

## High alcohol relapse rate linked to poor survival in patients with alcoholic hepatitis

Patients with severe alcoholic hepatitis are dying because of poor alcohol relapse rates after they leave hospital, according to research carried out at Brighton and Sussex University Hospital and Brighton and Sussex Medical School (Potts et al, 2013). Patients who manage to stop drinking are almost three times more likely to survive.

The study is one of the first to assess long-term outcomes for inpatients with severe alcoholic hepatitis.

Dr Jonathan Potts, Research Fellow, and Dr Sumita Verma, Senior Lecturer and Honorary Consultant, Hepatology, reviewed medical records of patients admitted to hospital with severe alcoholic hepatitis from 2006–11. They

**Dr Sumita Verma, Senior Lecturer and Honorary Consultant, Brighton and Sussex University Hospital, Brighton**



found that more than half the cohort (58%) were dead at the end of the study period, with 97% of these deaths directly related to the liver disease.

Only 20% of the patients died during the initial hospitalization, comparable with other studies assessing short-term outcome in severe alcoholic hepatitis. However, two-thirds of deaths occurred after hospital discharge, and were directly related to the high rate of alcohol relapse (65%).

Those who remained free of alcohol were almost three times more likely to be alive than those who suffered an alcohol relapse: estimated 5-year survival was 75% in those who stopped drinking, but only 24% in those who relapsed.

Dr Verma said: ‘The results of this study are worrying. Our inpatient mortality is similar to other centres nationally and internationally, which suggests that our medical management of such patients during their initial hospital stay is excellent.

‘However, the overall survival is very poor and this is directly related to the high rate of alcohol relapse after discharge from hospital. This is despite the fact that Brighton has well-developed and comprehensive hospital and community alcohol services.

She concluded: ‘Our study highlights the urgent need for further multi-disciplinary research in this area, especially focusing on the use of anti-craving drugs in patients recently discharged with a diagnosis of severe alcoholic hepatitis.’

Potts JR, Goubet S, Heneghan MA, Verma S (2013) Determinants of long-term outcome in severe alcoholic hepatitis. *Aliment Pharmacol Ther* 23 July (Epub ahead of print)

### Higher BMI increases risk of gallstones, especially in women

A team from Copenhagen University Hospital, Denmark, has found a causal association between elevated body mass index (BMI) and increased risk of gallstone disease, with risk higher in women than in men (hazard ratio 3.36 and 1.51 respectively).

### Apixaban shows comparable efficacy and lower rates of major bleeding than conventional therapy for acute VTE

Apixaban is non-inferior to conventional therapy (initial parenteral enoxaparin to warfarin therapy) in reducing the composite end-point of recurrent symptomatic venous thromboembolism (VTE) or VTE-related death, and has a 1.2% absolute risk reduction in major bleeding compared to conventional therapy ( $P < 0.001$ ).

### Enzalutamide licensed for advanced prostate cancer

Enzalutamide (Xtandi) has been licensed to treat men with advanced prostate cancer whose disease has become resistant to first-line hormonal treatments and has progressed following docetaxel chemotherapy.

## Consensus on treating paediatric arrhythmias

A joint consensus statement on the treatment of paediatric arrhythmias has been released by the European Heart Rhythm Association of the European Society of Cardiology and the Association for European Paediatric and Congenital Cardiology (Brugada et al, 2013).

Consensus statements have been published on arrhythmias in adults but this is the first European statement concerning the diagnosis and management of paediatric arrhythmias. It is also the first joint document between the

European Heart Rhythm Association and the Association for European Paediatric and Congenital Cardiology.

The statement covers four main areas: mechanisms, pharmacological treatment, radio-frequency ablation, and devices.

Professor Josep Brugada, Chairman of the Working Group, said: ‘The numbers of children with arrhythmias are relatively small and very few clinicians and centres have the necessary expertise. Paediatric arrhythmias differ from those in adults and

should be treated and diagnosed in specialized centres.

‘The European Society of Cardiology and the Association for European Paediatric and Congenital Cardiology decided it was necessary to outline how paediatric arrhythmias differ from adult arrhythmias and the requirements for centres that treat children.’

Brugada J, Blom N, Sarquella-Brugada G et al (2013) Pharmacological and non-pharmacological therapy for arrhythmias in the pediatric population: EHRA and AEPC-Arrhythmia Working Group joint consensus statement. *Europace* Jul 12 (Epub ahead of print)