

LIVER HEALTH – Your questions answered

Professor Roger Williams and his team of specialists at The London Clinic Liver Centre answer some common concerns about liver health:

Q How much alcohol is it safe to drink?

The best advice is for people to keep to the limits recommended by the Department of Health: 21 units for men and 14 units for women per week (one unit is one glass of wine / half a pint of lager). Excessive drinking can lead to serious health problems including fatty liver disease, cirrhosis, alcoholic hepatitis, stomach disorders, pancreatitis leading to diabetes, high blood pressure, heart muscle damage leading to heart failure and strokes.

Professor Roger Williams, Clinical Director of the Liver Centre

Q I'm concerned that I drink too much alcohol, are there any safe and reliable tests that I can undergo to put my mind at rest?

There are a number of ways to assess your liver health including simple diagnostic tools such as blood tests including Fibro Test-ActiTest to complement the use of liver biopsy in assessment of liver function disturbances and possible liver disease. One of the latest advancements in this area is Fibroscan® technology – a state-of-the-art piece of equipment that provides instantaneous and completely non-invasive assessment of liver health.

Professor Roger Williams, Clinical Director of the Liver Centre

Q What are the consequences of drinking excessively?

Almost all excessive drinkers will develop the first stage of alcoholic liver disease: fatty liver. This is a side effect of the liver breaking down alcohol into carbon dioxide and water. While the condition disappears if people reduce their alcohol intake, around 20-30% of people who drink heavily will develop alcoholic hepatitis. This condition can then cause the liver to become inflamed and patients can even die of liver failure. A smaller number (around 10%) will develop cirrhosis – a scarred and damaged liver - if they continue to drink to excess.

Professor Roger Williams, Clinical Director of the Liver Centre

Q I've heard that liver cancer can't be treated, is that true?

No, that is not true. The outlook for patients with liver cancer is now much more hopeful due to developments in diagnosis and treatments. There are two types of liver cancer, primary and secondary. Primary liver cancer originates in the liver itself and the patient usually has a background of cirrhosis (e.g. from alcohol

misuse, hepatitis C virus infection, etc). Secondary liver tumours originate elsewhere in the body, e.g. stomach, colon, breast, pancreas, etc, and have spread to the liver as secondary deposits or 'metastases'. Even though there remains no effective chemotherapy for primary liver cancer, advanced treatments mean that patients with primary liver cancer now have significantly increased prospects of survival. While the prognosis for many secondary liver cancers remains poor, significant leaps forward have been made, and some conditions can be aggressively managed thanks to modern chemotherapy and radical surgery.

Dr Andrew Thillainayagam, consultant physician and gastroenterologist/hepatologist

Q What are the latest treatments for liver disease?

Treatments for liver conditions have advanced enormously in the past decade and there are now many new developments available which can improve quality of life, such as:

- radiofrequency ablation (RFA) – a ground-breaking treatment option using heat to destroy tumours in a less invasive way for patients with liver tumours
- MARS® - a form of albumin dialysis used to cleanse the blood of toxins when the liver is failing
- CupPrint™ - a gene expressing profiling test for some patients with secondary liver cancer. A sample of the tumour is assessed in a specialised laboratory to determine the original site of the cancer
- TIPS procedure for intractable ascites and variceal bleeding. Portal haemodynamic measurements and transjugular liver biopsies in assessment of cirrhosis and unexplained liver disorders.

Professor Roger Williams, Clinical Director of the Liver Centre

Q If the liver fails, is a transplant the only option?

In serious cases the liver could be transplanted. However, this is an extreme undertaking and is only suitable for a small number of patients. There is a new technique that can sustain patients with liver failure, very much like patients with kidney failure are managed with renal dialysis. This is referred to as liver dialysis. Although the method is not perfect, substantial numbers of patients are starting to benefit from treatment with this device.

Dr Rajiv Jalan, consultant gastroenterologist and hepatologist

More over...

Q I've just been diagnosed with Hepatitis C – how bad is it?

Hepatitis C – a liver disease caused by the hepatitis C virus – is a big problem in terms of the number of patients that are now being diagnosed with it. Very effective anti-viral treatments are now available, but unfortunately these can have side effects. Clinical trials are currently underway which may be able to help with side effects in the future. There are several different viruses that affect the liver – primarily hepatitis A, B, C, D and E. The viruses are different from each other in terms of how they are passed from person to person, the way they cause liver damage and the effects they can have on their health.

