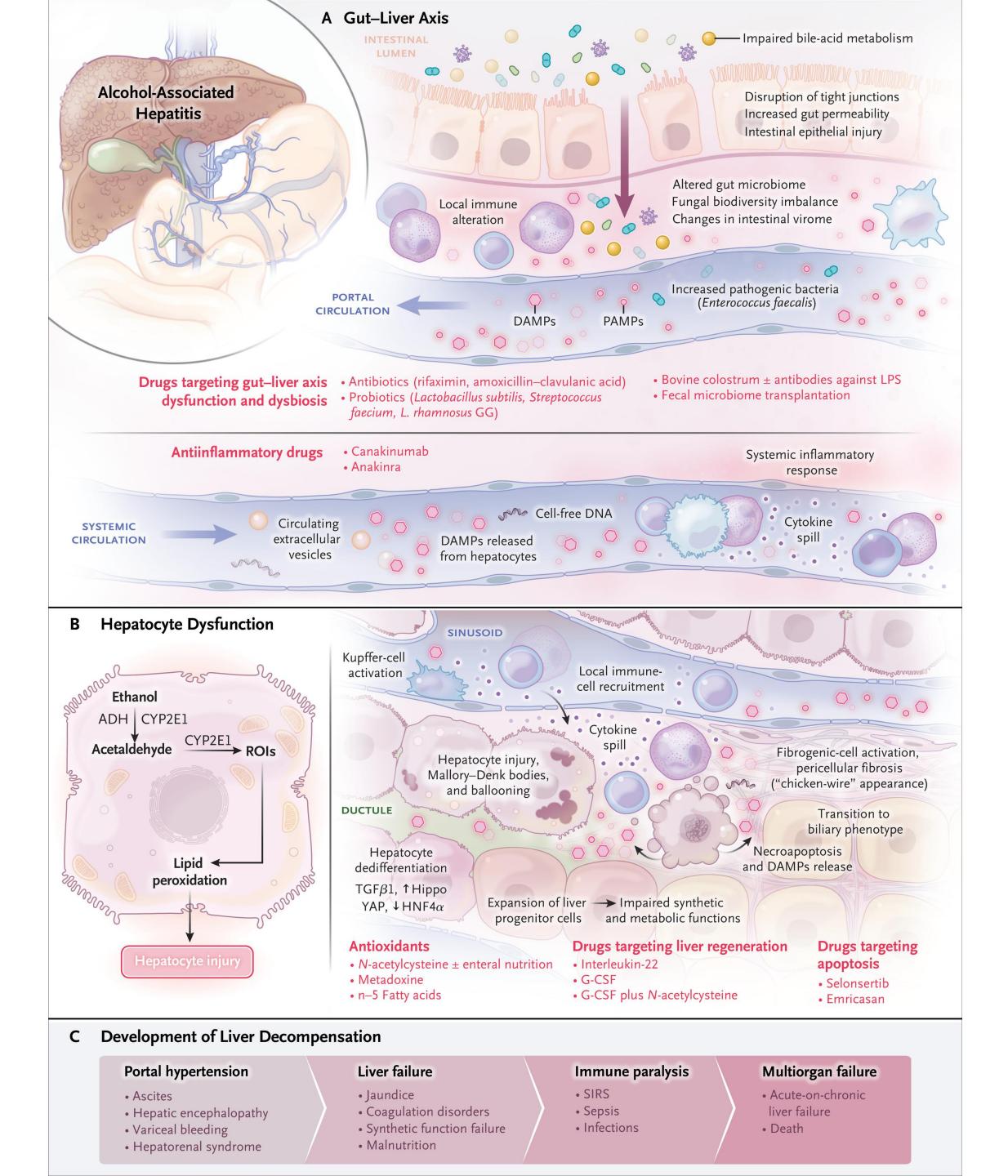
- Onset of jaundice within the previous 8 weeks
- Ongoing consumption of more than 3 drinks (approximately 40 g) per day for women and 4 drinks (approximately 50 to 60 g) per day for men for 6 months or more
- Less than 60 days of abstinence before the onset of jaundice
- Total serum bilirubin level of more than >50 µmol per liter
- AST level of more than 50 IU per liter, and a ratio of AST to ALT of more than 1.5, with both values less than 400 IU per liter
- Exclusion of other liver diseases such as druginduced liver injury and ischemic hepatitis





