

key points

SELECTED BY

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Liver disease causes 2 million deaths per year worldwide

with incidence predicted to double in the UK within 20 years. Around 60,000 people in the UK are estimated to have cirrhosis. In contrast to other common diseases in the UK, mortality rates have increased 400% since 1970 and cirrhosis is now the third most common cause of premature death. Liver disease is predicted to overtake ischaemic heart disease in the next two years as the leading cause of working life years lost in the UK.

Cirrhosis represents the final common pathway for liver

disease and is characterised by progressive fibrosis of the liver parenchyma, which leads to portal hypertension and deterioration of liver function. Decompensation represents a watershed moment for patients with cirrhosis, with the median survival falling from > 12 years for compensated cirrhosis to approximately two years. Decompensated cirrhosis is defined as an acute deterioration in liver function in a patient with cirrhosis and is characterised by jaundice, ascites, hepatic encephalopathy, hepatorenal syndrome or variceal haemorrhage.

Ascites is the most common complication of cirrhosis

or a decompensation event, with 5-10% of uncomplicated (compensated) liver cirrhosis patients per year developing this. Other common complications include variceal bleeding, jaundice, alcoholic hepatitis, hepatic encephalopathy and sepsis and require urgent hospital admission. Development of any of these complications significantly worsens prognosis and these patients require referral for assessment for liver transplantation.

Aspirin and NSAIDs, which may precipitate gastrointestinal

bleeding or renal impairment, should be avoided. Patients should undergo six-monthly ultrasound to screen for the early development of primary hepatocellular carcinoma, as all therapeutic strategies work best with small, single tumours. Patients should also undergo an initial upper gastrointestinal endoscopy to screen for varices.

Patients with compensated cirrhosis should be encouraged

to lead a normal life. Many will be able to work normally and have an excellent quality of life and should not feel restricted in terms of activity or travel. Decompensated cirrhosis is associated with a very poor quality of life, recurrent hospital admissions, high mortality and high cost. Currently palliative care is used infrequently in these patients and this is an area of increasing need. Potential barriers to increased uptake include the possibility of a liver transplant and the challenges of accurate prognostication. However, a liver transplant, although life-saving, is only actually appropriate in a small number of patients.