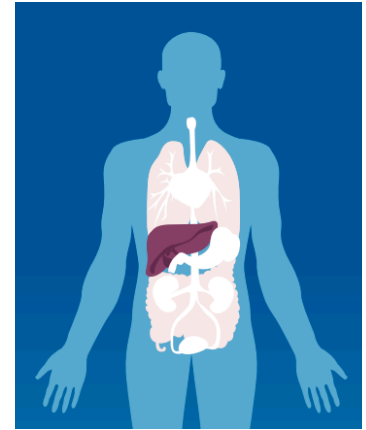


## The Lancet Commission on liver disease Addressing liver disease in the UK

### The burden of liver disease in the UK

- Liver disease mortality rates in the UK have increased 400% since 1970, and in people younger than 65 years they have risen by almost five times in this period
- Liver disease constitutes the third most common cause of premature death in the UK
- Liver disease health outcomes in the UK are worse than in other western European countries
- The poorest and most vulnerable in society have the highest incidence of liver disorders
- There is low understanding of liver disease in general practice, with few programmes in place for early detection and treatment
- The care for patients acutely sick with liver disease in secondary care is sub-optimal



### Alcohol misuse

- More than one million admissions to hospital per year are the result of alcohol-related disorders
- Alcohol is the biggest risk factor for death in men younger than 60
- It is estimated that alcohol-related problems cost the NHS £3.5 billion per year
- Evidence suggests that alcohol consumption could be reduced through taxation or a threshold price (both measures are proportional to consumption and reduce health inequalities)
- Threshold pricing is the most targeted measure as it only affects cheap alcohol and does not affect the price of a pint in pubs
- An increase of 10% in the 'floorprice' of alcohol in Canada was associated with a 30% reduction in deaths attributable to alcohol within 12–24 months

#### **Recommendation:**

Implement 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.

### Obesity

- 25% of the UK population are now categorised as obese and by 2030, almost 40 million adults in the UK will be obese
- It is estimated that consequences of obesity cost the NHS £5.5 billion per year
- Non-alcoholic fatty liver disease (NAFLD) is present in 80-90% of obese individuals, out of which 10-15% will progress to fibrosis and cirrhosis
- A light touch, voluntary approach towards the food industry is unlikely to have a major effect on the obesity epidemic and Government measures need to be strengthened

#### **Recommendation:**

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

## Viral hepatitis

- Annual deaths from hepatitis C have almost quadrupled since 1996 and about 75% of people infected are still estimated to be undiagnosed. The same applies to hepatitis B infection
- New, highly effective antiviral agents for hepatitis C give around 95% viral clearance and therefore allows for shorter periods of treatment
- There has been little progress in controlling the burden of hepatitis B, and systematic identification of the condition, particularly in urban communities, remains a priority

### **Recommendation:**

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

## More equitable distribution of liver transplantation services

- Mortality on the waiting-list for liver transplantation in the UK is quite low and outcome data are excellent in all six of the English liver units
- However, there is a mismatch between the locations of the six current transplantation units and where the population need is the greatest
- There are no centres in the populous areas of the North West of England which have high rates of liver disease
- There are also substantial differences in the sizes of the centres and waiting times, alongside a variation in cost of more than 50% between the lowest and highest cost centres

### **Recommendation:**

Develop additional transplantation units in suitable areas to improve access and provide additional capacity for the anticipated increase in the availability of organ donors.

## About the Lancet Commission on liver disease

- The Lancet Commission on liver disease is a group of multi-disciplinary experts aiming to make firm recommendations to reduce the unacceptable premature mortality and disease burden from avoidable causes and to 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 will publish a follow-up report in November 2015 to benchmark the implementation of its original recommendations
- The Lancet Commission is mindful of the NICE Guidelines on cirrhosis and NAFLD currently in development and will be reflecting them in its recommendations

## Contact

For further information please contact Professor Roger Williams, Chair of the Lancet Commission on liver disease on [r.williams@researchinliver.org.uk](mailto:r.williams@researchinliver.org.uk) or 0207 255 9830.

All references can be accessed at: The Lancet Commissions, *Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity and viral hepatitis*, November 2014; Available at: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)61838-9.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)61838-9.pdf)