

# PRESENTER: DISCLOSURE/CONFLICTS

**Title:** AUD, FIB-4 & cirrhosis



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### **Financial sponsors**

- N/A

### **Advisory boards/speakers' bureaus:**

- Advisory boards: Gilead, Ipsen, Pfizer, Roche, Novo Nordisk, GSK, Abbott
- Speaker: Gilead, Abbott

### **Clinical trials/research support:**

- Gilead ■ BMS ■ CymaBay ■ Intercept ■ Genfit ■ Pfizer ■ Novartis
- Astra Zeneca ■ GSK ■ Celgene ■ Novo Nordisk ■ Axcella Health Inc. ■ Merck ■ Galectin Therapeutics ■ Calliditas Therapeutics ■ Madrigal ■ AbbVie ■ Altimmune ■ Roche ■ Kowa ■ Ipsen

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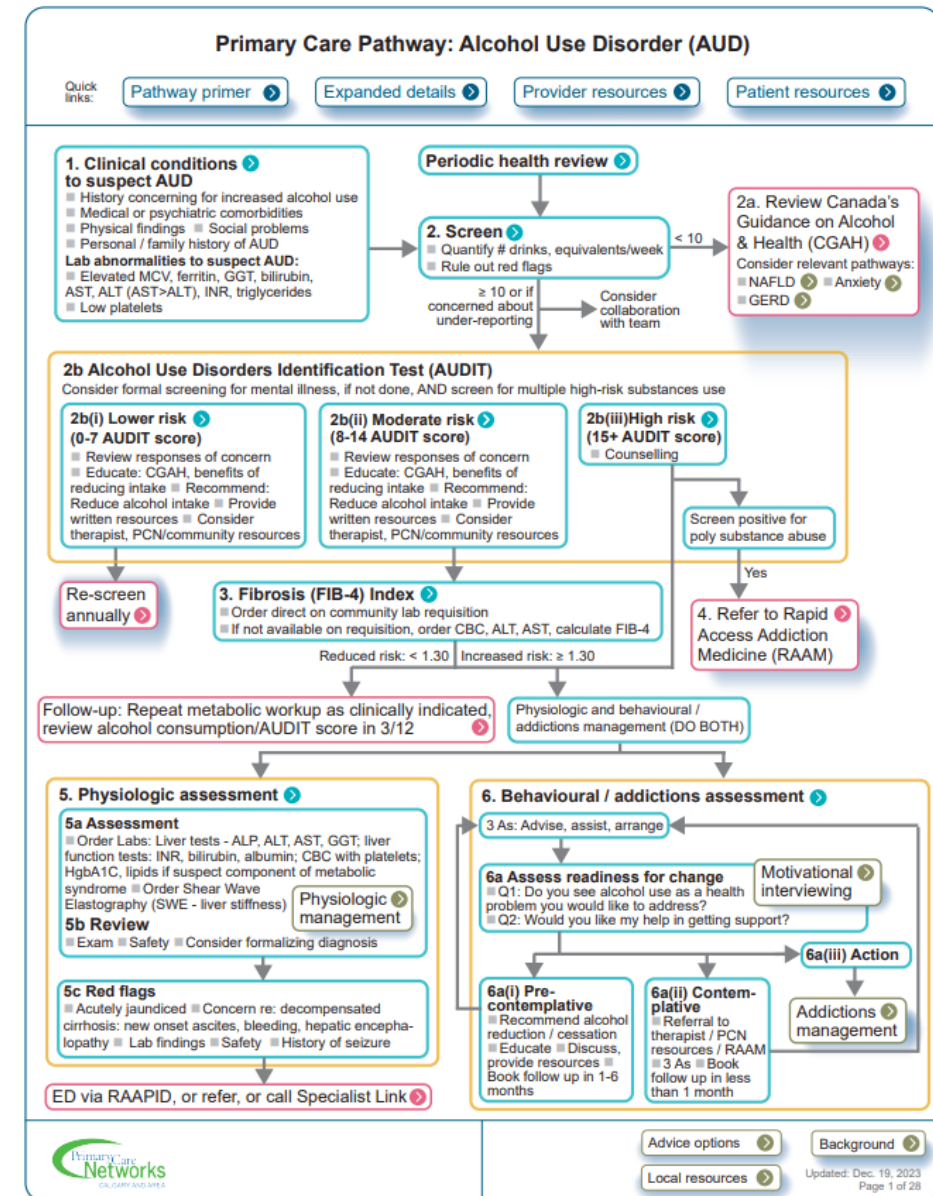
# ALCOHOL USE DISORDER: LIVER SCARRING

