LIVER DISEASE

What's the issue?

“There are more than 100 different types of liver disease, which together affect at least 2 million people in the UK. The liver is the second largest organ in the body. It works hard, performing hundreds of complex functions, including: fighting infections and illness; removing toxins, such as alcohol, from the body; controlling cholesterol levels; helping blood to clot; and releasing bile, a liquid that breaks down fats and aids digestion. Liver disease doesn't usually cause any obvious signs or symptoms until it's fairly advanced and the liver is damaged. The most common liver diseases are alcohol-related liver disease which can lead to cirrhosis (scarring of the liver), non-alcoholic fatty liver disease (build-up of fat within liver cells usually in people who are overweight or obese), and hepatitis (inflammation of the liver caused by a viral infection or exposure to harmful substances such as alcohol). In the UK, liver disease is on the increase, and represents a significant health problem. Three of the main causes of liver disease are obesity, an undiagnosed hepatitis infection and alcohol misuse” [297].

What’s our situation?

There were 133 deaths (90 men and 43 women) from premature liver disease over the three year period 2013-15 of which 114 (78 men and 36 women) were considered preventable [26, 77, 82]. Whilst the directly standardised mortality rate for premature liver disease in Hull (22.1 deaths per 100,000 population) was higher than England (18.0), it was lower than most comparator areas (ranked third lowest of 12 comparator areas). This was also true for males (30.0 versus 23.7, ranked 3rd) and women (14.3 versus 12.5, ranked 2nd). It was also the case for premature liver deaths that were considered preventable for men (25.9 versus 21.4, ranked 2nd), women (12.1 versus 10.6, ranked 2nd) and persons overall (18.9 versus 15.9, ranked 2nd) [26, 77, 82].

Since the beginning of this century, the mortality rates have increased by around 30% for both men and women in Hull for both premature liver disease and premature preventable liver disease, whereas the increase had been around half that (13-15%) for England. For men the increase had occurred between 2001-03 and 2005-07, with relatively small changes since 2005-07. For women, there was an increased variability in the number of deaths and mortality rates due to small numbers, and there was no real pattern over time in relation to the increase [26, 77, 82].

For more detailed information, see the JSNA Toolkit: Digestive Diseases report.

What are the strategic needs?

It is necessary to ensure people understand the benefit of positive life choices and realise that excessive alcohol consumption and obesity are problems. People need to know how to access information and seek early support to change. In order to do this effectively, health care providers and others such as the police and schools need to work together with different communities to use existing assets to realise the benefit of positive life changes. Family or household environment can have a strong influence of poor diet and lack of physical activity, so any weight reduction programme that involves the entire family is more likely to succeed. People need to have the knowledge and confidence to cook cheap, healthy meals. People may need information about alcohol units and the calorie content of alcoholic drinks. Further information is available in the JSNA sections on behavioural and lifestyle risk factors (www.hullpublichealth.org/jsna2017.html#26) which relate to diet, physical activity, obesity, and alcohol consumption.

People at risk of hepatitis A and hepatitis B should get vaccinated. This includes some healthcare workers, those who are travelling abroad to specific countries, and drug users. The risk of hepatitis can be reduced by not having unprotected sex, not sharing needles when injecting drugs, and avoiding blood-to-blood contact [298].
References


