

Alcoholism treatment before, after liver transplantation reduces relapse

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New research reports that liver transplant recipients who receive substance abuse treatment before and after transplantation have much lower alcohol relapse rates than those untreated or only treated prior to transplantation. A second study determines that continued alcohol abuse following liver transplantation decreases graft survival, further highlighting the importance of preventing alcohol relapse. Both studies are published in *Liver Transplantation*, a journal of the American Association for the Study of Liver Diseases and the International Liver Transplantation Society.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that nearly 23% of women and 42% of men, 18 years of age and older in the U.S., drank alcohol at least once a week or more in the previous year. Moreover, the Centers for Disease Control and Prevention (CDC), report that 51.5% of Americans 18 and over were regular drinkers, consuming at least 12 alcoholic beverages in the past year.

Medical evidence shows that alcoholic liver disease (ALD) is the second most common reason for [liver transplantation](#) in the U.S. and Europe. Prior research indicates that survival rates following transplantation for ALD are comparable to those for patients without ALD. However, relapse of substance abuse post-transplant is not unusual with rates ranging from 10% to 90%.

A team led by James Rodrigue, Ph.D. with The Transplant Institute at Beth Israel Deaconess Medical Center in Boston, Mass examined 118 liver transplant recipients—52% with a history of [alcohol abuse](#) having received [substance abuse treatment](#) prior to transplantation. Findings indicate that [alcohol relapse](#) was 16% among liver transplant recipients who had substance abuse treatment before and after transplantation. In patients who received pre-transplant or no substance abuse treatment the relapse rates were 45% and 41%, respectively.

"While many transplant centers require candidates with a history of alcohol abuse to attend substance abuse treatment prior to transplantation, our findings emphasize the importance of continued therapy after the transplant to prevent alcohol relapse," said Dr. Rodrigue.

A related study also published in *Liver Transplantation* found that excessive drinking—alcohol use without any periods of sobriety—post-transplantation for ALD is associated with decreased [graft survival](#) and increased organ scarring (fibrosis). Lead investigator, Dr. John Rice from the University of Wisconsin School of Medicine and Public Health said, "Our study highlights the need for ongoing assessments of alcohol use as part of post-transplant care. Given the shortage of available donor livers, maintaining sobriety is critical to maximizing organ use and patient outcomes following transplantation."

More information: "Substance Abuse Treatment and Its Association with Relapse to Alcohol Use Following Liver Transplantation." James R. Rodrigue, Douglas W. Hanto and Michael P. Curry. *Liver Transplantation*; ([DOI: 10.1002/lt.23747](#)) Published Online: October 1, 2013.

Full citation: "Abusive Drinking Post-Liver Transplant is Associated with Allograft Loss and Advanced Allograft Fibrosis." John P. Rice, Jens Eickhoff, Rashmi Agni, Aiman Ghufuran, Rinjal Brahmabhatt and Michael R. Lucey. *Liver Transplantation*; ([DOI: 10.1002/lt.23762](#)) Published Online: October 1, 2013.

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