

Background

- The COVID 19 pandemic saw a **sharp increase** in alcohol expenditure and subsequent consumption¹.
- As described by the World Health Organisation, **48% of all Cirrhosis related deaths** were associated with chronic **alcohol use**².
- In an environment where there were an attrition of health care workers, lack of face to face consultations and
- enforced social distancing, anecdotally, there appeared to be an increase in presentations of Decompensated Alcoholic Liver Cirrhosis to Townsville University Hospital (TUH).
- This clinical audit observes the presentations of Decompensation Alcoholic Liver Cirrhosis to TUH early COVID (2019), mid-COVID (2020) and Late COVID (2021 to March 2022).

Methods

- In this clinical audit, we analysed the database of all patients presenting with Decompensated Alcoholic Liver Cirrhosis. The ICD codes of interest were K70.9 to 74.6
- The time frame of interested was March 2019 to March 2022. The data was analysed to identify Age, Gender, Indigenous status, Child Pugh and MELD scores.
- Additional factors that were analysed were precipitants to decompensation, length of stay and mortality rates.

Results

- A total of **262** patients have presented over the three years.
- Aboriginal and Torres Strait Islander populations contributed to **29% of presentations (n=76)**
- Presentations have increased in frequency each consecutive year with **63 presentations in 2019, 72 in 2020, 108 in 2021**
- **75.19%** of presentations where males (n=197), **23.66%** where females (n=62) and **1.15%** identified as non-binary (n=3)
- **Ascites** was the most common complication that presented (n=158), followed by **Hepatic Encephalopathy** (n=110) and **Spontaneous Bacterial Peritonitis** (n=22), noting people can present with multiple complications.
- The average length of stay **was 10.41 days**, with **Infection** being the precipitant that contributed to the longest stay on average (**10.88 days**). The median length of stay for presentations triggered by infections was **8 days**.
- There were a total of **34 deaths** during admissions over the three year period. **Ongoing Alcohol consumption** was the precipitant that contributed most to deaths (n=25).
- The average **MELD score was 21.5** , with the **2020** having the highest average of **23.2**.

Year	Ascites	SBP	Variceal hemorrhage	HE	HRS	HCC	Total
2019	33	7	5	28	0	0	73
2020	45	8	3	25	4	3	88
2021	71	6	5	53	0	6	141
2022 (Jan to March)	9	1	0	4	0	2	16
	158	22	13	110	4	11	318

Figure 1: Frequency of complications of Cirrhosis that presented each year. SBP (spontaneous bacterial peritonitis), HE (Hepatic Encephalopathy) HRS (Hepatorenal Syndrome) and HCC (Hepatocellular Carcinoma)

Conclusions

- Admissions associated with Decompensated Alcoholic liver Cirrhosis increased in consecutive years. Concerningly, Aboriginal and Torres Strait Islander populations are over-represented in the data set. There is an urgent need to direct further funding to develop strategies to address excess alcohol consumption, particularly in our Indigenous communities.

References

1. Colbert S, Wilkinson C, Thornton L, Richmond R. COVID-19 and alcohol in Australia: Industry changes and public health impacts. *Drug Alcohol Rev.* 2020;39(5):435-440. doi:10.1111/dar.13092

2. Fleischmann A et al. *Global Status Report on Alcohol and Health 2018*. Geneva: World Health Organization. Accessed June 28, 2023. <https://www.who.int/publications/i/item/global-status-report-on-alcohol-and-health-2018>.