Why do we need an alcohol pathway, and how would I use it to detect significant liver scarring in my patients?

The pathway: Alcohol Use Disorder

The location: [specialistlink.ca](https://specialistlink.ca)

> clinical pathways > addiction medicine or hepatology



# ALCOHOL USE DISORDER: LIVER SCARRING

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## **Why do we need an alcohol pathway, and how would I use it to detect significant liver scarring in my patients?**

- Alcohol sales and intake are rising
- COVID-19 pandemic increased alcohol consumption among adults
- Primary care providers are often the first point of contact for patients seeking medical care → screening for AUD can help identify patients who may be at risk.
- General triggers that may cause a practitioner to suspect AUD might include:
  - A history of increased alcohol use
  - A history of AUD
  - Social or occupational problems
  - Lab abnormalities
  - Medical or psychiatric comorbid conditions
- There are effective supports and treatments available to patients with AUD

# ALCOHOL USE DISORDER: LIVER SCARRING

## Primary Care Pathway: Alcohol Use Disorder (AUD)

Quick  
links:

[Pathway primer](#)

[Expanded details](#)

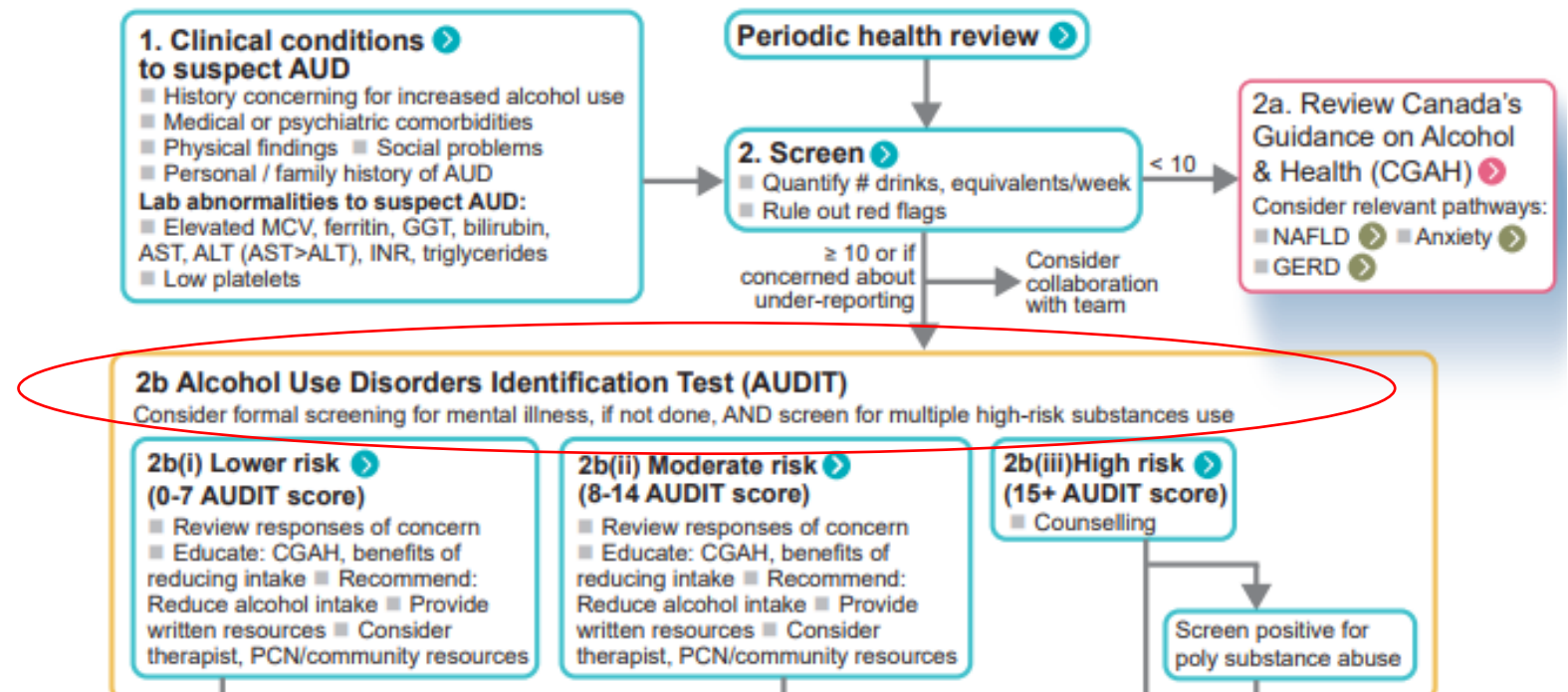
[Provider resources](#)

