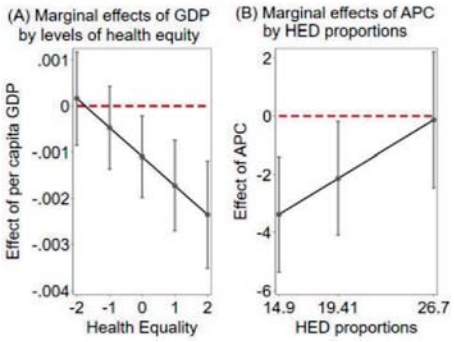
observed among LA countries. The consumption patterns, the levels of health equalities, and obesity prevalence are the main factors that could explain the ALD Paradox.

Figure 1: Explanatory factors of the paradox

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## INFLUENCE OF PSYCHIATRIC COMORBIDITY IN PROGRESSION AND SEVERITY OF ALCOHOL-ASSOCIATED LIVER DISEASE.

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**Background:** Psychiatric comorbidity is common among patients with alcohol use disorder (AUD) and liver disease. Dual diagnosis (DD) is the term used for the coexistence in the same individual of a substance use disorder, in this case, alcohol and a psychiatric disorder. DD is more severe and complex than the simple addition of addiction and a psychiatric disorder due to the interactions between the two problems. There are very few studies that assess the influence of psychiatric comorbidity in alcohol-associated liver disease (ALD). This study aimed to determine the characteristics of patients with ALD and DD and compare the evolution of these patients' from a liver and psychiatric/addictive point of view by comparing them with a similar group of patients but without psychiatric comorbidity. **Methods:** This prospective observational study included sixty-nine patients with alcohol-associated liver disease (ALD) and dual diagnosis (DD). Seventy-four patients with AUD and ALD but without psychiatric comorbidity, matched by age, gender and initial fibrosis, were included as controls. The follow up was done clinically every six months and by elastography and blood test annually for five years. **Results:** The most frequent psychiatric comorbidity in the DD group was major depression, followed by bipolar disorder. The total consumed alcohol (including periods of abstinence) was higher in patients with DD. This increase was due to an increased amount of alcohol intake in times of consumption, a lower rate of prolonged abstinence, a higher rate of relapse and a shorter time of abstinence. The number of psychiatric admissions was higher among DD patients. The number of patients that evolved from non-advanced fibrosis to advanced fibrosis was higher in the DD group, with more patients progressing two grades of fibrosis. The number of patients with admissions due to alcoholic hepatitis was greater in the DD group than in the control group with PTSD and bipolar patients having the highest risk. The admissions due to decompensated cirrhosis were higher in the DD group but did not reach statistical significance. The percentage of patients with indication for liver transplant was similar in both groups, but the number finally transplanted was significantly lower in the DD group. The liver-related mortality was also higher in dual patients, probably due to fewer liver transplants and a higher rate of admissions due to alcoholic hepatitis. **Conclusion:** Patients with ALD and psychiatric comorbidity have a worse liver-related prognosis, with faster fibrosis progression, more admissions due to alcoholic hepatitis and higher liver-related mortality. This is not only due to the higher amount of alcohol consumption but also due to the difficulty in achieving and maintaining abstinence and the added challenges that psychiatric comorbidities pose to transplanting this group of patients.


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## INTEGRATED CARE FOR MANAGING LIVER DISEASE AND ALCOHOL USE DISORDER: A SYSTEMATIC REVIEW AND META-ANALYSIS

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