



# Hepatitis aguda alcoólica: Yo uso corticoides

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# DISCLOSURE

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**I have no conflict of interests related to this presentation**

# Corticosteroids in patients with severe alcohol related hepatitis

- Several studies in the last 30+ years
- Conflicting results, risk of infection...
- Should we use it? Let's see what the guidelines say...

**YES, YOU SHOULD**



- Patients with severe disease (DF>32, with/without HE) and lacking contraindications to steroid use should be considered for prednisolone (40 mg/day for 28 days) (Class I, level A).***

# ACG Clinical Guideline: Alcoholic Liver Disease

# YES, YOU SHOULD



## *Recommendations*

Patients with severe AH should be treated with corticosteroids if there are no contraindications for their use (**Strong recommendation**, moderate level of evidence)

# EASL Clinical Practice Guidelines: Management of alcohol-related liver disease

## YES, YOU SHOULD



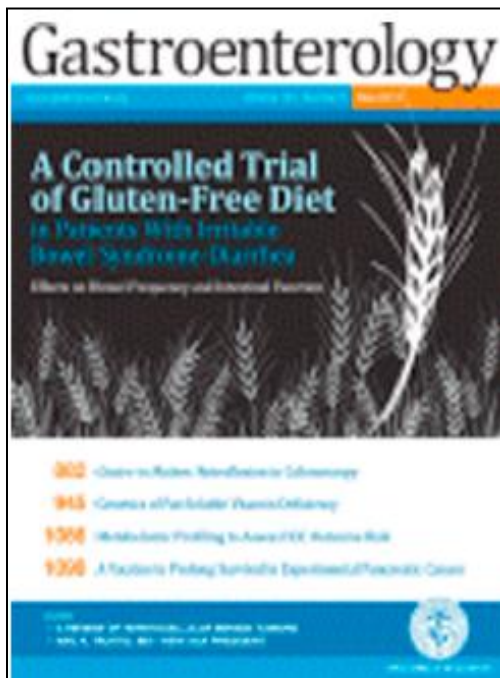
In the absence of active infection, corticosteroids (prednisolone 40 mg/day or methylprednisolone 32 mg/day) should be considered in patients with severe AH to reduce short term mortality (Grade A1).



**But...what if all the  
guidelines got it wrong?**

**It would be nice if we had  
an up-to-date meta-analysis  
of individual patient data to  
end this controversy**

# Corticosteroids Reduce Risk of Death Within 28 Days for Patients With Severe Alcoholic Hepatitis, Compared With Pentoxifylline or Placebo—a Meta-analysis of Individual Data



Alexandre Louvet, Mark R. Thursz, Dong Joon Kim, Julien Labreuche, Stephen Atkinson, Sandeep Singh Sidhu, John G. O'Grady, Evangelos Akriviadis, Emmanouil Sinakos, Robert L. Carithers, Jr., Marie-José Ramond, Willis C. Maddrey, Timothy R. Morgan, Alain Duhamel, Philippe Mathurin

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# Metanalysis of Individual Patient Data

Primary outcome: overall survival at 28 days

Studies were selected if:

- Randomized
- Published as full articles
- Written in english
- Patient data on Maddrey DF  $>32$  or encephalopathy

# Metanalysis of Individual Patient Data

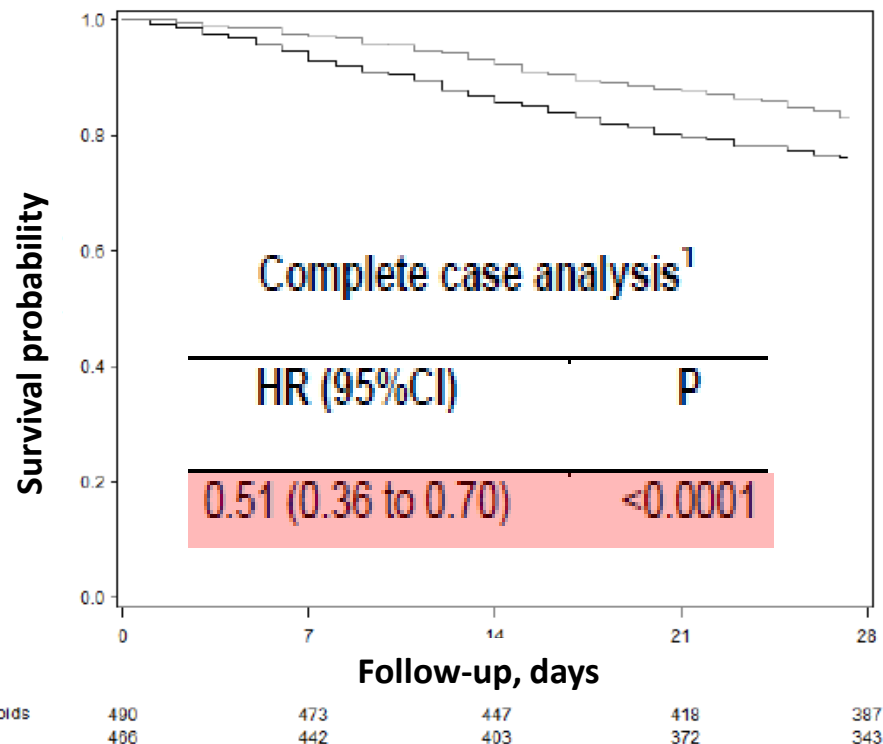
## Corticosteroids vs Controls:

