

Alcohol-related liver disease

Your guide to understanding and living with alcohol-related liver disease



**BRITISH
LIVER
TRUST**

*Raising awareness,
transforming lives*

Contents

What is alcohol-related liver disease?.....	4	Useful words.....	36
What causes alcohol-related liver disease?.....	6	Further reading and useful websites.....	38
Could I be at risk?	7	About the British Liver Trust.....	39
What are the symptoms of alcohol-related liver disease?.....	8	Key facts about alcohol-related liver disease.....	40
How is alcohol-related liver disease diagnosed?.....	10		
Blood tests	11		
Fibrosis (scarring) tests and scores	12		
Scans	14		
Liver biopsy and endoscopy	15		
The stages of alcohol-related liver disease.....	16		
Treating alcohol-related liver disease.....	18		
Stopping drinking alcohol	20		
Diet and nutrition	22		
Medicines	24		
Liver transplants	26		
Kat's story.....	28		
Living with alcohol-related liver disease.....	30		
Practical support for patients, family and carers	30		
How the British Liver trust can help	32		
Looking after yourself – your questions answered.....	34		

“There are often no signs that your liver is being damaged and early-stage symptoms might only include aching over the liver or an unusual sense of tiredness. Nowadays, it’s much easier to identify liver damage using blood tests and scans. If we can find the liver disease at an early stage, we can help to put the situation right”

Andy Holt, Consultant Hepatologist,
University Hospitals Birmingham NHS Foundation Trust

This booklet will help you understand more about alcohol-related liver disease and give you help and advice to improve your condition.

Your doctor is the best person to speak to about your treatment, as they know your medical history.

The British Liver Trust thank the James Tudor Foundation for their kind donation to support the development of this booklet. The James Tudor Foundation have had no influence in the initiation, development or editorial content of this project.

What is alcohol-related liver disease?

Alcohol-related liver disease is a condition where the liver has been damaged by alcohol. You don't have to be addicted to alcohol to develop the condition, regularly drinking over the guideline amounts can put you at risk. It's sometimes referred to as alcoholic liver disease, and your doctor might use the abbreviations ALD or ARLD when they're talking about it.

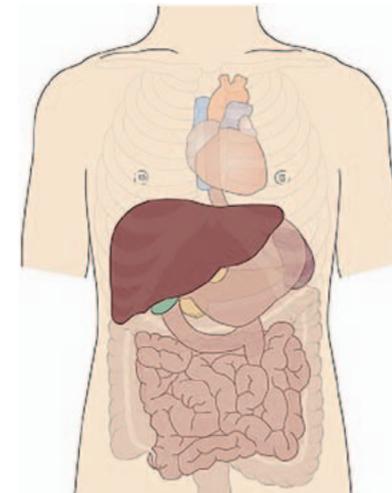
There are several stages of alcohol-related liver disease. Cirrhosis, the most serious stage of liver disease, usually takes many years to develop.

Symptoms such as weight loss, yellowing of the skin and eyes (jaundice) and swelling of the tummy (ascites) are usually only seen when the disease is at an advanced stage.

Alcohol consumption is the most common cause of liver disease in the UK, accounting for 6 in 10 cases of liver disease. Up to 1 in 5 people in the UK drink alcohol in a way that could harm their liver.

You don't have to show signs of addiction to be affected by alcohol-related liver disease. Having half a bottle of wine or a few pints most evenings can damage your liver.

Your liver is on the right side of your tummy, just under your ribs. It works like your body's factory and carries out hundreds of jobs that help keep you alive and well.



Your liver:

- turns digested food from your gut into all the different chemicals your body needs
- breaks down toxins, alcohol, drugs and other harmful substances
- helps control the amount of sugar in your blood
- makes the chemicals that help your blood clot

What causes alcohol-related liver disease?

Generally, the more alcohol you drink above the recommended limits, the higher your risk of developing alcohol-related liver disease. It can make other types of liver disease worse too.

