

Liver disorders in substance abusers: Early identification

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Dear Editor,

We have read the excellent paper by Zacaria and Jacob. The authors affirm that "effective screening, early intervention, and access to evidence-based treatments are crucial in mitigating the burden of substance-related liver disease on individuals and society."^[1]

We agree that tobacco smoking must be treated. Not only is it an important cofactor of liver damage, but its presence promotes relapse from alcohol and/or substances.^[2]

Substance use disorder (SUD) is often associated with infectious diseases (HIV, HCV, HBV) and psychiatric comorbidities.

The latter are often associated with metabolic syndrome, with an increased risk of cardiovascular disease. In addition, psychotropic drugs that induce liver damage can cause hepatocellular, cholestatic, or mixed changes.

A close correlation is known between SUDs and alcohol use disorders (AUDs).^[3]

It has been calculated that, in subjects admitted for SUDs, 28.9% were also AUD patients, and 48.4% were former AUD patients.^[3]

The co-presence of alcohol and substances worsens liver damage and increases the risk of hepatocellular carcinoma.^[3,4]

Therefore, in individuals with SUDs, a careful alcohol history and early identification of liver damage are mandatory.

It is appropriate to identify the consumption of alcohol in clinical practice using simple and validated tests. CAGE (Cut-down, Annoyance, Guilty, Eye-opener) and AUDIT (Alcohol Use Disorders Identification Test) are among the best-known ones. However, CAGE does not perform well at highlighting drinkers who consume risky amounts of alcohol but who are not dependent. Thus, CAGE can be used at a later stage as an in-depth study of suspected alcohol dependence.

In light of this, we recommend paying more attention to alcohol consumption by using AUDIT. The test's sensitivity and specificity (92%

and 93%, respectively) are very high; this fact allows identifying patients affected by hazardous or harmful consumption who are not alcohol addicted.^[3]

AUDIT consists of ten questions. Each question provides a response mode on a 5-point scale: each response has a value from 0 to 4 points. If the score is equal to or less than 7 points, consumption is low risk; if it is between 8 and 15 points, consumption is risky; if it is between 16 and 19 points, consumption is harmful; and if it is equal to or higher than 19 points, there is an addiction. Each of these phases must be addressed differently.^[3]

Early identification of fibrosis is strongly suggested.

Fibrosis is the most significant predictor of both prognosis and long-term survival.^[5,6]

Therefore, in our opinion, every individual with an SUD diagnosis must undergo a careful evaluation of alcohol and tobacco consumption and ultrasonography (US) with elastography. In our clinical practice, we use US + 2D-SWE (two-dimensional shear wave elastography).

2D-SWE enables assessment of fibrosis simultaneously with US evaluation.^[6]

Early diagnosis of liver fibrosis helps to promote abstinence from substances and alcohol^[7,8] and reduces the risk of hepatic and extra-hepatic diseases (cardiovascular diseases and cancers).^[5,9]

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