Liver Transplantation for Alcoholic Hepatitis:

What makes them a candidate?

By: Eunice Ong Manzano, MSN, FNP-BC and Vanessa Mulsow, MSW, LCSW

Organs are precious gifts from the donor and donor's family. Due to the limited availability of organs, the Organ Procurement and Transplantation Network (OPTN) stresses the balance of justice and medical utility when determining who to list for transplant. The decision of who will be a candidate is in the hands of the patient, the patient's family, and the multidisciplinary team. Every patient that is in need of a liver transplant is thoughtfully considered, including patients with decompensated acute alcoholic hepatitis.

Historically, a six-month period of abstinence was required prior to undergoing liver transplantation. Previous literature has suggested that these patients had lower recidivism rates due to being in partial remission from their alcohol use disorder. This waiting period would also allow for sufficient time to address alcohol dependence and for the patient to demonstrate commitment to treatment. Medically, it could also allow for sufficient clinical improvement to occur.

There is a subset of patients with alcoholic liver disease that can present with severe acute alcoholic hepatitis and due to the severity of their illness, they do not have time to meet the abstinent and treatment requirements outlined by many centers. These patients are characterized by acute onset of jaundice, ascites, coagulopathy, and often hepatic encephalopathy and renal dysfunction. The providers use the Maddrey's Discriminant Function which evaluates the severity and prognosis in alcohol hepatitis patients and the benefit of using steroid therapy. Patients with a Maddrey's Discriminant Function value of greater than 32 have a 30-day mortality of 30-50%.[1] Liver transplantation has been shown to be an effective therapy for select patients with severe alcoholic hepatitis who do not respond to medical therapy.

Eunice (Ong) Manzano, MSN, FNP-C, PNP
is a Nurse Practitioner on the Liver Transplant Team at UC San Diego Health. She earned her MSN/NP from the University of San Diego. She has worked with UC San Diego for 10 years, 5 of which were dedicated to the liver transplant program. She received Rookie of the Year 2009 and Nurse of the Year 2012 for her PCU department under the management of Dorothy Macavinta and Beverly Kress. She is also active in the Filipino American Community as the Co-President of the San Diego Fil-Am Youth Foundation and serves as one of the Board of Directors for the Fil-Am Humanitarian Foundation. She enjoys traveling with her husband Renato (Ren), and two young children Erin (3y) and Ethan (1y).

Vanessa Mulsow, MSW, LCSW graduated with her Bachelors in Psychology from the University of California, Santa Cruz and her Masters in Social Work from San Diego State University. She has worked at UC San Diego Health with the transplant team since 2016.

When these patients are admitted to the hospital, the liver transplant team will determine if they meet candidacy by performing a medical, surgical, and psychosocial evaluation.

Recently, data in the literature has suggested that six months of abstinence alone is in itself a predictor of relapse post-transplant and that patients who have less sobriety but strong protective factors present should be considered for transplant.[2] Based on the new data, UCSD has developed a Decompensated Acute or Chronic Alcoholic Liver Disease Policy to identify patients who may be good candidates for transplant but that are too ill to survive the six-month period of abstinence and participate in treatment prior to transplantation.

The psychosocial assessment is a large part of determining candidacy in these patients. The team of liver transplant social workers at UCSD are comprised of Licensed Clinical Social Workers (LCSW) with training in substance abuse, palliative care, mental health treatment and transplantation. The LCSW assigned will complete a psychosocial assessment with the patient and family and typically meet with them several times while they are admitted to the hospital and for several hours to assess, educate and support the patient.

Factors of the psychosocial assessment that are emphasized for these patients are as follows: 1) Does the patient have appropriate insight into his/her condition and takes responsibility for their drinking? 2) Are they honest and forthcoming with information and do they verbalize an understanding of how alcohol has contributed to their health decline? 3) Do they verbalize a commitment to long-term alcohol abstinence and agree to participate in an alcohol abstinence program after liver transplantation? 4) Do they have appropriate social support to assist before and after liver transplantation and can that support person drive them to appointments four times per week, assist with medication management, activities of daily living and provide 24/7 care for 6-12 weeks post-surgery? 5) Does their family support sobriety and has alcohol been removed from the home? 6) Is the support system committed to setting good boundaries with patients to support sobriety and rehabilitation adherence?

There are also certain psychosocial contraindications to liver transplant listing under this protocol: 1) documented evidence that the patient continued drinking alcohol despite being advised by a medical provider to stop after a diagnosis of liver disease; 2) presence of a severe untreated psychiatric disorder that would negatively impact long-term outcomes; and 3) the presence of 2 or more of the following negative predictors: more than one DUI or other legal problem associated with drinking within the last two years, having failed an alcohol rehabilitation program, and presence of substance abuse other than alcohol.

After the evaluations by the team has been completed the patient will be discussed at the liver selection committee where the information will be presented to the multidisciplinary team (comprised of the surgeons, hepatologists, transplant coordinators, social workers, registered dietician, financial coordinator, and administrative assistants) and a decision will be made to list or decline.

The team is very aware that these patients are at high risk for relapse post-transplant and require close follow-up. In order to help ameliorate this risk, the LCSW meets with the patient after transplant on a weekly basis for several months to ensure they are connected with the appropriate resources such as therapy, recovery support groups or an intensive outpatient program. They also undergo frequent alcohol testing. There is contact with the family to ensure they too are supported and connect with resources such as alcoholics anonymous (Al-Anon) and/or psychotherapy so that they can learn how to be supportive.

As this is a new protocol, the team is collecting data on the outcomes of this subgroup of patients to see if recidivism and graft function are similar to those with longer periods of sobriety and to see what areas of the protocol are in need of adaptation. As outcome data is collected, the protocol will be changed as needed to ensure that we are honoring the balance of justice and medical utility of these precious gifts of life

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