There are also other factors that can increase the risk of liver damage. If you drink too much alcohol on top of any of these, your chance of developing alcohol-related liver disease is greater. These include:

- **A weight in the overweight or obese range**
- **Having diabetes (mainly type 2 diabetes)**
- **Being female – women are more vulnerable to the harmful effects of alcohol than men**
- **Having a pre-existing liver condition such as hepatitis C or haemochromatosis**
- **Genetics – alcohol-related diseases and addiction often run in families**

Drinking alcohol increases the risk of 7 different types of cancer. Breast and bowel cancer are two of the most common types associated with drinking alcohol, and it's estimated 3 to 5% of people with cirrhosis will develop liver cancer every year.

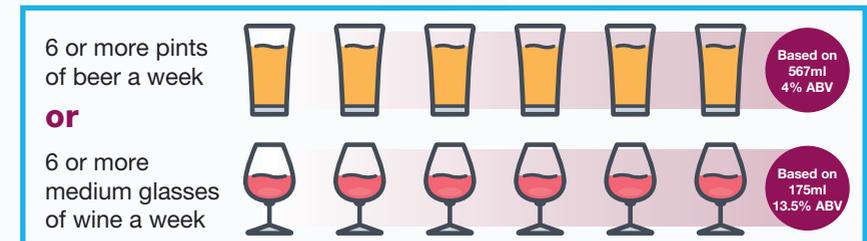
Could I be at risk?

It's not only dependent or daily drinkers who develop liver disease. Heavy drinking even on a few days in the week can cause alcohol-related liver disease. It's a lot easier to overdrink than many people realise, putting vast numbers of us in danger of alcohol-related illnesses.

The safer drinking limits are the same for men and women:

- Drink no more than 14 units a week
- Spread your drinking out over several days
- Have 3 days without alcohol every week, it's best if they're next to each other

What does 14 units look like?



If you've been regularly drinking over the guidelines for several months, it's important to get your liver checked. Ask your doctor for a liver scan (transient elastography eg FibroScan®) if you are:

- a woman and have been drinking over 35 units a week
- a man and have been drinking over 50 units a week

What are the symptoms of alcohol-related liver disease?

The early stages of alcohol-related liver disease usually do not cause any symptoms. It's often diagnosed during tests for other conditions.

Early symptoms can include an aching feeling or discomfort on the upper right side of your tummy (where your liver is) and an overwhelming sense of tiredness (fatigue). As the liver struggles to work more serious symptoms can develop. **If you have any of these symptoms, tell a doctor straight away:**

- Yellowing of the skin and whites of the eyes (jaundice), this can be harder to see if you have black or brown skin
- Tummy (abdominal) pains over the liver area
- Itching
- Losing a lot of weight for no reason
- Weakness and wasting of your muscles
- Swelling in the legs, ankles and feet caused by a build-up of fluid (oedema)
- Swelling in your tummy caused by a build-up of fluid (ascites)
- A tendency to bleed and bruise more easily, such as frequent nosebleeds and bleeding gums
- Periods of confusion, forgetting things, mood changes or poor judgement (encephalopathy or brain fog)

Even if you have no symptoms, if you are at risk (see page 7) and are worried, tell your doctor.



“I carried on drinking to cover grief, boredom and loneliness. I’d drink about two bottles of wine a night. I never really had any symptoms until one morning I woke up and my stomach was huge and swollen with ascites. I was so shocked and scared about it that I stopped drinking that very day.”

Simon has alcohol-related liver disease and had a liver transplant in 2021



How is alcohol-related liver disease diagnosed?

You might only find out you have alcohol-related liver disease during tests for other health problems.

If your doctor thinks you have any form of liver disease they will try to find out what is causing it and how damaged your liver is. This will include special blood tests and scans which are usually carried out at a hospital.

If your symptoms or blood tests suggest alcohol-related liver disease you might need further tests to measure how scarred your liver has become.

It's important to give your doctor as much information as you can. This will help them to diagnose your condition correctly and give you the right care.

Many people are only diagnosed with alcohol-related liver disease after going to A&E with symptoms of serious liver disease or liver failure.

