

Liver Disease

Headlines

The three most significant causes of liver disease are alcohol misuse, obesity and viral hepatitis. Increasing liver disease in males is a particular concern for Kirklees.

Earlier diagnosis in primary care remains the most appropriate means of reducing the burden of liver disease, whilst campaigns to reduce the overall level of alcohol consumption and address obesity and better manage hepatic conditions are also needed.

Why is this issue important?

Liver disease describes any disturbance of liver function that causes illness. Because liver disease rarely shows any symptoms until it is relatively advanced it is often under-diagnosed in primary care and chances for early intervention are missed.

Liver disease includes the following conditions:

- Steatosis (fatty liver deposits in the liver).
- Fibrosis (scarring of the liver).
- Hepatitis (inflammation of the liver).
- Cirrhosis (permanent scarring of the liver, the cause of most liver deaths).
- Liver cancer (95% of deaths are from secondary liver [cancer](#))¹.

The three most significant causes of liver disease that are modifiable are:

- [Alcohol](#) misuse, which causes 50-60% of liver disease.
- [Obesity](#), which causes 15-25% of liver disease.
- Viral hepatitis, which causes 25% of liver disease¹.

Liver damage is increasing in the UK and is now the fifth largest cause of death. The average age for liver disease has been falling for 20 years. 1 in 10 people in England have some form of liver disease. Kirklees has a particular problem with liver disease in adult males².

- Yorkshire and the Humber has the second highest rate of liver disease in England. Kirklees ranks 3rd out of 17 areas in the region for liver disease for adult males. Female rates are not significantly different from the national mean².
- Hospital admissions for alcohol-related liver disease have more than doubled in Kirklees since 1997, and the majority of people admitted are not alcohol dependent but are heavy social drinkers².
- Undiagnosed Hepatitis C Virus among former drug users remains a significant concern (see infectious disease and drugs sections).

What significant factors are affecting this issue?

Certain behaviours increase the likelihood of liver disease:

- Drinking more than the recommended amount of alcohol.
- Obesity – fatty liver disease is also caused by fatty deposits that build up and cause inflammation and scarring.
- Hepatitis B and C viruses can cause liver disease, particularly if alcohol is consumed or treatment is not given.

Which groups are most affected by this issue?

There is a clustering of unhealthy behaviours in many deprived communities, and this increases risk factors for liver disease. The CLIK survey identifies that 82% of drinkers do not want to modify their drinking habits.

Women are more likely to develop liver disease at lower doses of alcohol than men with women drinking above 7-13 drinks (84-156g/alcohol) having increased risk of liver disease with the figure for men being 14-27 drinks (168-324g)¹.

Where is this causing greatest concern?

There is a lack of high quality epidemiological data on various aspects of liver disease including rates of disease by age, sex and socio-economic group. What is clear is that there is a strong relationship between cirrhosis mortality rates, liver disease and per capita alcohol consumption in any population¹

What could commissioners and service planners consider?

- Additional intelligence is required to understand the impact of liver disease in primary and secondary care.
- Progress in reducing both obesity and alcohol misuse would reduce the impact of liver disease.
- Vaccination against HBV in high risk groups and early and effective treatment of HCV should be prioritised.
- Better understanding of risk factors could promote prevention and better uptake of screening would enable earlier treatment¹.
- Training for primary care clinicians could deliver improvements in awareness.
- Reducing the stigma associated with liver disease to promote earlier diagnosis.

References

1. Kaner E et al. A Rapid Review of Liver Disease Epidemiology, Treatment and Service Provision in England. Institute for Health and Society, Newcastle University; 2007.
2. Public Health Outcomes Framework/NWPHO; 2012.
3. Current Living in Kirklees Survey Ipsos/Mori

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