MODERN PHARMACOTHERAPY FOR ALCOHOLIC LIVER DISEASE

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Introducing. The spectrum of alcohol-related liver injury varies from simple steatosis to cirrhosis. The incidence and mortality rate depends on alcoholic liver disease (ALD) alcohol consumption per person. Every day due to diseases related to alcohol, killed 40 Ukrainian.

The aim of our study is to examine the current guidelines for pharmacotherapy ALD.

Materials and method. We have examined the following documents: Unified clinical protocols of primary, secondary (specialized) medical care of alcoholic hepatitis, approved by the Ministry of Health of Ukraine № 826, November 6, 2014; Practice Guideline Committee of the American Association for the Study of Liver Diseases and the Practice Parameters Committee of the American College of Gastroenterology, 2010.

Results and discussion. The diagnosis of ALD is based on a combination of features, including a history of significant alcohol intake, clinical evidence of liver disease, and supporting laboratory abnormalities. Decisions regarding treatment are critically dependent on the ability to estimate a given patient's prognosis. It has been suggested prognostic scoring systems used for patients with ALD. Maddrey (modified) discriminant function (MDF) (poor prognosis if score >32), MELD score (poor prognosis if >18), Glasgow Alcoholic Hepatitis score (GAH) (poor prognosis if score >8). Abstinence is the most important therapeutic ntervention. The presence of significant protein calorie malnutrition is a common finding in alcoholics, as are deficiencies in a number of vitamins and trace minerals, including vitamin A, vitamin D, thiamine, folate, pyridoxine, and zinc. The most recent metaanalysis demonstrate an effect of steroids in the subgroup of patients with hepatic encephalopathy and/or a MDF score more than 32. Recommended dose of prednisolone is 40 mg/day for 4 weeks then tapered over 2-4 weeks, or stopped, depending on the clinical situation. Patients with severe disease (MDF > 32) could be considered for pentoxifylline therapy (400 mg orally 3 times daily for 4 weeks), especially if there are contraindications to steroid therapy. Appropriate patients with end-stage liver disease secondary to alcoholic cirrhosis should be considered for liver transplantation.

Conclusions. All patients with ALD should be counseled to completely abstain from alcohol, assessed for nutritional deficiencies; should be considered for a course of prednisolone and pentoxifylline therapy.