## Severe Acute Alcohol Hepatitis

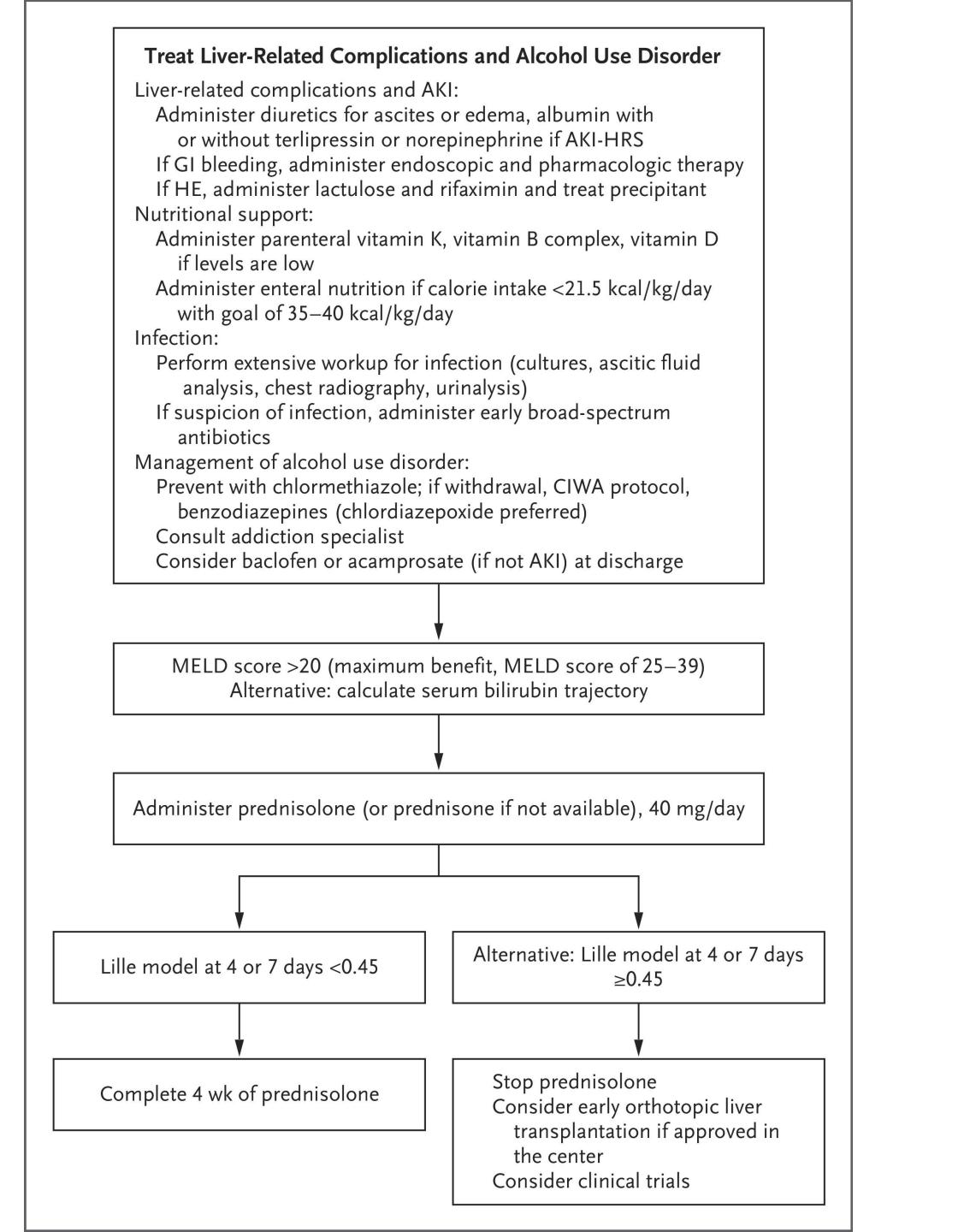
- 20-50% Mortality with hospitalised patients
- Scoring systems to predict Mortality
- MELD >20
- MDF >32
- Lille score on day 4 or 7



