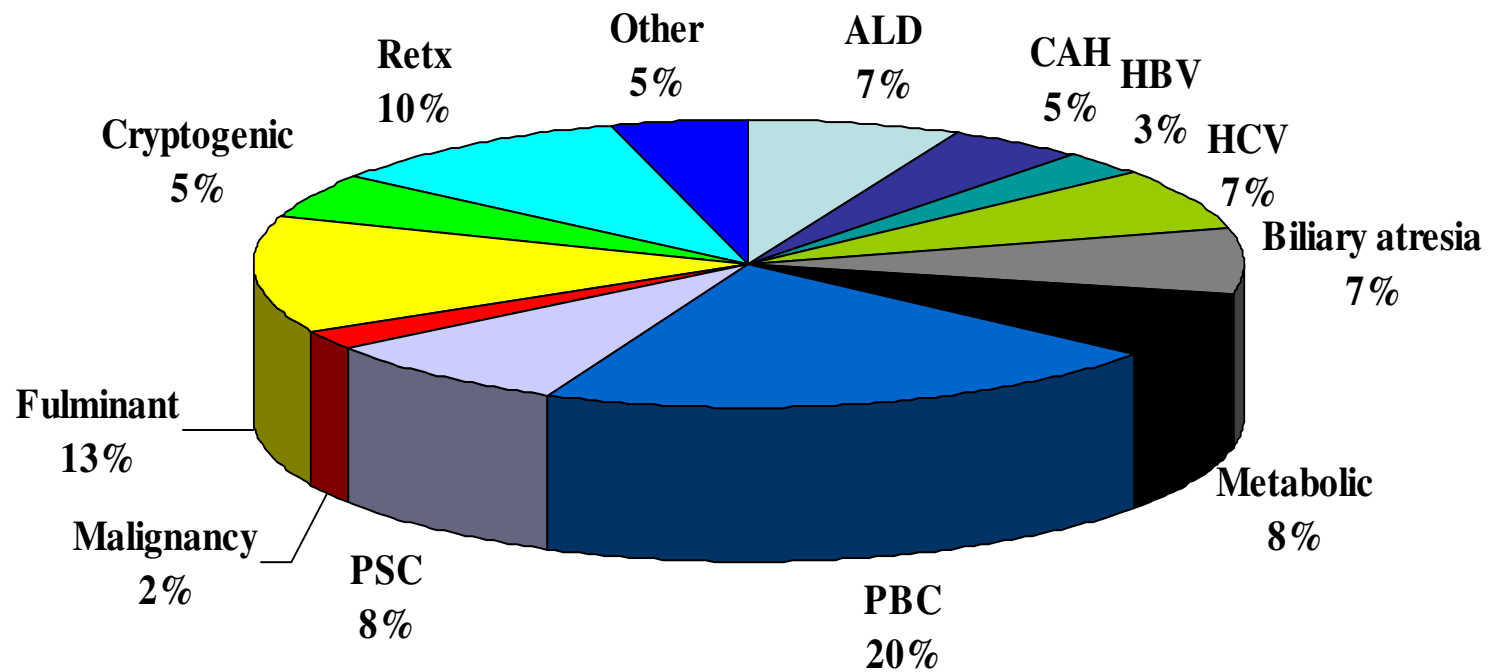
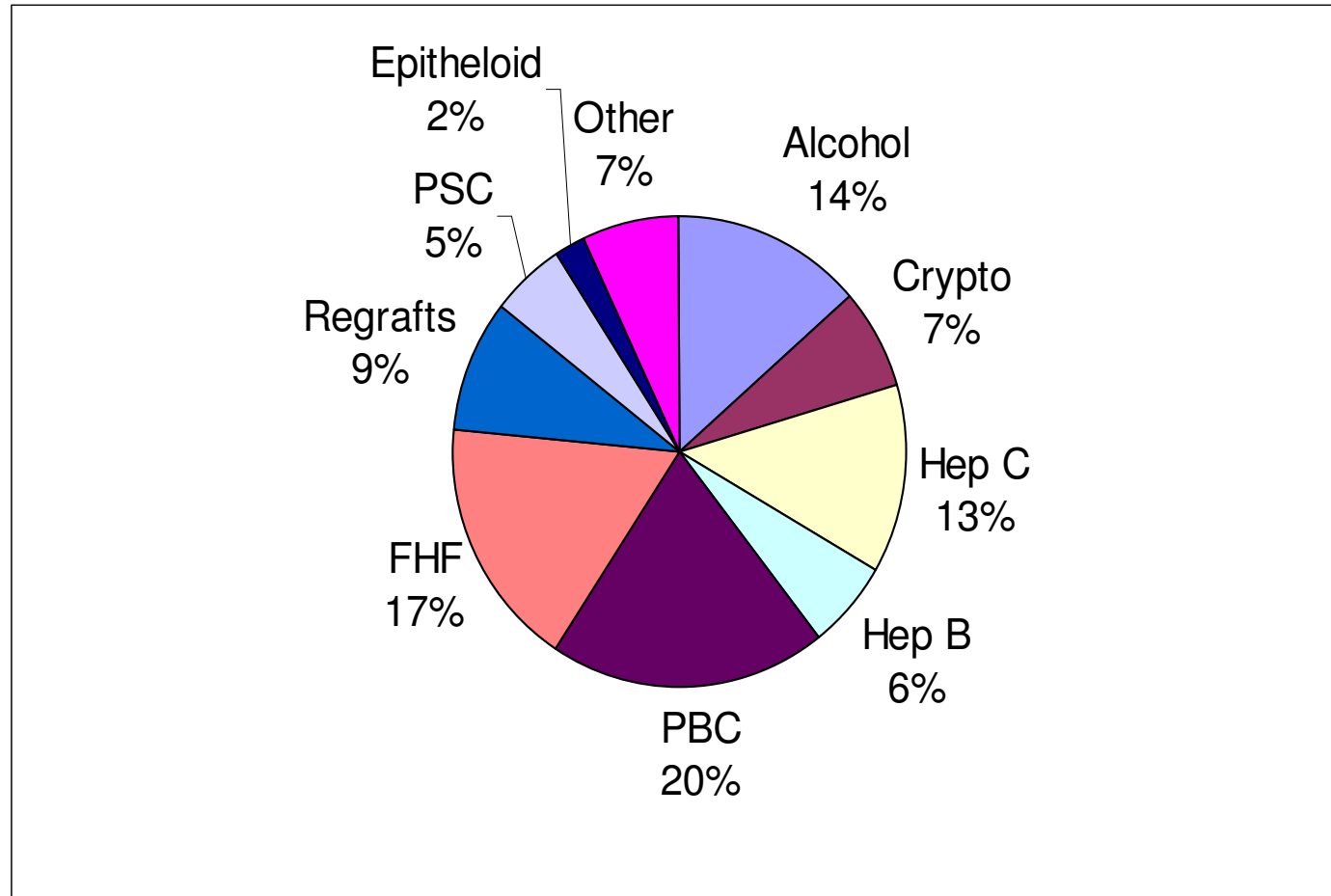