At this stage, it's unlikely that your liver disease can be fully reversed. But there is still a lot that can be done to stop your condition getting worse and even repair some of the damage.

Blood tests

You could learn you have a liver problem from your doctor, often as a result of routine blood tests – which commonly include liver blood tests (or liver biochemistry tests).

Liver blood tests check the levels of various substances linked to liver damage and repair. They don't measure actual liver function, which is why the name liver function tests (LFTs) isn't used anymore.

Blood tests are an important guide to who might have liver disease, but they aren't accurate enough to rule out liver disease by themselves. If your blood test results are normal but you are still worried go back to your doctor and ask them to do a test for liver fibrosis.

If your liver blood tests are abnormal it is important that your doctor investigates the reason for this. This could include more blood tests, a scan, and testing for fibrosis (scarring) in your liver (see pages 12-13).



Fibrosis (scarring) tests and scores

It's very important that the amount of scarring in your liver is measured as part of your alcohol-related liver disease diagnosis. It is an important piece of information that doctors use when they're assessing liver damage, and whether it can be reversed.

Fibrosis is the medical term for scarring. It is usually measured on a scale of 0 to 4. The higher the number, the more severe it is.

Liver specialists can use routine blood tests to see how scarred your liver is, but there are more accurate ways to check if you have liver fibrosis without doing a biopsy. These include:

- Fibrosis blood tests, such as an Enhanced Liver Fibrosis (ELF) test, FIB-4 test, or FibroTest
- Tests of liver stiffness, such as transient elastography eg FibroScan®

You could get one of 3 possible results:

- **Low risk means advanced fibrosis can be safely ruled out.** This means you don't have advanced fibrosis or cirrhosis. Your doctor will do a fibrosis test every 2 years to check your condition hasn't got worse.

- **Indeterminate risk, meaning it doesn't say for sure if you have advanced fibrosis.** You should be offered further tests to find out and this might include an ultrasound scan or a liver biopsy. You might also be referred to a specialist.
- **High risk means that you probably have advanced fibrosis or cirrhosis.** You should be referred to a liver specialist (hepatologist or gastroenterologist) who will do further tests and manage your care from then on.

It's really important that the scarring in your liver is checked regularly because there are often no symptoms to tell you or your doctor if your condition is getting worse.



Scans

While blood tests can give your doctor an idea of how inflamed or damaged your liver is, scans help them look at your liver for visual clues as to what's going on.

These can include the following:

- An **ultrasound scan** looks at the surface and general shape of your liver, as well as any significant changes from its normal appearance.
- **Transient elastography** eg FibroScan®, vibration controlled transient elastography (VCTE) or acoustic radiation force impulse (ARFI), measure the stiffness of your liver and give an estimation of liver fibrosis (scarring).
- **CT** and **MRI scans** can look at your liver in more detail.



Liver biopsy and endoscopy

You're less likely to have a liver biopsy these days, as other 'non-invasive' tests that are more straightforward and very low-risk are also effective at finding out how scarred the liver is and the cause of the damage. But if there is any doubt about your diagnosis your doctor might still recommend a biopsy. They should explain the risks and why they think having a biopsy is a good idea to help you decide for yourself if you agree (consent) to have one.

Endoscopy

If you have cirrhosis, you might have an endoscopy to look inside your food pipe (oesophagus) and stomach to check for swollen veins (varices). If the varices are large and at risk of bleeding, your liver specialist can place rubber bands around them to cut off their blood supply (banding).

When you're diagnosed with alcohol-related liver disease, your doctor should refer you to a liver specialist. This will either be a hepatologist (a doctor who specialises in liver disease) or gastroenterologist (a doctor who specialises in the digestive system).

You have the right to choose which hospital your doctor refers you to. The British Liver Trust can advise you which hospitals have specialist liver units near you.

The stages of alcohol-related liver disease

● Alcohol-related fatty liver

Drinking over 4 units of alcohol per day will lead to some build-up of fat in the liver. Your liver breaks down alcohol, but some of the by-products are toxic and damage your liver. Among other problems, this makes fat build up in your liver. If you stop drinking alcohol completely for a period of time (months or years) your liver can recover.

