

North Carolina Society of Gastroenterology 2026 Annual Meeting



Alcohol-Associated Liver Disease Uncovered: Trends, Treatments, and Challenges

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Joint Providership



American Society for
Gastrointestinal Endoscopy

Disclosures:

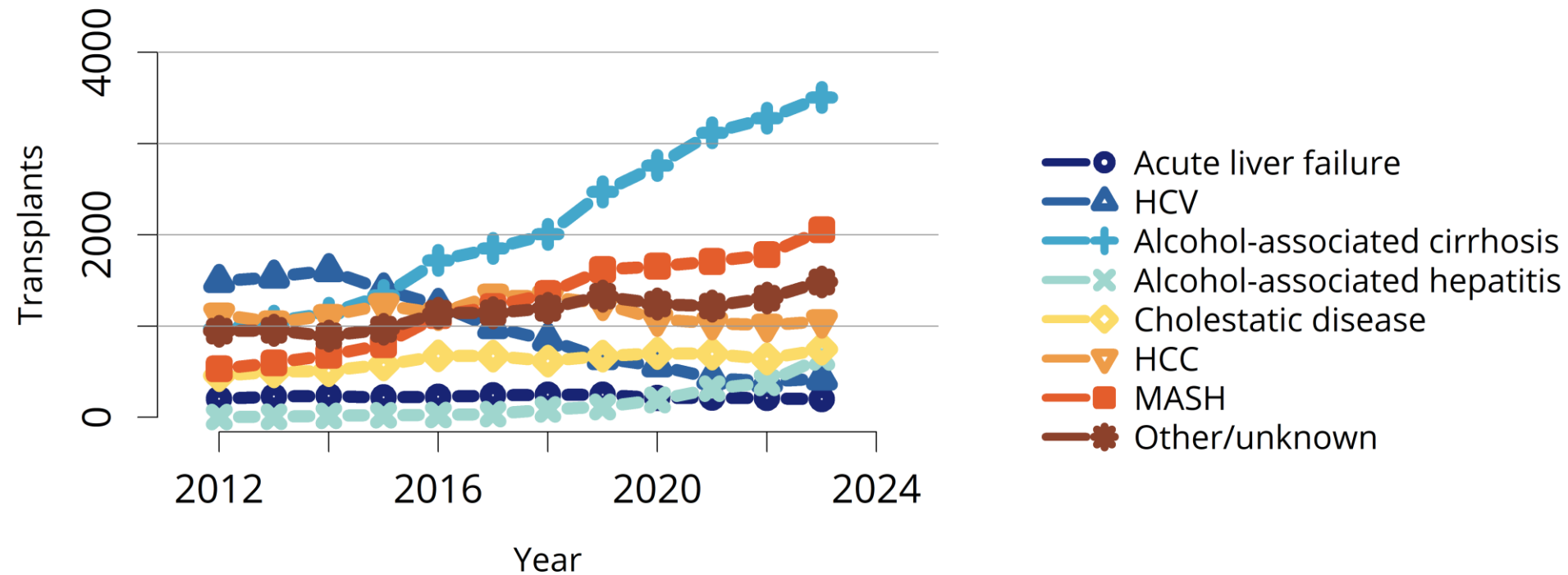
None

Objectives:

1. Screen for alcohol use disorder (AUD) in clinic
2. Treatments available to the hepatologist for alcohol associated liver disease (ALD)
3. Understand current consensus on transplantation for patients with ALD

ALD is increasing

Figure LI 38: Adult liver transplants by diagnosis



OPTN/SRTR 2023 Annual Data Report

Screening Tools for AUD

The **AUDIT-C** Score (0-12)

	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	Weekly; 2-3 times per week	4+ times per week
2. 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+
3. How often have you had six or more standard drinks on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily



National Institute on Alcohol Abuse and Alcoholism

“How many times in the past year have you had 5 or more drinks in a day (for men) or 4 or more drinks in a day (for women)?”

Screening Tools for AUD



Alcohol Biomarkers - Think 3/3/3

As a rule of thumb for alcohol testing, think 3/3/3 - three days, three weeks, three months - to determine which test, and which window of detection, meets your needs.

Not usually practical

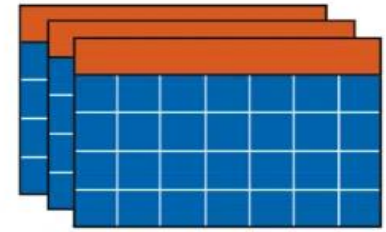


Nail & Hair

Indicates multiple occurrences of high alcohol consumption within an average of 3 months of collection



3 Months

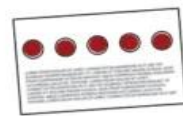


PEth

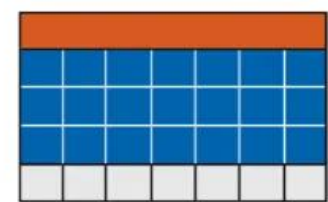


Blood

Indicates high alcohol consumption within an average of 3 weeks of collection



3 Weeks



Urine ethanol

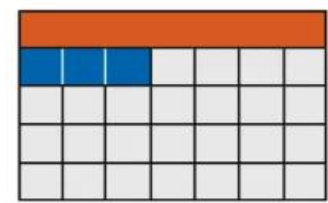


Urine


Indicates alcohol consumption within an average of 3 days of collection



3 Days



Understanding PEth Results

 PEth 16:0/18:1 (POPEth) by LC-MS/MS - MAYO

785

Comment: Phosphatidylethanol (PEth) homologues result interpretation

PEth 16:0/18:1 (POPEth)

Less than 10 ng/mL: Not detected

10 - 19 ng/mL: Abstinence or light alcohol consumption
(<2 drinks per day for several days a week)