[Patient resources](#)

- Pathway aims to provide a **standardized, evidence-based**, easy-to-use algorithm for **identifying** and **managing** AUD in primary care (developed and reviewed through a collaboration of family medicine, hepatology, addictions medicine, and other primary care and specialty care providers).
- Meant to help **identify** those patients at risk, **indicate** what **investigations** are recommended, provide **pharmacological** and **non-pharmacological treatments/supports**, and determine when **specialty care** might be needed.

# ALCOHOL USE DISORDER: LIVER SCARRING

- The AUDIT, developed in 1989 → helps identify those at risk of harm from alcohol consumption
- Asks 10 questions in three areas:
  - Alcohol intake
  - Markers of alcohol dependence
  - Individual experience of harms from alcohol



### The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

<p>1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <input type="text"/>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <input type="text"/>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <input type="text"/>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>	<p>9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="text"/>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="text"/>

Record total of specific items here   
If total is greater than recommended cut-off, consult User's Manual.

### The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

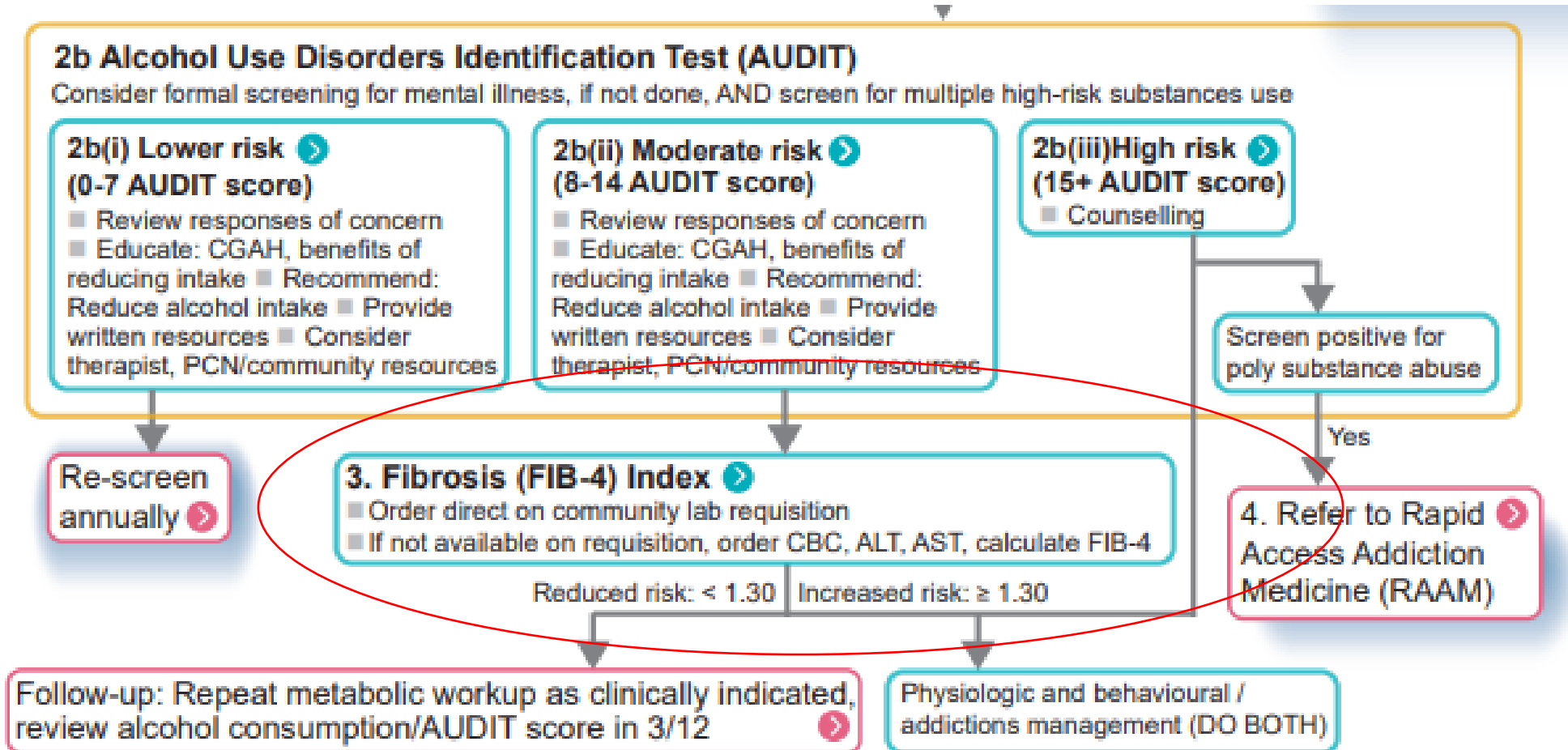
Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