● Alcohol-related hepatitis

This stage of alcohol-related liver disease is very serious, and about a third of heavy drinkers with alcohol-related fatty liver will start to develop it. It normally occurs after years of drinking too much. But it can develop very suddenly and severely, even after you've stopped drinking. It usually follows weeks and months of heavy drinking, but can happen if you drink a lot of alcohol over a shorter period of time (binge drinking). This is called **acute alcohol-related hepatitis** and can result in liver failure and death.

● Cirrhosis

This is the most serious stage of alcohol-related liver damage, when the liver has a lot of severe scarring (fibrosis). Up to 1 in every 5 heavy drinkers will develop cirrhosis.

It's **really important** that you are referred to a liver specialist if you have one of the more serious forms of liver damage. These conditions are more difficult to treat and need specialist care.

The stages of alcohol-related liver disease

Alcohol-related fatty liver

Often completely reversible

A build-up of fat in the liver.



The amount of scarring (fibrosis) in your liver is linked to how serious your liver disease is.

Alcohol-related hepatitis

Sometimes reversible

Scar tissue forms (fibrosis) and ongoing alcohol use causes inflammation in the fatty liver.



As fibrosis gets worse it forms knots and tangles (cross-links) in the scar fibres which cannot be easily undone.

Cirrhosis

Usually irreversible, but you can often stop it getting worse

The build-up of scar tissue makes the liver hard and stops it working properly.



The more advanced your liver disease gets, the quicker it can worsen.

By finding any damage early, you could prevent it getting worse or even reverse it.

Cirrhosis can lead to liver cancer or liver failure

Treating alcohol-related liver disease

Once you have been diagnosed your treatment plan will depend on which stage of alcohol-related liver disease you have.

If your liver disease is at an early to moderate stage the aim will be to cure your condition, by:

- **giving your liver a chance to repair itself**
- **preventing further damage**

If it's more advanced, your treatment will aim to stabilise your liver disease and stop it from getting worse. You will be treated for any complications, such as bloating (ascites) or bleeding (varices). Visit our website to read more about treating complications of cirrhosis.

Your liver is the only internal organ that can repair itself. If you can stop drinking alcohol and eat healthily, you'll reduce the risk of further damaging your liver and give it the best chance of recovering.

Carrying extra bodyweight can cause liver damage too. So keeping your weight in the healthy range, and losing weight if you need to, helps stop your liver getting more damaged. And helps give your liver a chance to repair itself and reverse your liver disease.

Monitoring your condition

It's important to have regular appointments with your doctor or specialist so they can monitor your condition. They will be able to provide you with more information on how often these should be, who with and what to expect. If you have cirrhosis, you'll need monitoring every six months for the rest of your life, which will include checking (surveillance) for a type of liver cancer called hepatocellular carcinoma.

You should also have fibrosis tests to check the scarring in your liver every 2 years. This is important because there are often no symptoms to alert you or your doctor if your disease is getting worse.



Stop drinking alcohol

If you have alcohol-related fatty liver, the damage may be reversed if you stop for a period of time (months or years). After this, it's usually safe to start drinking again if you stick to the recommended government guidelines. Speak to your doctor if you are thinking of starting drinking again, to check it will be safe for you.

If you have a more serious form of alcohol-related liver disease, such as alcohol-related hepatitis or cirrhosis, your doctor will advise you to stop drinking completely (lifelong abstinence) to prevent further damage.



Lots of people find it hard to stop drinking or cut down, so ask your doctor for help if you need it. They can refer you to specialist advice and support from alcohol services. If you have consumed a lot of alcohol over a long period of time, you may need medical assistance (a medical detox) to help your body cope without alcohol to start with.

If you're dependent on alcohol, you can experience alcohol withdrawal symptoms if you suddenly stop drinking, so your doctor might recommend cutting down your alcohol intake slowly rather than stopping straight away. Reducing the amount of alcohol you drink can still lead to a significant improvement in your condition.

