

Alarming rise in chronic liver disease and challenges ahead

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ABSTRACT

This editorial stresses on the alarming rise in chronic liver diseases and the challenges faced in future regarding its management.

Our changing lifestyle has put us at risk of fatty liver almost globally. Studies have revealed that in the western countries Non Alcoholic Fatty Liver Disease (and Non Alcoholic Steatohepatitis) has been underestimated, and in the coming times may be the commonest cause of Chronic Liver Disease. [1, 2, 3]

Challenges in the management of Chronic Liver Disease today present a new dimension. The advent of diagnostic techniques and experience in treatments of viral hepatitis in the last decade or so has changed the scenario dramatically. Whereas, this has opened more avenues for further research work, it has also increased awareness amongst the population. This has led to increasing referrals by General Physicians to Specialists or patients seeking advice from Specialists in the first instance itself.

A typical patient in a Hepatology clinic falls between a spectrum of fatty liver on one end and cirrhosis on the other. Such patients happen to present between third and fourth decade of life, with raised body mass index, taking more than 40 grams of alcohol weekly (males generally), with impaired insulin tolerance (or frank diabetes), and borderline high blood pressure. Hepatitis B and C check pending, 20% of such individuals will go on to have Chronic Liver Disease. It is important to acknowledge the enormous volume of this patient group and the limitations (including expertise) in the management of such patients globally!

The complications of Chronic Liver Disease include emergencies like variceal bleeds and alarming Hepatocellular cancer, amongst others, significantly increasing the mortality and morbidity. This not only has a serious impact on the financial health of a society, but also has strong emotional overtures. A small observational study [4]

conducted in the rural population of Punjab, India reveals that variceal bleed may be overtaking peptic ulcer disease as a leading cause of upper gastrointestinal bleed. Prevalence of Hepatitis B which is responsible for Hepatocellular cancer even in non-cirrhotics has been on the rise despite availability of the vaccine (8% in China and Sub-Saharan Africa, 2-7% in Southeast Asia and Eastern Europe, and <2% in USA, parts of Canada and UK.

A lot has been done at all levels, including actions taken by Pharmaceuticals in recent years, and this is evident, for example, in the reduction of cost of Pegylated Interferons, which until 3 years ago cost between Rs. 12,000 to Rs. 15,000 in India. This has now come down to Rs. 5,000 to Rs. 7,200 and also available on installments ('Sambhav' scheme)! This has been possible mainly because routine pre anaesthetic checks and screening camps have highlighted 'positive patients' who are now readily asking for expert advice regarding treatment and acting on it. This certainly signifies a positive trend towards management of various causes of Chronic Liver Disease.

Unfortunately, a lot is yet desired especially in a third world setting. Providing the right kind of infrastructure to advise and manage such patients at the Government funded Hospitals is the key. The treatment may appear mathematical, but it is not simple and has to be individualized including management of psycho-social aspects to keep patients and carers motivated. Specialists and Specialist Nurses are required for long term management plans, and further reductions in the cost is necessary to make the treatment affordable to all.

It is important to continue educating the populace so that the patient and his/her carers are aware of the facts regarding

management, including the importance of lifestyle changes. Outreach programs and clinics may be a way to handle this and highlighting preventive measures are imperative.

However, we suspect the number of patients being seen in outpatients is just tip of an iceberg and larger studies and comparison of data are required to ascertain the problem. It may be that eventually the enormity of the problem hits so hard that it takes shape of an epidemic, one that will have global repercussions with not enough infrastructure in place, especially in third world countries. It is important to recognise the menace as early as possible and take preventive actions at a large scale. At the same time, it is the

prerogative of one and all to devise a system wherein expensive treatments can be made affordable along with procedural expertise of high standards.

References

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Cite this article as: Singh GP. Alarming rise in chronic liver disease and challenges ahead. *Int J Med and Dent Sci* 2014; 3(1):242-243.

Source of Support: Nil
Conflict of Interest: No

