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Effect of continued drinking on prognosis of alcoholic liver cirrhosis.

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Abstract

The prognoses of patients with alcoholic liver cirrhosis were compared between those who continued to drink and those who stopped. Clinical criteria were strictly set so as to control other variables affecting the prognoses. Four-year survival was significantly higher in the patients who stopped drinking than in those who continued to drink. Continued drinking worsens the prognosis of patients with alcoholic liver cirrhosis.

KEYWORDS: alcoholic liver cirrhosis, prognosis, continued drinking, stopped drinking, alcohol consumption

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— BRIEF NOTE —

**EFFECT OF CONTINUED DRINKING ON PROGNOSIS OF
ALCOHOLIC LIVER CIRRHOSIS**

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Abstract. The prognoses of patients with alcoholic liver cirrhosis were compared between those who continued to drink and those who stopped. Clinical criteria were strictly set so as to control other variables affecting the prognoses. Four-year survival was significantly higher in the patients who stopped drinking than in those who continued to drink. Continued drinking worsens the prognosis of patients with alcoholic liver cirrhosis.

Key words : alcoholic liver cirrhosis, prognosis, continued drinking, stopped drinking, alcohol consumption.

Although alcoholic liver cirrhosis has been considered to be relatively rare in Japan, the incidence of the disease has been gradually increasing. At present, 17 % of the liver cirrhosis cases in Japan are probably the result of alcohol consumption (1). Alcohol dependency can be established in most of these cases, and, therefore, cessation of drinking by the patient may be difficult. The influence of drinking behavior on the prognosis of alcoholic liver cirrhosis has been investigated (2, 3), but many variables influencing the prognosis were not controlled. Therefore, in the present study the two groups, composed of patients who continued to drink and those who stopped, were carefully selected to minimize the influence of other parameters.

Twenty male patients with alcoholic liver cirrhosis admitted to Okayama University Hospital were included in the study. Final diagnoses were established by peritoneoscopy and liver biopsy (1). All had a history of significant alcohol consumption (greater than 70 g ethanol per day for more than 10 years), had no blood transfusions, and were negative to Hepatitis B Surface antigen (HB_sAg) and HB_s antibody (HB_sAb). The presence of hepatocellular carcinoma at the time of diagnosis was excluded. Following diagnosis of alcoholic liver cirrhosis, consumption patterns were determined by reports from the patients, their wives and mothers.

Seven patients continued drinking following diagnosis ; however, the amount

TABLE 1. CLINICAL PROFILES OF ALCOHOLIC CIRRHOTIC PATIENTS

	Stopped drinking (n=13)		Continued drinking (n=7)
Age	48±8	NS ^a	46±11
Present and past history			
Icterus	5/13 ^b (38%)	NS	2/7 (29%)
Ascites	4/13 (31%)	NS	3/7 (43%)
Encephalopathy	1/13		0/7
K _{ICG}	0.09±0.04	NS	0.10±0.04
Prothrombin time	14.9±1.1	NS	14.2±0.6
	(n=10)		(n=6)
TAI ^c more than 1000kg	3/11 (27%)	NS	3/6 (50%)

^a: NS, not significant. ^b: Positive cases/total cases analyzed. ^c: TAI, total alcohol (ethanol equivalents) intake/lifetime.

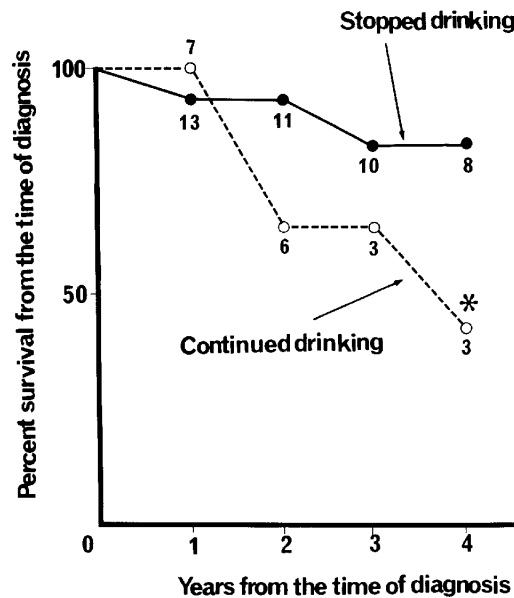


Fig. 1. Effect of continued drinking on the survival rate of patients with alcoholic liver cirrhosis. The asterisk indicates a significant difference ($p < 0.05$) between the survival rate of cirrhotic patients who stopped drinking (●—●) and those who continued drinking (○---○). Figures under the circles show the numbers of patients analyzed

of alcohol consumed was reduced compared to previous drinking. The 13 other patients stopped drinking completely. Clinical features of both groups are compared in Table 1. Prothrombin time, K_{ICG}, history of jaundice, ascites or hepatic

encephalopathy, and total alcohol intake (TAI) did not significantly differ between the two groups. Survival percentages were calculated by a life-table method (4). Data were analyzed using Student's t test.

Four-year survival was higher in the group which stopped drinking than in the group which continued drinking ($p < 0.05$) (Fig. 1). However, significant differences at 1, 2, and 3 year were not observed.

Our previous study (5) suggested that the presence of jaundice, ascites, or hepatic encephalopathy do not influence the prognosis in alcoholic liver cirrhosis. However, the K_{ICG} value was shown to be an important indicator of the survival rate, since the four-year survival rate was significantly higher in cases with an K_{ICG} value of more than 0.10 than in those with an K_{ICG} value below 0.10. Patients with a TAI of more than 1000 kg also had lower survival rates. Since the K_{ICG} value and TAI at the time of diagnosis did not significantly differ between the two groups in the present study, continued drinking was shown to strongly affect the prognosis of patients with alcoholic liver cirrhosis. It is therefore important in the treatment and management of the disease to terminate the patient's alcoholic consumption.

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