You might be offered medication and psychological therapy, such as cognitive behavioural therapy (CBT), to help you through the withdrawal process. Some people need to stay in hospital or a specialist rehabilitation clinic during the initial withdrawal phases so their progress can be closely monitored. If you're at home, you'll need to regularly see a nurse or another health professional. This could be at home, at your GP surgery or at a specialist NHS service.

Once you have stopped drinking, you might need further medical treatment to help ensure you do not start drinking again.

Find out more about local alcohol services on page 33.

Diet and nutrition

A lot of people with alcohol-related liver disease are malnourished. Not getting the right nutrients from your diet makes it harder for your liver to recover, so eating well is key to treating your condition.

For earlier stage alcohol-related liver disease, focus on eating a healthy balanced diet that includes lots of vegetables, fruit, wholegrain carbohydrates (such as wholemeal bread or brown rice) and lean protein (such as chicken, fish or tofu). Cut down on highly processed foods and snacks, especially those that are high in fat, sugar, or salt.

If you have alcohol-related hepatitis or cirrhosis, as well as eating a healthy balanced diet you may need to follow special advice to make sure you get enough energy (calories) and protein, and not too much salt. This will help prevent muscle wasting and weakness.

In some serious cases of malnutrition, you may need to be fed through a tube (enteral nutrition). The tube is very thin, it goes up your nose and then through your food pipe and into your stomach. This is often lifesaving, but requires very specialist expertise and care to avoid harm. Many patients can be taught to use the tube feeding system at home and isn't uncomfortable to use.

It's important to keep your weight healthy, as this helps stop more damage to your liver. If you need to lose weight ask your doctor for advice on diet tailored to you.

The information in this booklet is more general so talk to your clinical team before making any changes. Your diet and nutrition should be regularly reviewed by a liver specialist or dietitian with experience in advising liver disease patients, to ensure you are given the right advice based on your individual needs.



Doing regular physical activity or exercise can help keep you strong and prevent muscle wasting.

Do what you can manage each day – doing something, even something small, is much better than nothing.

Medicines

The use of medication to directly treat alcohol-related liver disease is complex and there's generally a lack of good evidence to support its effectiveness. As there's no one-size-fits-all approach it's important you have a specialist co-ordinating your care and that you understand the plan they have put in place for you.

If you have severe alcohol-related hepatitis, you may need to be treated in hospital. Specialists may use anti-inflammatory medication in some patients to reduce liver damage, such as steroids (corticosteroids).

Corticosteroid treatment:

- Has been shown to improve survival in the short term (1 month)
- Has not been shown to improve survival over a longer term (3 months to 1 year)
- Increases the risk of serious infections within the first 3 months of starting treatment

Other medicines that can be used to treat liver disease and its complications include antibiotics and heart medicines, like beta blockers. These are classed as off-label or unlicensed medicines, meaning that the medicine isn't licensed for treatment of your condition. But the medicine will have a licence to treat another condition and will have undergone clinical trials for this. Your doctor may recommend these if

they think it will treat your condition effectively and the benefits are greater than any risks.

If you have been admitted to hospital with alcohol-related liver disease, it's really important that before you are discharged you ask about aftercare. If you don't get the information you need about managing your condition at home, speak to your doctor.



If you have or develop cirrhosis your clinical team will monitor your condition and talk to you about any treatments you might need. This could include specific advice on diet, medicines, its complications (such as fluid retention and hepatic encephalopathy) or a transplant if your liver starts to fail. You can read detailed information about how cirrhosis is treated on the British Liver Trust website.

Liver transplants

If your liver is very badly damaged, a liver transplant could be life-saving. It's usually only recommended if other treatments are no longer helpful, and your life is threatened by end stage liver disease.

There's a general assumption that if you have later stage alcohol-related liver disease you can't have a liver transplant, but this isn't true. Things have changed, which means you can be eligible if it's the right treatment for you. To be eligible you must have stopped drinking completely.