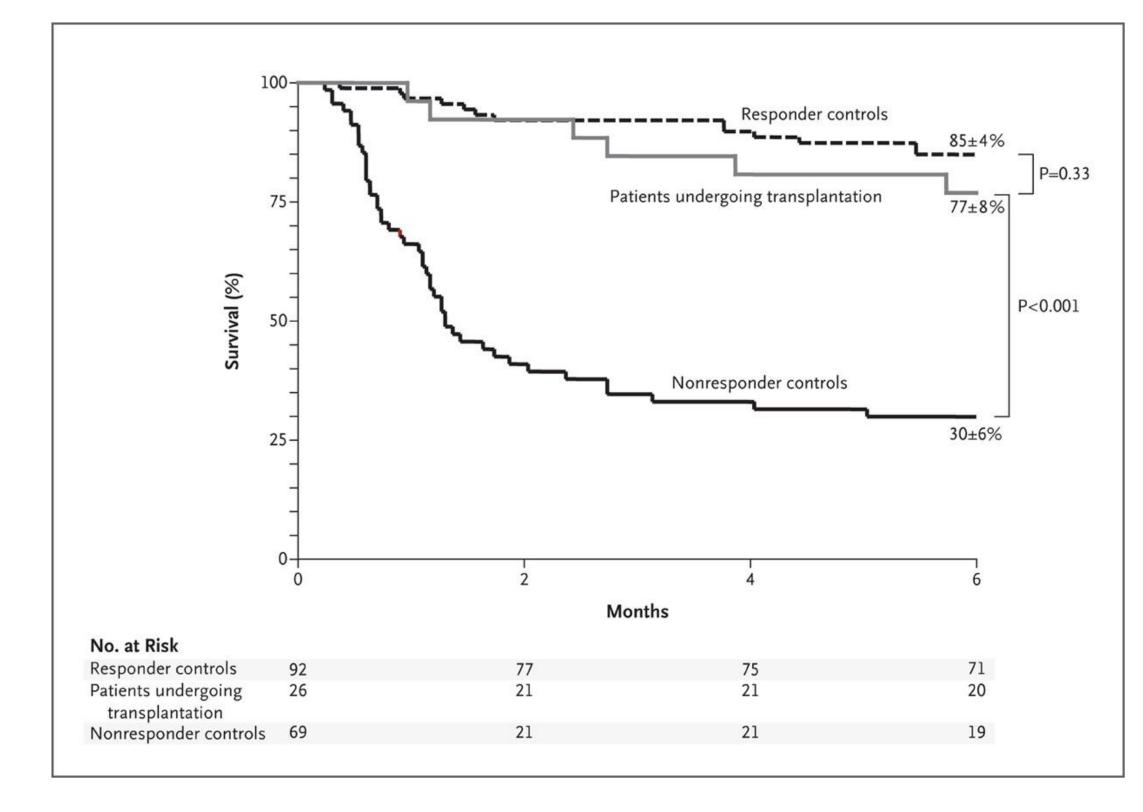
# Severe Alcohol Hepatitis

### Management

- Supportive
- Nutritional support
- Prednisone
- NAC



## Non Responders Liver transplantation





The NEW ENGLAND JOURNAL of MEDICINE

Univers

SPECIALTIES V TOPICS V MULTIMEDIA V CURRENT ISSUE V LEARNING/CME V AUTHOR CENTER PUBLICATIONS V

### ORIGINAL ARTICLE

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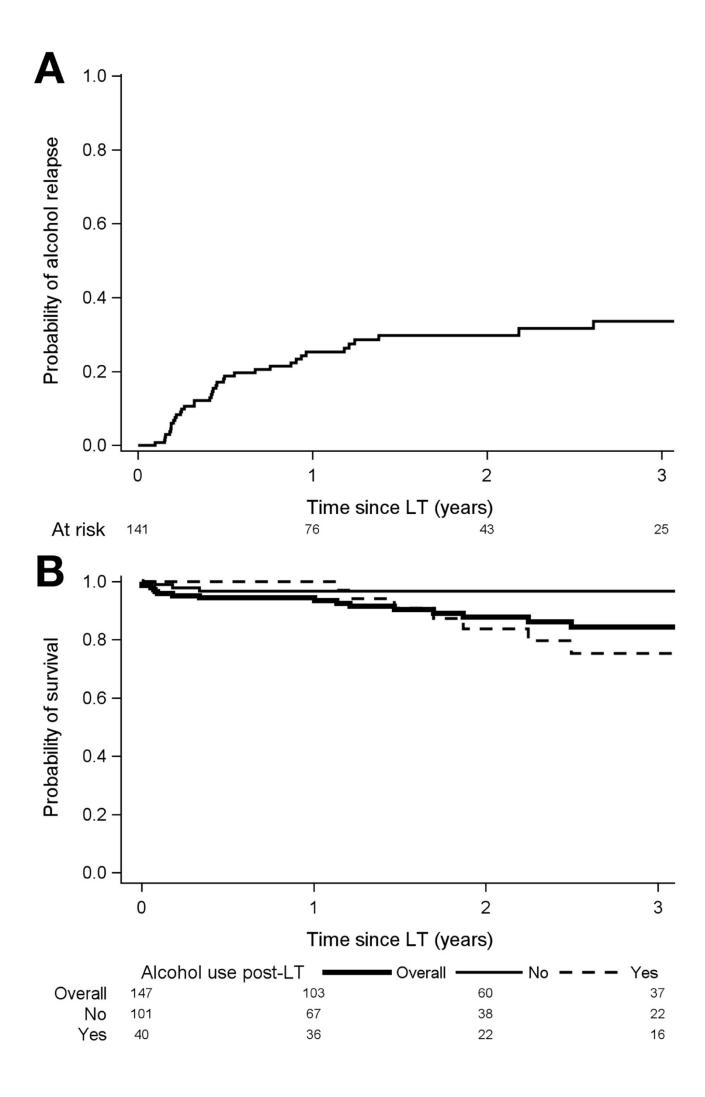
### Early Liver Transplantation for Severe Alcoholic Hepatitis

Authors: Philippe Mathurin, M.D., Ph.D., Christophe Moreno, M.D., Ph.D., Didier Samuel, M.D., Ph.D., Jérôme Dumortier, M.D., Ph.D., Julia Salleron, M.S., François Durand, M.D., Ph.D., Hélène Castel, M.D., +14, and Jean-Charles Duclos-Vallée, M.D., Ph.D. Author Info & Affiliations

Published November 10, 2011 | N Engl J Med 2011;365:1790-1800 | DOI: 10.1056/NEJMoa1105703

- 26 carefully selected patients
- 10% of all patients with AAH
- Transplantation showed a significant survival benefit.