# 2500 Liver Transplants



Birmingham 1982-2004

# Indications for OLTx 2003 (Adults)



# What is Doing Well?

- Never drinking again?
- Never drinking harmfully/dependently again?
- Not causing harm to the new graft?
- Doing as well as non-ALDs?
- Getting 5, 10 or 15 years from the liver?
- Definition is multivariate

# Why Abstinence?

- Increases post-op compliance
- Avoids alcohol related harm to graft
- Avoids potential interactions with medication
- May help in psychological recovery post-transplant
- Gets patient off to a *good start*
- It feels right

# What About Risk and Predictive Factors?

- Can we predict who will relapse to alcohol use post transplant?
- Or, are we just guessing? In which case...
- Guess harshly and eligible ALD patients are excluded from OLTx inappropriately
- Guess too leniently and some patients will fail spectacularly

# What About Risk and Predictive Factors?

How might the latter affect the programme in terms of:

- Public perception?
- Increased cost to the service?
- Decreased organ donation?

# Aims

- Consistency
- Accessibility
- Prediction
- Equity
- Reliability

# UK Liver Advisory Group (LAG)

- Guidelines recommending appropriate assessment and transplantation for ALD  
Bathgate (Lancet, 2006)
- Standardising Criteria
- 2005/2006
- 6 hepatologists
- 3 addiction specialists (2 nurses)
- “...considerable variation in practice in assessment of patients with ALD before possible transplant”

# LAG: Assessment

- Patients should be assessed by a specialist in substance misuse where alcohol has contributed to liver disease
- This should include careful attention to risk factors associated with predicting relapse
- Advice to transplant teams on how to manage this
- A period of abstinence is advised to allow a suitable plan as well as possible medical stabilisation
- 6-month rule is not absolute (US mandate)

# Contra-indications to listing

1. Alcoholic Hepatitis
2. Repetitive episodes of non-compliance with medical care (more than 2) where no satisfactory explanation is available. This is not confined to liver disease
3. A return to drinking following full professional assessment and advice (this includes permanent removal from list if found to be drinking whilst awaiting transplantation)
4. Concurrent or consecutive illicit drug use (except for occasional cannabis use)

# Contra-indications to listing

- Use of predictors to identify patients liable to drink post transplant not considered appropriate due to weak and inconsistent evidence base
- Reliable predictors of a poor outcome post transplant have yet to be identified in a significant UK based transplant cohort

# Contra-indications to listing

Robust criteria for predicting a return to heavy drinking (and consequences upon graft survival) *must*:

1. Discriminate consistently and be clinically meaningful
2. Be objective and measurable
3. Be fair
4. Cannot be, or unlikely to be modified

# Agreement

Patient asked to sign an agreement to:

1. Abstain for life
2. Accept BAC levels
3. Accept alcohol follow-up in clinic
4. Accept local CAT specialist input as appropriate

# Follow-up

- By alcohol specialist in conjunction with hepatology clinics
- Follow-up is individually negotiated and local services involved as appropriate

# Audit

- An important part of the transplant programme
- Only half of the units currently have this
- A national Audit database would be desirable

# Definitions of Return To Drinking

For Audit purposes definitions were agreed:

- “Recidivism” is discontinued
- Nil
- Occasional drinking - < 2 units per week
- Regular drinking - > 2 units per week
- Harmful drinking – graft dysfunction related to alcohol and/or non-compliance (or other demonstrable adverse biopsychosocial consequences of drinking)

# Alcohol as a co-factor

- Same process of assessment and listing should be applied where alcohol is a co-factor I.e. Hepatitis C; Haemachromatosis; Alpha-1 antitrypsin deficiency; NASH
- Definitely > 100 upw
- Likely 50-100 upw

# Second Opinion

- As with all potential transplant candidates if found unsuitable by a liver unit then a second opinion is available at a second transplant centre

# Living Related Liver Transplantation

- The above criteria will apply equally where there is live liver donation

# Advice to HCV Patients

- Alcohol exacerbates HCV progression
- All patients should drink within safe limits
- Those with previous hazardous use may need to abstain
- Some units advise abstinence anyway

# Advice to other recipients

- Allograft is more susceptible to alcohol injury
- Male: 3-4 units/day
- Female: 2-3 units/day
- 2 alcohol free days/week

# Next step

- To lead on LAG guidelines for illicit drug use. Especially with:
- HCV
- ALD
  
- Particular attention to: MMT and Subutex