Your liver specialist will try to treat your liver disease for a couple of months before considering referring you to a transplant specialist.

Anyone with liver disease can have a transplant assessment if they meet certain conditions. This will be carried out at a liver transplant unit, and the process usually takes about a week. You may need to stay in hospital during this time, or you may be able to go home at the end of each day.

The assessment involves talking to liver transplant specialists and having tests to check your liver and general health, including the strength of your heart and lungs.



As surgery is very technical, people who have a transplant will need to spend some time in the Intensive Care Unit (ICU) after their operation.

Liver transplants are very successful. They are a major operation so it can take up to a year to recover, most people are able to leave hospital around 10 days after surgery.

Once you've had a transplant you'll need lifelong treatment with medication to control your immune system. This is managed by your transplant specialist or hepatologist.

If you have later stage liver disease it's really important to ask your liver specialist about having a transplant. There are 7 transplant units in the UK and they will tell you which one they usually refer to.



“Liver transplantation is amazing. Liver transplant recipients lead very normal lives and a good transplanted liver can keep working for decades.”

Andy Holt, Consultant Hepatologist, University Hospitals Birmingham NHS Foundation Trust

Visit our website to read or download more information about liver transplants.

Kat's story

When Kat, 49 was diagnosed with cirrhosis in 2020 she gradually cut down how much alcohol she drank, before stopping completely. The effects on her health have been life changing.

"I was told by a specialist that I needed to stop drinking and smoking as it would kill me if I didn't. As you can imagine, I was absolutely devastated but, at the same time, so very determined to do it.

"I had my last alcoholic drink on my birthday and I haven't looked back since"

It was very hard at first, what with the muscle seizures, the sickness, the stomach cramps but most of all, the craving. I worked with doctors on cutting the drinking down to nothing over several weeks.

I had my last alcoholic drink on my birthday and I haven't looked back since. I feel better in myself because I can get up in the morning and actually function. I've lost weight which has helped no end with blood pressure, asthma, and even my eczema. And I have even put my type 2 diabetes into remission – my blood sugar levels are in the healthy range for the first time in years.

I have to stick to a healthy diet, plenty of fruit and vegetables and as much exercise as my body will allow, but it is great. Before I wouldn't eat for three, sometimes four days because the alcohol was feeding me.

"Set yourself a goal and aim for it. Life without alcohol is amazing"

You've really got to want to change, to stop drinking, and you definitely need some kind of help and support. There is help out there if you want it. You've just got to want it and work hard. Tell yourself that you can do it and, yes, there will be days when you want to give up and it hurts. But you can get through it, you can fight it and you will get to the other side. Set yourself a goal and aim for it. Life without alcohol is amazing."

To read about other people's experiences of living with alcohol-related liver disease visit our website.

Practical support for patients, family and carers

When you've been diagnosed with liver disease, there are many things for you and your loved ones to consider.

As well as emotional and physical issues, there can be an impact on practical things such as who to tell, employment and money. This is a lot for anyone to deal with, and it can affect your mental health too. Tell your doctor if you are feeling down, stressed or depressed and ask how they can help.

Deciding who to tell

Being diagnosed with liver disease can be upsetting and worrying, so it can be comforting to talk to close friends and family. Discussing your condition with people you are close to can help them to understand any changes you may need to make and makes it easier for them to help you.

Sadly, some people can face discrimination at work or in social settings, particularly around alcohol-related medical conditions. It's important to remember that you are not to blame for having liver disease.

Employment and occupational health issues

Telling your colleagues or your employer may not be necessary or helpful for you, so think carefully before making this decision and perhaps discuss it with your GP or liver specialist first.

It is unlawful for your employer to discriminate against you, or treat you or someone close to you less favourably, because

of an illness or disability. They have to make reasonable adjustments to help you do your job. Check your company's policies and guidelines for sickness and disability before deciding whether to tell your employer about your illness.

Financial support

There are a number of sources of financial support available for patients and carers. It is a good idea to ask about and apply for this support, even if you are not sure whether you are ill enough to qualify, as many people overestimate how ill they have to be to be eligible.