## Non Responders **Liver Transplantation**

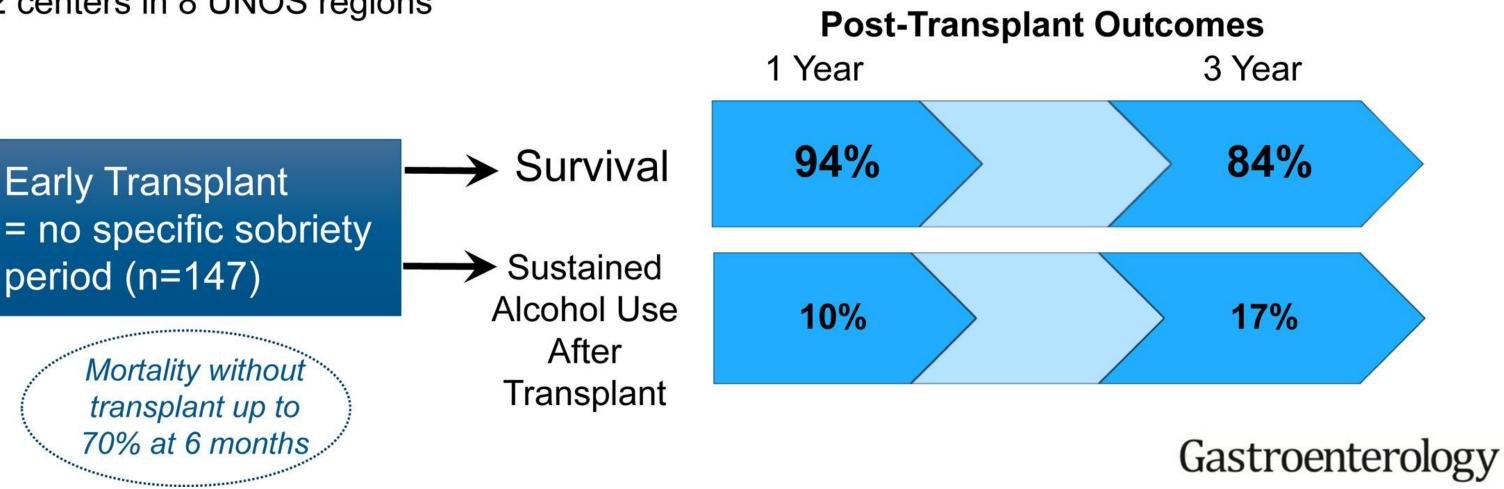


12 centers in 8 UNOS regions

Early Transplant period (n=147)

- $\bullet$ patterns

### American Consortium of Early Liver Transplantation for Alcoholic **Hepatitis: ACCELERATE-AH**



Confirmed the prior French study

34% went back to Alcohol, most returned to dangerous drinking

Significant survival benefit for patients who abstained

## Liver transplantation What about the 6 month rule?

- Many recover and don't need transplant
- Allows to assess commitment to rehabilitation

- 6 month rule is inadequate to assess long term alcohol abstinence Severe Alcohol Hepatitis- Patients are unlikely to survive that long!

## **Liver Transplant for Acute Alcohol Hepatitis** Is this then the new standard of Care?

- First presentation
- Absence of other comorbidities
- Non response to medical management

- Psychosocial assessment
- Structure in place to support post transplant
- Transparency

## Ethics

### Justice

- Considerable stigma amongst medical personnel and the public
- Equity
- Utility
- Urgency

### **EQUITABLE BENEFIT APPROACH**

### PRINCIPLES

### BALANCED ALLOCATIVE PRINCIPLES

- Urgency
- Health Equity
- Utility

### **PROCEDURAL PRINCIPLES**

- Transparency, publicity, and engagement
- Trust and accountability
- Science and evidenceinformed decisions
- Flexibility and temporality

### CRITERIA AND METRICS\*

### MEDICAL

- Indications to LT
- Contraindications to LT
- Metrics (MELDNa, HCC-MELD)

### **PSYCHOSOCIAL**

- Indications to LT
- Contraindications to LT
- Metrics (Stanford Integrated Psychosocial Assessment for Transplant score)

\*Metrics may be modified or updated to properly apply the allocative principles.





## **Local Factors Case Vignette**

- 28 year old computer engineer
- Worked from home  $\bullet$
- Escalated drinking habit through COVID
- MDF: 41 MELD: 30
- Family history of alcohol use disorder

Liver Functions				
S-TP (64 - 83 g/L)	70	73		
S-Alb (35 - 52 g/L)	37	39	* 34	* 34
S-Glob (20 - 35 g/L)	34	34		
S-Bili (Tot) (< 21.0 umol/L)	* 834.3 *	780.6		
S-Bili (Direct) (< 8.6 umol/L)	* 486.5 *	449.6		
S-Bili (Indirect) (< 19.0 umol/L)	* 347.8 *	331.1		
S-ALP (53 - 128 U/L)	66	62		
S-GGT (< 64 U/L)	* 119	* 110		
S-ALT (10 - 40 U/L)	* 65	* 57		
S-AST (15 - 40 U/L)	* 99	* 84		

