

**Title:** Breaking the Cycle: Alcohol Use Disorder and Relapse Post-Liver Transplant

**Presenter:**

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**Learning Objectives:**

1. Define alcohol use disorder, its impact on liver function and liver transplant, and current available treatment options
2. Discuss available literature regarding treatment of alcohol use disorder in liver transplant recipients
3. Identify patients who may require interventions for AUD treatment or prophylaxis, with a focus on liver transplant-specific considerations and apply evidence-based care to optimize treatment at our institution

**Abstract:**

Alcohol use disorder (AUD) is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as "a problematic pattern of alcohol use leading to clinically significant impairment or distress". One of the harmful manifestations that may result from AUD is significant liver damage. Alcoholic liver disease (ALD) is one of the leading indications for liver transplant, with numbers steadily increasing over the last 10 years. For a while, many transplant centers required a 6-month abstinence period prior to transplant; however, this is not always feasible. Patients that present with acute alcoholic hepatitis face a 6-month mortality rate of 70%, with most deaths occurring within the first 2 months. Recent data shows that early liver transplant without the 6-month abstinence period improves survival without significant incidence of alcohol use relapse. Alcohol use post-transplant, especially early and heavy use, is associated with increased graft injury, graft loss, and death. A recent study has shown that patients who achieve reabstinence after harmful alcohol use post-transplant are estimated to have similar 5-year survival rates as those without harmful alcohol use post-transplant. This highlights the need for prevention and early detection of relapse, as well as interventions to help achieve reabstinence. There is little data describing the use of pharmacotherapy for AUD in liver transplant patients. While safe options are available, more data is needed to determine optimal use of pharmacotherapy in this patient population.

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### **Audience Response Questions**

1. Which of the following agents should be avoided in any degree of liver dysfunction?
  - a. Acamprosate
  - b. Disulfiram
  - c. Baclofen
  - d. Naltrexone
2. True or False: The duration of abstinence prior to liver transplant in patients with ALD is a good predictor of relapse post-transplant.
  - a. True
  - b. False
3. Which of the following post-transplant alcohol use patterns are NOT associated with poor outcomes?
  - a. Early use (<1 year post-transplant)
  - b. Frequent use
  - c. Alcohol use with reabstinence
  - d. Binge drinking