Remember to ask your GP or the hospital ward for a medical certificate.

For more information on practical support visit our website.

If you're struggling with your mental health call the Samaritans on 116 123 for free.

Samaritans are there to listen to whatever is troubling you, no matter how big or small.

How the British Liver Trust can help

A diagnosis of any kind of liver disease can be worrying and you may have a lot of questions. Speaking to one of our liver nurses, getting to know people in a similar situation and getting the most out of your conversations with your doctor can be reassuring and can really help too.

Helpline Your clinical team are the best people to discuss the details of your treatment with. But we're here for everything else, from information and advice to simply having someone to listen. **Call our helpline and speak to a nurse on 0800 652 7330**

Online community An invaluable source of peer support, where you can post questions, share experiences and hear from others on how they or those close to them are managing their condition: www.healthunlocked.com/britishlivertrust

Support groups Many patients, families and carers affected by a liver condition find it helpful to speak to others and share experiences. Our support groups can be a real lifeline. The British Liver Trust facilitates groups across the UK.

Visit our website for more information.

We've also created a helpful set of questions to help you make the most of appointments with your doctor. You can download these at www.britishlivertrust.org.uk/arld



Steve was diagnosed with alcohol-related liver disease in 2020

“At the British Liver Trust group there is no stigma. People are honest and open, and that makes me want to open up more. You don't feel judged. And the group isn't doom and gloom. Don't get me wrong I get 'down' days. But when we are in the group we talk positively.”

Where to find support if you need help to stop drinking alcohol

Cutting down on drinking alcohol or stopping drinking altogether can be very difficult and lots of people need some help. Useful contacts, websites and apps include:

- **Alcoholics Anonymous (AA)** support to stop drinking available UK-wide. Call free on **0800 9177 650** or visit www.alcoholics-anonymous.org.uk
- **Drinkline** a national alcohol helpline. Calls are free and completely confidential. Call **0300 123 1110**
- **NHS advice on alcohol support** get information, find local support and other organisations who can help. Visit www.nhs.uk/live-well/alcohol-support
- **Smart Recovery** a charity that promotes addiction recovery through meetings and online resources, including online meetings. Visit www.smartrecovery.org

Looking after yourself – your questions answered

Can I take complementary or alternative medicines?

It is important to get your doctor's advice before trying any of these products. At the moment doctors do not generally recommend them for liver disease. Most of them are not classed as medicines so they don't go through the same strict testing for quality or effectiveness. It is possible these products have no effect or could even be harmful, including causing damage to your liver.

Does milk thistle help symptoms of liver disease?

Do not use milk thistle without speaking to your doctor. It could cause problems if you take certain medicines including sirolimus (an immunosuppressant used after liver transplant), diazepam, warfarin, and the antibiotic metronidazole. There is also some evidence that it could lead to low blood sugar. There is no strong evidence to support using milk thistle as a natural treatment for liver disease.

Do I need to stop smoking?

Smoking increases your risk of developing liver cancer and at least 50 other health conditions. If you smoke the best thing you can do for your health is quit. You don't have to do it by will power alone. Using local free stop smoking services boosts your chance of quitting by three times.

Find your local free service:

England - NHS smokefree 0300 123 1044
Scotland - Quit your way 0800 84 84 84
Wales - Help me quit 0800 085 2219
Northern Ireland - Stop smoking NI www.stopsmokingni.info/

Should I try to “detox” my liver?

You might see foods or diets being recommended to cleanse or “detox” your liver. But this isn't physically possible. Some of these diets can be dangerous for people with liver disease. Speak to your doctor before trying any of these products.



Useful words

Abstinence – When you give up drinking alcohol completely.

Ascites – A build-up of fluid around your tummy, which causes bloating and can be painful.

Asymptomatic – When you have an illness or condition (such as alcohol-related liver disease) but do not show any signs or symptoms of having it.

Biopsy – A medical procedure that involves taking a small sample of body tissue so it can be examined under a microscope.

