# Management of Severe Alcoholic Hepatitis

EASTERN LIVER NETWORK

From STOPAH:

1. There is no demonstrable benefit from giving Pentoxifylline
2. mDF>32 does not well define patients who will benefit from Prednisolone 40mg/d for 28days.
3. Those patients that appear to potentially benefit from Prednisolone are those with GAHS >8 (see GAHS below) and who have not had sepsis or GI bleeding on that admission
4. In patients with severe alcoholic hepatitis with GAHS >8, a trial of Prednisolone 40mg/d is appropriate and assess response after 7 days' treatment.

Response to Prednisolone at 7 days is assessed by Lille criteria (http://www.lillemodel.com/score.asp)

For those patients not responding to Prednisolone, steroids should be discontinued and optimal medical management continued.

For those patients demonstrating a response to Prednisolone, it is appropriate to continue steroids.

The Glasgow Alcoholic Hepatitis Score (GAHS) was established to determine those patients most likely to benefit from steroids. It comprises:

| Score given | 1 | 2 | 3 |
|---|---|---|---|
| Age | <50 | ≥50 | – |
| WCC ($10^9$/l) | <15 | ≥15 | – |
| Urea (mmol/l) | <5 | ≥5 | – |
| PT ratio or INR | <1.5 | 1.5–2.0 | >2.0 |
| Bilirubin (µmol/l) | <125 | 125–250 | >250 |

A GAHS ≥9 defined pts with higher mortality and the initial study (Forrest et al, Gut 2007) showed significant mortality benefit from prednisolone in this group, but not in those with milder disease (GAHS <9). Survival in GAHS ≥9 steroid responders vs non-responders was 74% vs 48%, respectively.

Lille Score has been developed to define those patients who have improved after 7 days of prednisolone and therefore should continue on steroids. The lack of steroid response as assessed by the Lille Score has been used to define a patient group with a poor prognosis (25% 6 month survival) in whom other rescue treatment options in Trial settings could be considered. The variables included in the score are Age, Day 0 PT, Creatinine, Albumin and Bilirubin and Day 7 Bilirubin (Hepatology 2007).

The Mayo Model for End-stage Liver Disease (MELD) is used in a number of settings in the context of chronic liver disease. It has been reported to predict 28-day mortality in sever alcoholic hepatitis (Dunn etal, Hepatology 2005). MELD constitutes INR, Creatinine and Bilirubin and has the advantage of being derived from 3 continuous (non-categorised) variables. There is further evidence that the lack of improvement in MELD after 7 days' treatment with steroids indicates a worse prognosis.