

New Lancet report underlines the ‘unacceptable high mortality’ of liver disease hospital admissions and calls for immediate action

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A new report published today, in the leading medical journal, the Lancet, claims that urgent action is required to tackle the ‘unacceptable high mortality’ of patients who are admitted to hospital with liver disease. It reports the shocking statistic that almost a quarter of patients (24%) admitted to hospital with liver disease die within 60 days. These patients have not been previously diagnosed and are admitted as an emergency. Only six out of ten of these patients are seen by a liver disease specialist.

The report also highlights that people with advanced liver disease, admitted to hospital as an emergency, are seven to eight times more likely to die than those admitted with a stroke or heart attack.

The ‘New Dimensions for Hospital Services and Early Detection of Disease’ authored by over 30 leading hepatology consultants and senior figures from the Foundation for Liver Research, British Liver Trust and Public Health England, pulls together the latest evidence and research on liver disease mortality and early detection of liver disease.

Lead author, Professor Sir Ian Gilmore, said: “Liver disease is a public health crisis in the UK. There have been vast improvements in life expectancy for many diseases in the last 40 years but sadly this is not the case with liver disease. Not only are people increasingly putting themselves at risk of developing liver disease, but too few people have access to specialist hepatologists when admitted as an emergency.”

“Patients with chronic liver disease are dying unnecessarily and we believe this is both unacceptable and avoidable. We know that patients have a much better chance of survival if treated by a specialist in hepatology. For too long liver disease has not had the attention that it deserves compared with these other major ‘killer’ diseases and we need urgent action to be taken to improve care.”

“Last week’s Budget was a missed opportunity for the Government to act on the urgent need to take fiscal measures to improve public health. But the ongoing review of the alcohol duty system is another chance for health to be made a priority. Under the current system, the strongest drinks on the market are also the cheapest – increasing alcohol harm and liver damage exponentially. We need the Government to create a scaled alcohol duty structure that ensures the strongest products are taxed the most if we want to see a reduction in liver disease and save lives.”

Liver disease has increased by 400% since the 1970s and is now the biggest killer of 35 to 49-year-olds in the UK.

Pamela Healy OBE, Chief Executive at the British Liver Trust, says: “Addressing the continuing increase in the burden of liver disease from unhealthy lifestyles should be a government priority. 90% of liver disease is preventable, yet it is expected to overtake heart disease as the biggest cause of premature death in the UK in the next few years.

“We need the government to lead on combatting the UK’s drinking culture and obesity crisis, which has worsened during the COVID-19 pandemic. Urgent actions should include introducing fiscal measures to reduce alcohol consumption and obesity and improving legislation on marketing and labelling.”

The ‘New Dimensions for Hospital Services and Early Detection of Disease’ outlines the critical steps needed to address the liver disease crisis in the UK. Key recommendations include

- A Liver Disease Lead and Deputy Liver Lead to be established in every acute hospital, to take responsibility for 24/7 care of acute admissions. All acute hospitals to have a designated linked specialist regional hub hospital to provide complex assessment and treatment support. These regional centres require HDU/ITU capacity and facilities for specialist treatment.
- Increase the number of training posts in Hepatology. Currently hospitals are advertising funded posts but there are insufficient trainees to fill them, leading to higher staff costs for locum posts. There is also urgent need to reverse the fall in training posts in addiction psychiatry.
- Improve early detection so that less people are admitted as an emergency by improving

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community access to FibroScan and including liver disease in the over 40's Health checks.

- Prioritise public health by extending soft drinks levy to foods, introduce meaningful alcohol labelling and intensify Government recommendations on physical activity to reduce levels of obesity and diabetes.

The work in this Lancet report was originally led by Professor Roger Williams CBE, Founder and Medical Director of the charity, the Foundation for Liver Research. As well as creating the UK's first liver transplant programme, he made a huge contribution to improvements in liver disease over a 60 years career and had led the Liver Disease Lancet Commission for the last 7 years. Sadly, Professor Williams, passed away in July 2020.

The full report can be viewed here:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32396-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32396-5/fulltext)

Company Contact:

British Liver Trust

T. 01425600211

E. natasha.north@britishlivertrust.org.uk

W. <http://www.britishlivertrust.org.uk>

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