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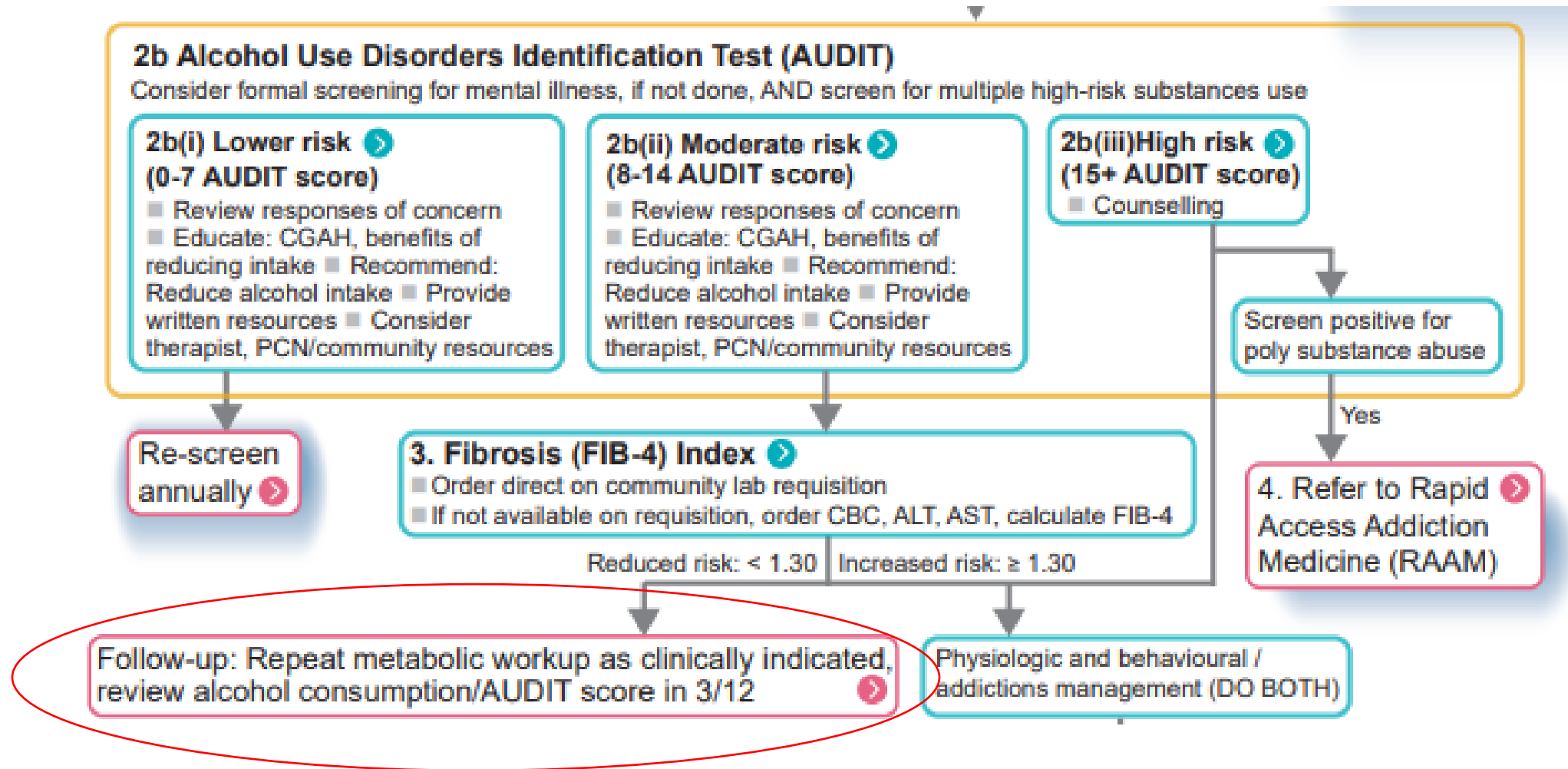
Section	AUDIT SCORE / risk assessment	Suggested follow-up	Resources
2b(i)	0-7 LOWER risk	<ul style="list-style-type: none"> <li>- Review: Responses of concern</li> <li>- Educate: Benefits of reducing intake, CGAH</li> <li>- Recommend: Reduce alcohol intake</li> <li>- Provide written resources</li> <li>- Consider: Community resources, therapist</li> </ul> <p>Rescreen <u>yearly</u></p>	<p><a href="#">DrugSafe Alcohol - When Zero's the Limit</a></p> <p>Addictions helpline: 1-866-332-2322</p> <p>2-1-1 (Information on local community services, can provide referrals to physical and mental health resources, housing, utility, food, and employment assistance as well as crisis interventions)</p> <p>811 Alberta Health Link (nurse advice and general health information)</p> <p><a href="#">Drink Less - Handycard</a></p> <p><a href="#">CGAH, Public Summary: Drinking Less Is Better (Infographic)</a></p>
2b(ii)	8-14 MODERATE risk	<p>Same as low risk</p> <ul style="list-style-type: none"> <li>- O fibrosis (FIB-4) index on community lab requisition if available OR order CBC, ALT, AST and calculate FIB-4</li> </ul> <p>Rescreen <u>every 3-6 months</u></p>	<p><a href="#">Fibrosis-4 (FIB-4) Index for Liver Fibrosis</a></p> <p>or</p> <p><a href="#">FIB-4 Calculator</a></p>
2b(iii)	15+ HIGH risk	<ul style="list-style-type: none"> <li>- Screen for polysubstance abuse (Drug Abuse Screening Test; DAST-10)</li> <li>- Refer to Rapid Access Addiction Medicine (RAAM) if DAST-10 positive</li> <li>- Engage in physiologic AND addictions management (see algorithm)</li> </ul>	<p><a href="#">Alberta Addiction Treatment Centre Directory</a></p>



