Alcohol-associated hepatitis

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1 Alcohol-associated hepatitis results in acute hepatic dysfunction

The condition occurs in people who consume more than 3 (females) or 4 (males) standard alcoholic drinks per day.[1,2] Severe alcohol-associated hepatitis has a 20%–50% mortality rate.[3]

2 Symptoms include fever, abdominal pain and jaundice

Characteristic laboratory findings include moderate transaminase elevation (50–400 IU/L), aspartate transaminase to alanine transaminase ratio of more than 1.5, coagulopathy and hyperbilirubinemia (> 51.3 µmol/L).[1,2] About 50% of patients have underlying cirrhosis and may have co-existing decompensation (e.g., ascites, gastrointestinal bleeding, encephalopathy).[4] A liver biopsy may be cautiously considered if surreptitious alcohol use is suspected, or if alternate causes of hepatitis (e.g., viral, autoimmune, drug-induced) cannot be excluded.[2]

3 Prognostic scores should be used to determine if corticosteroid treatment is indicated

Corticosteroids do not improve 1-year mortality but do improve short-term survival.[1,4] In addition to best supportive care, clinicians should consider prednisolone (40 mg/d) in patients with severe alcohol-associated hepatitis (Model for End-Stage Liver Disease score > 20 [https://www.mdcalc.com/calc/10437/model-end-stage-liver-disease-meld?utm_source=site&utm_medium=link&utm_campaign=meld_12_and_older]), assuming no contraindications are present (e.g., infection, gastrointestinal bleeding, severe renal impairment, shock).[1,4] After 7 days, the Lille model should be calculated (https://www.mdcalc.com/calc/2024/lille-model-alcoholic-hepatitis). Scores greater than 0.45 suggest steroid nonresponsiveness. In this case, treatment should be stopped because corticosteroids increase the risk of infection, a leading cause of death in patients with alcohol-associated hepatitis. Pentoxifylline is not recommended.[4]

4 Abstinence from alcohol is crucial

Alcohol use is the primary predictor of death after an episode of alcohol-associated hepatitis.[4] Treatments to promote alcohol abstinence include counselling, cognitive behavioural or motivational therapy, mutual aid societies, inpatient alcohol rehabilitation and anti-craving therapies (e.g., naltrexone, acamprosate).[1] Patients also benefit from high-protein and high-calorie diets with vitamin B and D supplementation.[1]

5 Consider referral for liver transplant before 6 months of abstinence

Clinicians should seek a transplant assessment when patients with severe alcohol-associated hepatitis are nonresponsive to medical therapy, commit to alcohol abstinence and are deemed a low risk for relapse. Transplantation improves survival, with most patients maintaining alcohol abstinence 2 years after transplantation.[5]

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