

Abstaining From Alcohol Improves Outcomes in People With Cirrhosis

Better results were observed even in people with increased portal hypertension.

January 31, 2023 By [Sukanya Charuchandra](#)

Alcohol abstinence was linked to fewer complications and longer survival irrespective of disease stage in people with alcohol-related cirrhosis, according to study findings published in [Clinical Gastroenterology & Hepatology](#).

“Our new data provide important evidence for the daily counselling of our patients and show that it is never too late to strive for complete abstinence from alcohol,” senior study author Thomas Reiberger, MD, of the Medical University of Vienna said in a [press release](#).

[Liver disease due to heavy alcohol consumption](#) is among the most common causes of liver-related death. Over time, excessive alcohol use can lead to cirrhosis, which at later stages may result in portal hypertension (elevated pressure in a major vein supplying the liver) and decompensation, which occurs when the liver can no longer carry out its vital functions. Abstinence is often considered a fundamental part of treatment, but the impact of refraining from drinking on the course of disease has not been well studied.

Reiberger, Benedikt Hofer, MD, and colleagues examined the role of alcohol abstinence in people with advanced liver cirrhosis (ClinicalTrials.gov [NCT03267615](#)).

The study included 320 people with alcohol-related cirrhosis. A majority of the participants (76%) were men, the median age was 57 years and most (88%) had liver decompensation. Baseline hepatic venous pressure gradient (HVPG) measurements revealed clinically significant portal hypertension, meaning a pressure of at least 10 mm Hg. The study population had a median HVPG of 20 mm Hg, with 54% exceeding that value.

Over a follow-up period of three years, 75% of participants remained abstinent, while 25% continued to drink alcohol. Alcohol abstinence was linked to a significantly lower risk of hepatic decompensation as well as all-cause and liver-related mortality, irrespective of liver disease stage.

Abstinence lowered the cumulative incidence of hepatic decompensation in people with an HVPG of 10 to 19 mm Hg as well as those with an HVPG of 20 mm Hg or higher. Both groups also had a lower three-year probability of decompensation compared with those who continued to drink. The

Model for End-stage Liver Disease (MELD) score, a measure of liver disease severity, was a strong independent predictor of liver decompensation.

“Our results clearly show that all patients with alcohol-related liver cirrhosis who maintain sustained abstinence from alcohol not only suffer complications of liver cirrhosis significantly less frequently but also live considerably longer—even in the case of pronounced portal hypertension,” said Hofer.

Click here to read the study in [Clinical Gastroenterology & Hepatology](#).

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