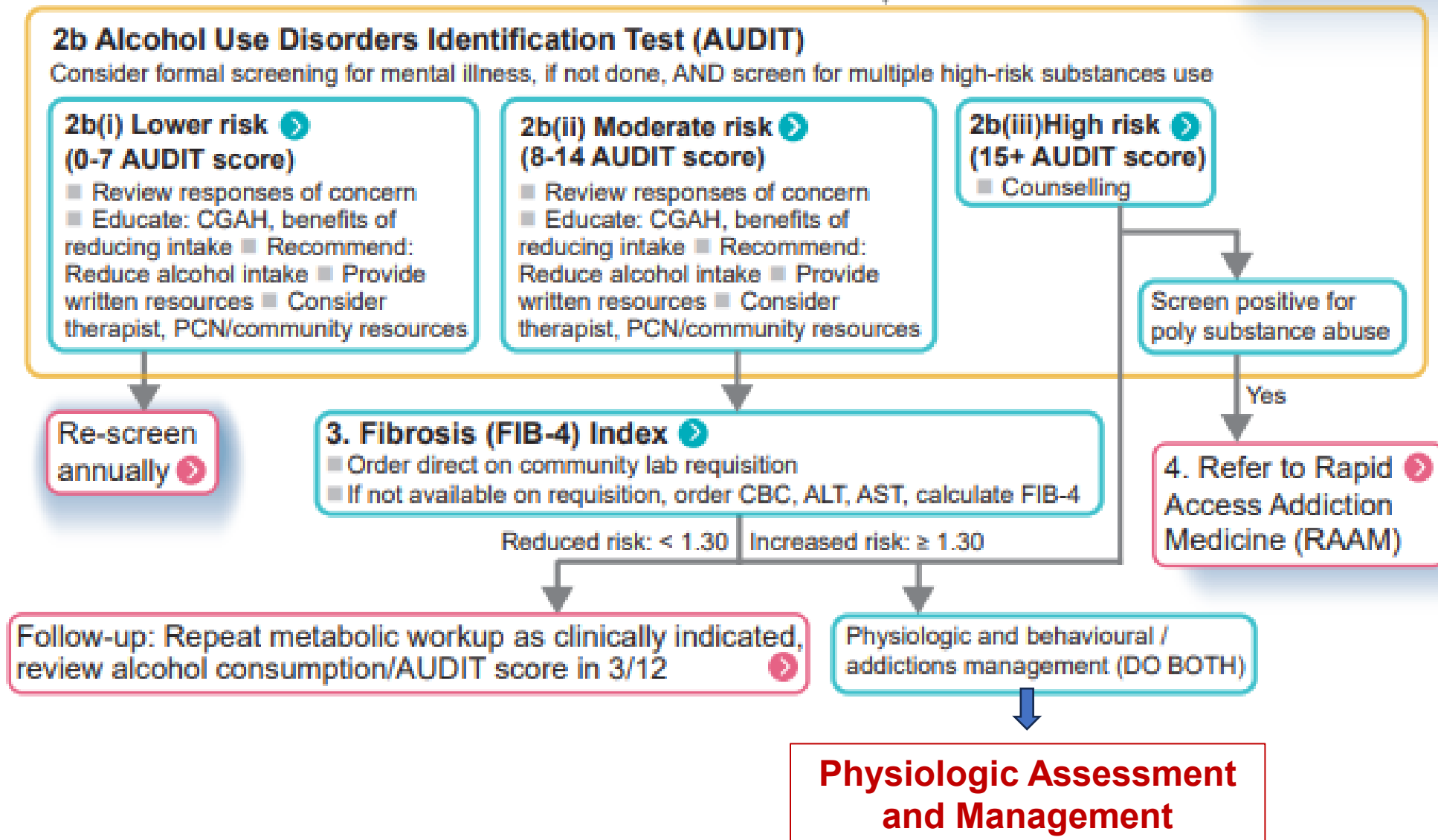
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# ALCOHOL USE DISORDER: LIVER SCARRING