Professor Roger Williams, Clinical Director of the Liver Centre

Q My father has just been diagnosed with cirrhosis. He has never been a heavy drinker – can you explain how this could have happened?

Alcohol is toxic to the liver if taken in quantities larger than your body can handle. When one consumes more alcohol than is safe (men: 21 units and women: 14 units, per week) the liver gets damaged. As with any other part of the body that gets injured, such as a cut to the skin, the body tries to repair this by forming a scar. Therefore, when one damages the liver with alcohol by consuming too much, the body attempts to repair this and this process of scarring is the central feature of cirrhosis. As your father has never been a heavy drinker, the cause of cirrhosis in his case may be due to causes not related to alcohol. The common causes are obesity, viral hepatitis and autoimmune liver disease.

Dr Rajiv Jalan, consultant gastroenterologist and hepatologist

Q I've just heard from my GP that I've had an abnormal blood test result – what could this mean?

Recent observations suggest that 10% of the normal population have abnormal liver function tests. This abnormality can be caused by a multitude of factors such as excessive alcohol consumption, liver infection from viruses or even being overweight. There is no reason to be alarmed because in the vast majority of cases this abnormality can be treated. However, in a small percentage of cases this may be the first indication of serious liver disease. Therefore, it is important that if this

abnormality persists over a 3-6 month period then this should be investigated. You should contact your general practitioner for referral to a specialist liver doctor.

Dr Rajiv Jalan, consultant gastroenterologist and hepatologist

Q I have heard that paracetamol can damage the liver – is this true?

Paracetamol in excess causes acute liver damage and accidental or deliberate overdose can result in acute liver failure requiring emergency liver transplantation. The safe limits of paracetamol are stated to be 2 x 500mg tablets six hourly (a total of 4 grams daily). Even this amount may be too high and may cause mild liver injury in susceptible individuals, especially if they are taking excessive amounts of alcohol concurrently. Paracetamol is a component of many over the counter (OTC) preparations for colds, flu and pain, and unless the contents of such tablets are scrutinised, an unwitting overdose of Paracetamol may result.

Dr Iain Murray-Lyon, consultant gastroenterologist/hepatologist

Q My son is slightly overweight for his age. I have heard that this could potentially increase his risk of developing liver disease in later life. Is this right?

There is a metabolic disorder of the liver which occurs mainly in overweight or obese individuals. It is called non-alcoholic fatty liver disease (NAFLD) and involves high circulating levels of insulin combined with relative resistance to insulin in liver cells. NAFLD ranges from simple 'steatosis', which simply means accumulation of fat droplets in liver cells and is the least rapidly progressing disorder, to, in the worst extreme, cirrhosis or permanent scarring and disorganisation of liver structure which can evolve to liver failure. Even being slightly overweight does increase the risk of fat accumulation in the liver and NAFLD. If your son is only slightly overweight, he could have mild fatty liver disease and so would be only minimally at risk of liver disease in later life. However, it would be sensible to be cautious and make an appointment to see his GP. He/she will probably advise your son to eat healthily and undertake aerobic exercise so that he maintains his body mass index in the normal range for somebody of his age, height and body build.

Dr Andy Thillainayagam, consultant physician and gastroenterologist/hepatologist

The London Clinic Liver Centre combines the expertise of internationally renowned specialists with all the latest facilities, treatments and equipment. Professor Roger Williams leads a team of some of the UK's most eminent specialists in hepatobiliary disease including, Dr Iain Murray-Lyon, Dr Andrew Thillainayagam and Dr Rajiv Jalan. The team of experts provides a unique range of services and groundbreaking treatments, alongside unrivalled individual patient care.

The London Clinic Liver Centre is located at 149 Harley Street, in the heart of the capital's medical community. The Centre has facilities for emergency admissions and consultations, liver facilities in the Critical Care Unit (CCU) and additional services such as a new dedicated patient helpline (020 7616 7616).

If you would like to put any alternative questions on liver health or specific disease areas to a member of the Liver Centre team to appear in print, please contact **Caroline Beswick** or **Tracey Thompson** at Trinity PR on **020 8786 3860** or alternatively email: caroline.beswick@trinitypr.co.uk or pressoffice@thelondonclinic.co.uk

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