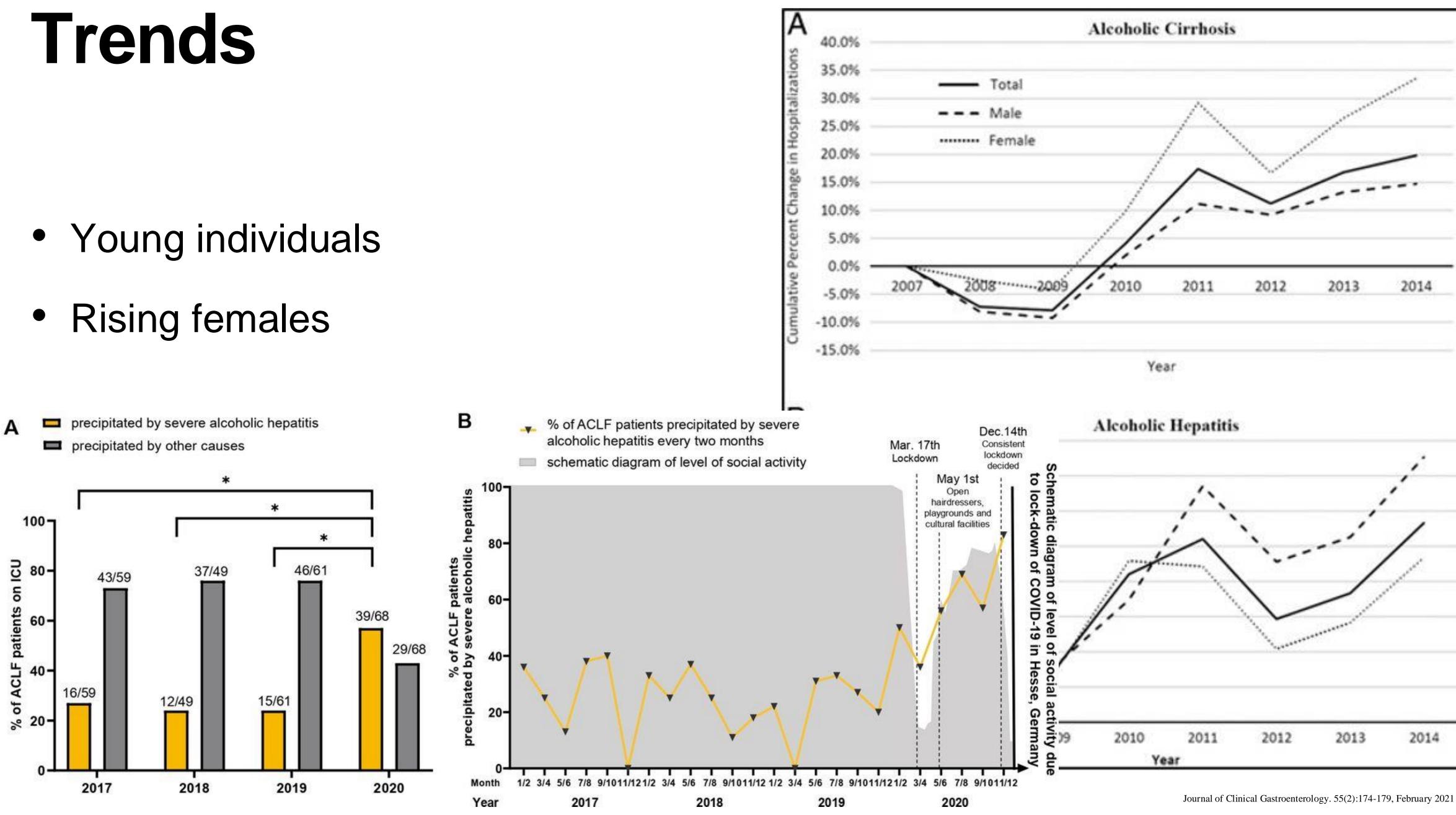
### Acute Phase Markers

S-CRP (0 - 5 mg/L)			* 61		* 33	* 32	* 34
S-PCT (0.00 - 0.05 ng/mL)	* 26.54	* 16.23	* 8.78	* 4.02	* 2.31	* 1.31	* 0.86