## Alcohol Use Disorder (AUD): Physiologic management\*

\*To include patient with a history of high-risk drinking (if currently abstinent)

### 5. Physiologic assessment >

#### 5a Assessment

■ Order Labs: Liver tests - ALP, ALT, AST, GGT; liver function tests: INR, bilirubin, albumin; CBC with platelets; HgbA1C, lipids if suspect component of metabolic syndrome ■ Order Shear Wave Elastography (SWE - liver stiffness)

Physiologic management >

#### 5b Review

■ Exam ■ Safety ■ Consider formalizing diagnosis

#### 5c Red flags

■ Acutely jaundiced ■ Concern re: decompensated cirrhosis: new onset ascites, bleeding, hepatic encephalopathy ■ Lab findings ■ Safety ■ History of seizure

ED via RAAPID, or refer, or call Specialist Link >

# ALCOHOL USE DISORDER: LIVER SCARRING

**FIB-4 Calculation:**  $\text{Age ([yr]} \times \text{AST [U/L]} / ((\text{PLT [10}^9\text{/L]} \times (\text{ALT [U/L]})^{1/2}))$

Or website: <https://www.mdcalc.com/calc/2200/fibrosis-4-fib-4-index-liver-fibrosis>



## Interpretation:

If  $\text{FIB-4} \geq 1.30$ , the patient is deemed at increased risk of fibrosis.

Patients with alcohol use disorder and ongoing alcohol consumption should have a FIB-4 calculated annually.

If the  $\text{FIB-4} \geq 1.30$ , a shear wave elastography (SWE) is recommended, whether or not the routine 3-year interval has elapsed.



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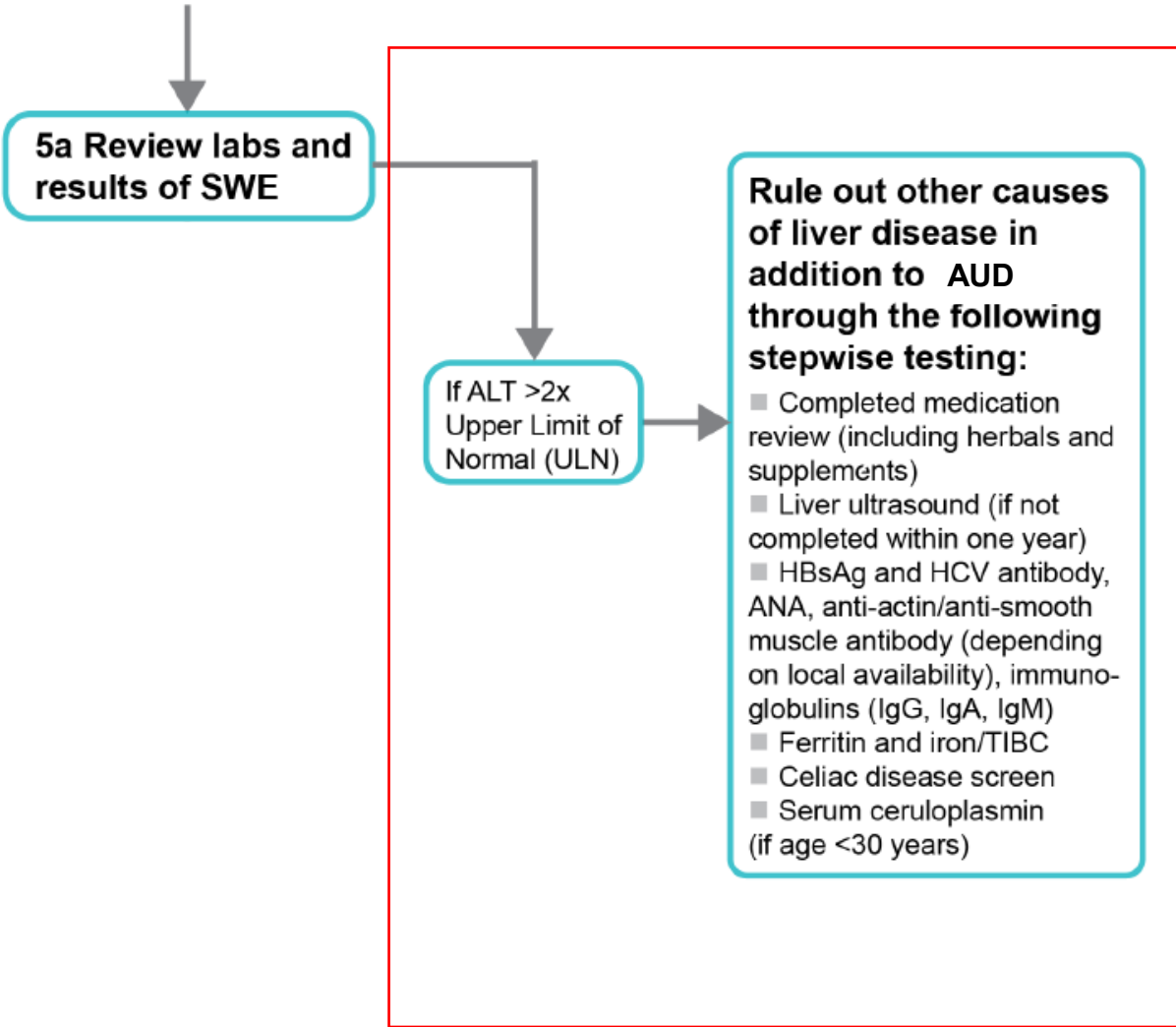


