

Alcoholic Liver Disease Overtakes Hepatitis C as Top Reason for Liver Transplants

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Alcoholic liver disease (ALD) has edged out hepatitis C as the number one reason for liver transplants in the United States. This is according to research recently published in JAMA Internal Medicine.

There are a few reasons for this shift, say researchers, and one of them is the fact that hepatitis C has become easier to treat with drugs. Hepatitis C used to be the leading cause of liver transplants back when medications weren't so effective.

But now, an estimated 17,000 Americans are on the waiting list for a liver transplant, and most of them are suffering from alcohol-associated liver disease.

Researchers also noted that there is an increasing openness to a candidate's history of [alcohol and addiction](#). This means within the transplant community, there is an increased level of understanding in terms of when a candidate combating these issues can qualify for a liver.

Before this, conventional wisdom suggested that people with a heavy drinking past who did not have a period of sobriety would not be good candidates to receive a new liver. But of almost 33,000 liver transplant patients studied since 2002, 36.7 percent of them had ALD in 2016, according to researchers from the University of California-San Francisco. This is a significant increase from 24.2 percent in 2002.

"Across the country, and we show in a prior study, people are changing their minds," said Dr. Brian P. Lee, the study's lead author, and a UCSF gastroenterology and hepatology fellow. "More and more providers are willing to transplant patients with ALD."

This is very important, considering that alcohol use disorder, like addiction, is a medical condition. The stigma that these issues are simply due to moral failure is one of the biggest obstacles toward proper treatment. Click the link to see [Aurora's top rehab placement programs](#).

In 1997, a group of doctors and medical societies published a paper that recommended patients with ALD to be sober for at least six months before they could be considered for transplant. This settled a national debate by establishing the six-month rule as the gold standard for all procedures.

The idea behind this was that patients who could stay sober for that period were less likely to return to harmful drinking behavior. It also settled a concern that the public would stop donating organs if they thought livers would be going to people with alcohol addictions.

These concerns are no longer as relevant, and neither ideas were based on concrete information.

"Neither of those attitudes is based on any facts or data," said Center for Liver Disease and Transplantation director Dr. Robert Brown.

The hard and fast requirement for six months of sobriety is now more nuanced due to changing attitudes and a wider understanding of ALD and alcohol use disorder.

A team of doctors, psychologists, and social workers now analyze a range of important factors, including financial stability, family support, etc. This helps the team determine the patient's likelihood of relapse after the transplant.

In 2010, researchers from the University of Pittsburgh showed that in any given year, there was little evidence to suggest six months of abstinence before transplant decreased the chance of relapse. The same findings were published by a 2011 study in France.

Experts now believe that a patient's record of sobriety does not necessarily reflect their chances of relapse. Doctors now focus on determining if a patient is committed to lifelong abstinence following their transplant.

"Drinking isn't a stable phenomenon," said Dr. Michael Lucey, medical director of the University of Wisconsin liver transplant program. "People with ALD may have long periods of drinking and abstinence."

Lucey believes that the six-month sobriety standard is not reliable because it shows a poor understanding of alcohol abuse as a medical condition and as a "very complex behavioral disorder".

If someone in the family is struggling with [opioid addiction](#), it is important to seek help. A combination of medical detox and behavioral therapy can go a long way in the fight against drug abuse. But because every individual is affected by addiction differently, a comprehensive program tailored to their specific needs is necessary. Look for a nearby addiction treatment facility today and find out how [drug treatment programs](#) work.

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