HB& Red Cell Indices								
B-HB (13.5 - 17.5 g/dL)	* 7.7		* 7.6	* 7.4	* 7.6	* 8.1	* 9	* 9.4
B-RBC (4.5 - 5.9 10^12/L)	* 2.3		* 2.3	* 2.2	* 2.3	* 2.5	* 2.7	* 2.9
B-HCT (41.0 - 53.0 %)	* 23.6		* 23.3	* 22.6	* 23.2	* 25	* 27.3	* 28.3
B-MCV (80 - 100 fL)	* 101		* 101	* 101	* 101	100	100	99
B-MCH (26 - 34 pg)	33		33	33	33	32	33	33
B-MCHC (31 - 37 g/dL)	33		33	33	33	32	33	33
B-RDW (11 - 16 %)	* 20		* 19	* 19	* 18	* 18	* 17	* 17
B-Mentzer Index (> 13)	43		44	45	44	40	36	35
Platelets								
B-MPV (8.8 - 12.5 fL)	11.4							
B-Plt (150 - 450 10^9/L)	* 87		* 85	* 82	* 71	* 94	* 105	* 98
White Cells								
B-WBC (4.00 - 10.00 10^9/L)	* 10.6		6.39	6.94	8.9	9.63	* 10.91	* 12.14
B-Neutrophils (40.0 - 80.0 %)	* 85.1		* 81.9	* 81.4	* 82.1	79.6	79.6	* 82.1
B-Neut abs (2.00 - 7.00 10^9/L)	* 9.02		5.23	5.65	* 7.31	* 7.67	* 8.68	* 9.97
B-Imm Gran (0.0 - 5.0 %)	0.4		0.5	0.3	0.6	1.1	1.3	1.4
B-Imm Gran abs (0.00 - 0.50 10^9/L)	0.04		0.03	0.02	0.05	0.11	0.14	0.17
B-Lymphocytes (20.0 - 40.0 %)	* 4.2		* 8.1	* <b>Δ</b> 11.1	* 10.6	* 12.5	* 12.4	* 10.7
B-Lymph abs (1.00 - 3.00 10^9/L)	* 0.45		* 0.52	<b>*∆ 0.77</b>	* 0.94	1.2	1.35	1.3
B-Monocytes (2.0 - 10.0 %)	10		8.5	6.5	6.3	6.2	6	5.1
B-Mono abs (0.20 - 1.00 10^9/L)	* 1.06		0.54	0.45	0.56	0.6	0.65	0.62
B-Eosinophils (0.0 - 6.0 %)	0.3		0.8	0.6	0.3	0.4	0.5	0.6
B-Eos abs (0.02 - 0.50 10^9/L)	0.03		0.05	0.04	0.03	0.04	0.05	0.07
B-Basophils (0.0 - 2.0 %)	0		0.2	Δ 0.1	0.1	0.2	0.2	0.1
B-Baso Abs (0.02 - 0.10 10^9/L)	*0		* 0.01	* 0.01	* 0.01	* 0.02	0.02	* 0.01
Haematology: Coagulation Parameter	rs			-			-	
P-PT (9.9 - 11.8 sec)	* 19.4							* 19.8
INR (0.9 - 1.2)	* 1.8							* 1.9







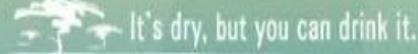


## Case for South Africa to look at our policies

- Strong drinking culture
- Poor Mental health support
- Growing capacity
- Living donor program
- Addiction specialists

# The official drink of not drinking.











# Acute Alcoholic Hepatitis



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Time to consider Transplant

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