MIDDLESBROUGH SOUTH AND EAST CLEVELAND
LIVER DISEASE PROFILE

BACKGROUND

Liver disease is the third most common cause of premature death in the UK and the national liver disease health outcomes are worse than in other western European countries.[1]

Over the last decade, the number of liver disease-related hospital admissions in England has increased by half,[2] placing an ever greater strain on the health service.

Liver disease disproportionally affects the poorest and the most vulnerable in society and is a major factor in generating socio-economic health inequalities.[3]

LIVER DISEASE IN NUMBERS

- Liver disease mortality rates in the UK increased **400%** since 1970[1]
- **£2.1billion** per year spent on treating liver disease[4]
- More than **1million** admissions to hospital per year as a result of alcohol-related disorders[1]
- **62,000 years** of working life lost to liver disease every year[1]
- Care for patients who died of liver disease rated as less than good in **more than half cases**[5]

LIVER DISEASE IN MIDDLESBROUGH SOUTH AND EAST CLEVELAND

340

YEARS OF WORKING LIFE

were lost in your constituency due to liver disease in 2012-14[6]

That is more than the number of working years lost due to:

- **Lung cancer**
- **Stroke**
- **Colorectal cancer**

The liver disease **MORTALITY RATE** amongst under-75s in your local area is

25.5

per 100,000

This is **higher than the national average** (17.8 per 100,000)[7]

The rate of **hospital admissions** due to liver disease in your local area is **higher than the national average**.[7]

317

HOSPITAL ADMISSIONS

due to liver disease in your constituency in 2014-15[8]

LIVER DISEASE RISK FACTORS IN MIDDLESBROUGH SOUTH AND EAST CLEVELAND

ALCOHOL

Alcohol is the most common cause of liver disease in England and the biggest risk factor for death in men younger than 60 years.[1]

In your local area, it is estimated that **25.6%** of people over 16 years who drink alcohol **engage in "increasing risk" or "higher risk" drinking.** This is **lower than the national average** (26.75%).[9]

25.6%

INCREASING OR HIGHER RISK DRINKERS

OBESITY

Obesity is the key risk factor for non-alcoholic fatty liver disease (NAFLD).

In your local area, **70.5%** of adults are classified as **overweight or obese**, which is **higher than the national average** (64.6%).[10]

36.4% of children between 10 and 11 years in your local area are estimated to have excess weight, which is **higher than the national average** (33.6%).[11]

70.5%

OVERWEIGHT OR OBESE

VIRAL HEPATITIS

The number of deaths due to viral hepatitis is increasing.[1] The infection can lead to chronic liver disease and liver cancer.

It is estimated there are **583 people infected with hepatitis C** in the local Drug Action Team area, many of whom will live in your constituency.[12]

Although the number of people with hepatitis B virus is unknown, the figure is probably similar to those with hepatitis C.[1]

583

HEPATITIS C INFECTIONS IN LOCAL AREA

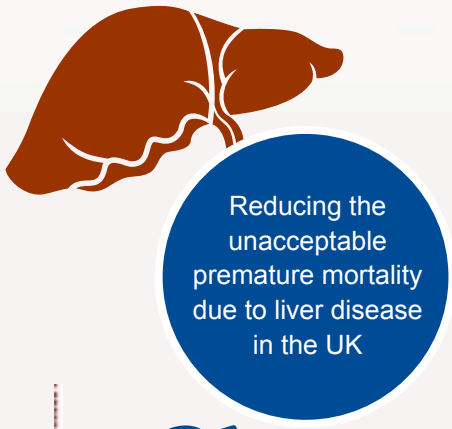
Foundation for Liver Research received an unrestricted educational grant from Norgine in support of this engagement programme. Norgine have no editorial control over this activity.

MIDDLESBROUGH SOUTH AND EAST CLEVELAND

LIVER DISEASE PROFILE

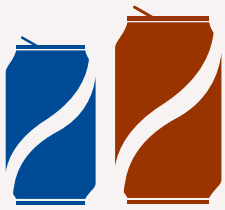
WHAT CAN BE DONE TO TACKLE LIVER DISEASE?

The Lancet Commission on liver disease has identified a number of recommendations, which it is calling on the Government, together with the health service, to implement in order to improve liver disease health outcomes in the UK.



As an immediate priority, the Lancet Commission is urging the Government to:

1 **Implement alcohol annual duty increases above inflation, coupled with a threshold price; display health information on labels and packaging; and restrict the exposure of children to alcohol marketing**



2 **Promote healthy lifestyles through targets on Local Authorities and introduce Government regulations on sugar content of packaged food, alongside a ban on advertising of foods high in saturated fats, sugar and salts before 9pm**

3 **Implement an agreed universal vaccination policy for hepatitis B and set NHS targets for use of the new anti-HCV viral agents**

WHAT CAN PARLIAMENTARIANS DO TO HELP FIGHT LIVER DISEASE?

There are many ways in which parliamentarians can help to raise the profile of liver disease in Westminster and advocate for improvements in its prevention, management and treatment. The Lancet Commission would be grateful if you would consider taking the following actions to highlight the issue of liver disease in Parliament and amongst health system leaders in your constituency:

- Tabling of Parliamentary Questions
- Attempting to secure a parliamentary debate
- Writing to your party's health spokesperson
- Engaging with the healthcare commissioners and healthcare providers in your constituency

The Lancet Commission would be delighted to meet with you in person to brief you in greater detail. Should you wish to meet with the representatives of the Lancet Commission, we would be grateful if you could confirm your availability by writing to liverdisease@incisivehealth.com.

ABOUT THE LANCET COMMISSION ON LIVER DISEASE:

- The Lancet Commission on Liver Disease is a group of multi-disciplinary experts assembled to make recommendations to reduce premature liver disease mortality, tackle liver disease burden from avoidable causes and improve the standard of care for patients with liver disease in hospital.
- In its report, *Addressing liver disease in the UK*, published in 2014, the Lancet Commission set out a blueprint for improving the prevention and management of liver disease in the UK and made ten headline recommendations
- The Lancet Commission published a follow-up report in November 2015 to benchmark the implementation of its original recommendations

FOR FURTHER INFORMATION:

Please contact Professor Roger Williams,
Chair of the Lancet Commission on liver disease at
r.williams@researchinliver.org.uk or 0207 255 9830.

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