20 - 200 ng/mL: Moderate alcohol consumption
(up to 4 drinks per day for several days a week)

Greater than 200 ng/mL: Heavy alcohol consumption or
chronic alcohol use (at least 4 drinks per day several days
a week)

Treatment tools for ALD

Brief Intervention

Medications

Behavioral Referral

Treatment tools for ALD

Brief Intervention

A guided, non-judgmental conversation

Increase awareness of risk

Identify steps towards change

Treatment tools for ALD

Medications

FDA Approved

- Naltrexone
- Acamprosate
- ~~• Disulfiram~~

Not FDA Approved

- Baclofen
- Gabapentin
- Topiramate
- Ondansetron
- Varenicline

More on Naltrexone

- Dosing: 50mg daily or 380mg monthly IM
- Metabolism: **hepatic metabolism***
- Side effects: GI, headache, fatigue
*blocks opioids
- NNT: 18

More on Naltrexone

Naltrexone is safe in patients with cirrhosis

A retrospective study of a nationwide cohort of Veterans

Patients with cirrhosis with new initiation of Naltrexone

N = 2,940



Liver enzymes checked within 3 months



Patients with liver enzyme elevation*

N = 62



Drug Induced Liver Injury using RUCAM criteria

N = 0



Each figure represents approximately 30 patients with cirrhosis

* Liver enzyme elevation was defined as ALT >5x ULN or ALP >3x ULN

ULN, Upper limit of normal; ALT, alanine transaminase; ALP, alkaline phosphatase; RUCAM, Roussel Uclaf Causality Assessment Method

More on Acamprosate

- Dosing: 666 mg PO TID
- Metabolism: No hepatic metabolism
- Side effects: Diarrhea, nervousness, fatigue
 - *Renal dosing
- NNT: 12

Treatment tools for ALD

Behavioral Referral

- 1) Alcohol/Drug Council of North Carolina:
<http://www.alcoholdrughelp.org/resources>
- 2) Substance Abuse and Mental Health Services Administration (SAMHSA):
<http://www.samhsa.gov/treatment/index.aspx>
- 3) National Institute on Alcohol Abuse and Alcoholism Treatment Navigator:
<https://alcoholtreatment.niaaa.nih.gov>
- 4) Finding a therapist/counselor locally by zip code: **psychologytoday.com**

Transplantation for ALD: Old Paradigm

“6 month rule”

Table 3. Responses to the Question, “How Important Is Each of the Following in Making the Decision to List a Patient With Alcoholic Liver Disease?”

Feature	n	Very Important (%)	Less Important (%)	Not Important (%)
Duration of abstinence	69	86	13	1
Previous failure at alcohol rehabilitation	69	59	39	1
Willingness to sign rehabilitation contract	69	45	23	32
Social or family support	69	91	9	0
Other substance abuse	69	79	21	0
Other psychiatric disorders (personality disorder, major mood disorder, or schizophrenia)	67	76	24	0

Transplantation for ALD: the data

Study	LT criteria	Relapse (%)
Mathurin P, et al 2011	Severe AH, 1 st decomp	6 months = 0 3 years = 3 (11%)
Im GY, et al 2016	Severe AH, 1 st decomp	Relapse = 11.1%
Lee BP, et al 2017	Severe AH, 1 st decomp	6 months = 23% (vs. 29% non ELT)
Weeks SR, et al 2018	Severe AH, 1 st decomp	Relapse = 28% (vs 24%) Severe relapse = 17% (vs. 12%)
Lee BP, et al 2018	Severe AH, no prior “chronic” liver disease	1 year relapse 25% (heavy 10%) 3 year relapse 34% (heavy 17%)
Louvet A, et al 2022	Severe AH with ELT vs standard 6 months sobriety	2 year relapse ELT = 34% 2 year standard = 25%
Germani G, et al 2022	Severe AH, 1 st decomp	Relapse = 12.5%
Weinberg EM, et al 2022	Severe AH 1 st decomp vs. prior decomp	2 year release 1 st decomp = 23% 2 year release prior decomp = 33%

ACCELERATE-AH

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

12 centers in 8 UNOS regions

Early Transplant
= no specific sobriety
period (n=147)

*Mortality without
transplant up to
70% at 6 months*

Survival

Sustained
Alcohol Use
After
Transplant

Post-Transplant Outcomes

1 Year

3 Year

94%

84%

10%

17%

Gastroenterology

Transplantation for ALD: Dallas Consensus

Medical Criteria

- Meets definition of severe AH (MELD >20)
- 1st decompensation
- No response to steroids (Lille >0.45)

Psychosocial Evaluation

- Patient can engage in evaluation (awake)
- Low risk of relapse
- “Acceptance” of diagnosis

Support

- Caregiver support
- Addiction specialist involved

Take home messages regarding transplantation for ALD:

- Limited abstinence can still refer for transplantation evaluation
- Transplant evaluation for patients with ALD requires a multi-disciplinary approach
- If a patient has a high MELD and is not responding to steroids with alcohol-associated hepatitis, reach out to a transplant center

CME/MOC Question:

A 43 year old female presents to your clinic for follow up of **compensated cirrhosis** due to alcohol-associated liver disease. She recently quit drinking alcohol about 2 months ago since her diagnosis of cirrhosis. She has been having a difficult time not drinking alcohol, and is wondering if there is a **medication** that you could prescribe to help with **cravings** to drink. She has a PMH of chronic back pain and takes daily oxycodone.

Which MAUD agent is appropriate to prescribe her for alcohol cravings?

- A) Disulfiram 250mg daily
- B) Acamprosate 666mg TID
- C) Naltrexone 50mg daily
- D) Medications are not safe due to having cirrhosis

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