**5a Review labs and results of SWE**

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**SWE low risk <8KPa**

- Addictions management
- Lifestyle management if component of metabolic syndrome
- Vaccination for Hepatitis A & B
- Monitor CBC, ALT and AST annually and calculate FIB-4
- Repeat SWE every 3 years (or sooner if FIB-4 > cut-off at time of annual assessment)



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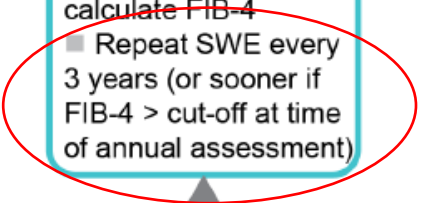
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If repeat SWE inconclusive or at risk  $\geq$  8KPa

Refer to hepatology

Low risk and followed in primary care

Fibrosis identified and followed by hepatology

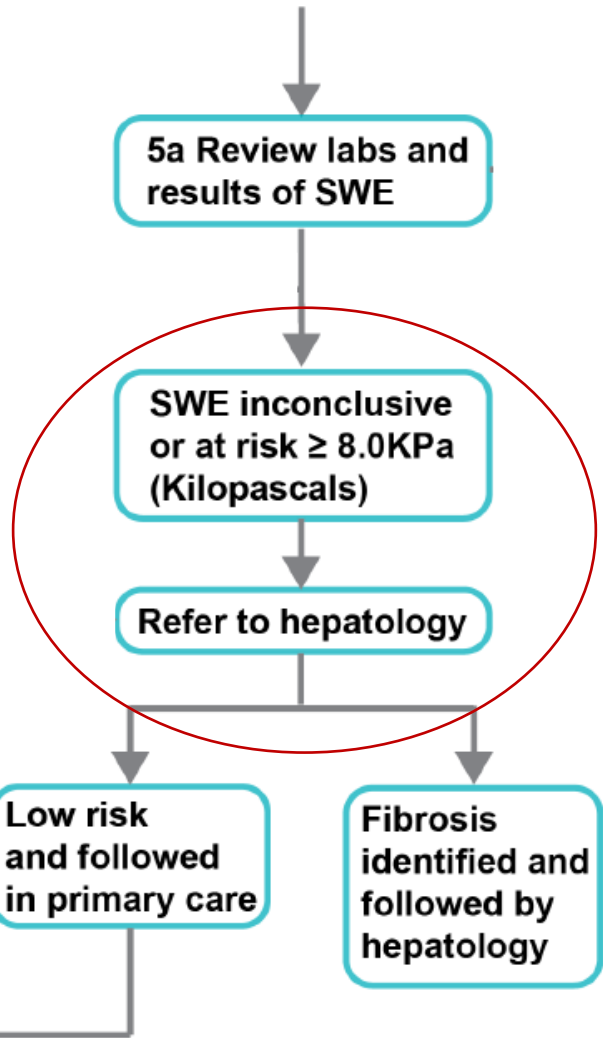


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## Questions & comments