Compensated cirrhosis – When the liver is coping with the damage and can still carry out its important functions.

Decompensated cirrhosis – When the liver is not working properly anymore. This is sometimes called end stage liver disease because it comes after the other stages.

Endoscopy – A test used to look inside your body, usually your food pipe (oesophagus). It uses a long, thin, bendy tube called an endoscope, which has a light and a camera on the end.

Fibrosis – The medical word for scar tissue, which can form as a result of liver damage. How much scarring there is in your liver is an important sign of how advanced your liver disease is.

Gastroenterologist – a doctor who specialises in treating diseases of the digestive system including the stomach, gut, pancreas and liver.

Hepatic – Anything relating to the liver.

Hepatic encephalopathy (HE) – Forgetfulness, confusion and similar symptoms caused by high levels of toxins in the brain. Some people call this brain fog.

Hepatologist – A doctor who specialises in treating liver disease. Hepatologists are trained to manage patients with liver transplants and can perform liver transplant assessments.

Inflammation – How your body responds to things that could harm it, such as germs or wounds. Long-lasting inflammation can be triggered by things like fat in your liver.

Jaundice – When your skin or the whites of your eyes turn yellow, caused by the build-up in your body of a yellow substance called bilirubin. It can be hard to see if you have black or brown skin.

Transient elastography – A scan that tests how stiff your liver is, which is a sign of how much damage and scarring there is. A common type of transient elastography is called FibroScan®.

British Liver Trust information and resources

Scan the code with your phone or visit www.britishlivertrust.org.uk/arld to read and download all our information about alcohol-related liver disease for patients.



This includes detailed advice on treatment and questions to ask your doctor about alcohol-related liver disease.

Useful websites

NHS alcohol support resources

www.nhs.uk/live-well/alcohol-support

Facts about alcohol and support for cutting down or stopping drinking.

Mind www.mind.org.uk

Advice and support to empower anyone experiencing a mental health problem.

Samaritans www.samaritans.org/ or call 116 123 for free

Samaritans are there to listen to whatever is troubling you, no matter how big or small. You can call, text or email them 24 hours a day, every day.

Special thanks

All our publications are reviewed by medical experts and people living with liver disease. We would like to thank:

Our patient focus group, reviewers and case studies.
Dr Andy Holt, University Hospitals Birmingham NHS Foundation Trust.

We welcome your comments on this booklet, please email publications@britishlivertrust.org.uk

About the British Liver Trust

The British Liver Trust are the leading UK charity for all adults affected by liver disease. We are entirely funded by donations, including gifts in wills. Our mission is to transform liver health by improving awareness, prevention, care and support. We:

- Provide information and support to everyone affected by liver disease and liver cancer
- Work to increase awareness of liver disease and liver cancer to a wider audience
- Campaign for earlier detection and better treatment of all types of liver disease
- Work in partnership to drive up standards of care and encourage more research

Make your gift online today at www.britishlivertrust.org.uk/donate

Key facts about alcohol-related liver disease

- You don't have to be an 'alcoholic' to have alcohol-related liver disease. As well as alcohol, things like your genes play a role in who develops this disease.
- Reduce your risk of developing liver disease by following the guidelines - have no more than 14 units of alcohol a week with 2 to 3 days when you drink no alcohol.
- Liver disease usually has no symptoms in the early stages.
- Ask your doctor to check your liver health if you are a man who regularly drinks over 50 units or a woman who regularly drinks over 35 units each week.
- The most effective treatment is to stop drinking alcohol completely. This slows or stops further damage and in some cases lets your liver repair some damage.
- Eating well is important to help your liver get healthier.
- If your liver disease is very serious you may be eligible for a liver transplant. Ask your doctor.

Website: www.britishlivertrust.org.uk

Nurse-led helpline: 0800 652 7330

Online community: www.healthunlocked.com/britishlivertrust

Office: 01425 481 320

Email: info@britishlivertrust.org.uk

 facebook.com/britishlivertrust

 [@livertrust](https://twitter.com/livertrust)