6 RCT (956 patients)

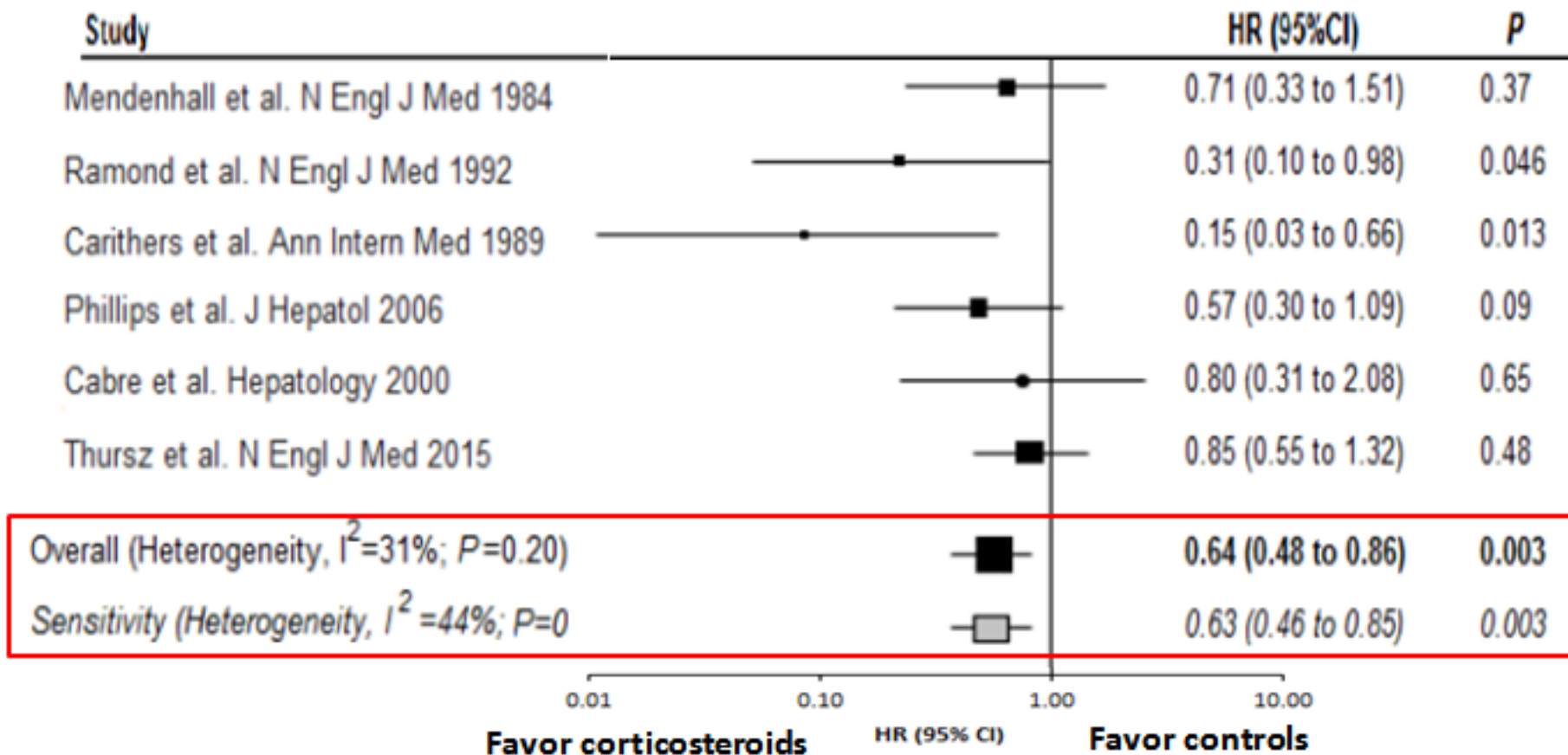
N=490 corticosteroids

N=466 controls

*Corticosteroid use was significantly associated with a decrease in mortality rate at 28 days by comparison to controls (also vs pentoxifylline)*



# Corticosteroids vs Controls (6 trials; N=956 patients)



# Metanalysis of Individual Patient Data

A significant survival benefit was observed during the 28-day therapeutic period

Result provides a strong argument supporting the use of prednisolone for severe alcohol related hepatitis

# Author's statement:

We feel that the present metanalysis ends the controversy surrounding corticosteroid treatment

We hope that the hesitation about their use in severe alcoholic hepatitis will decrease over time

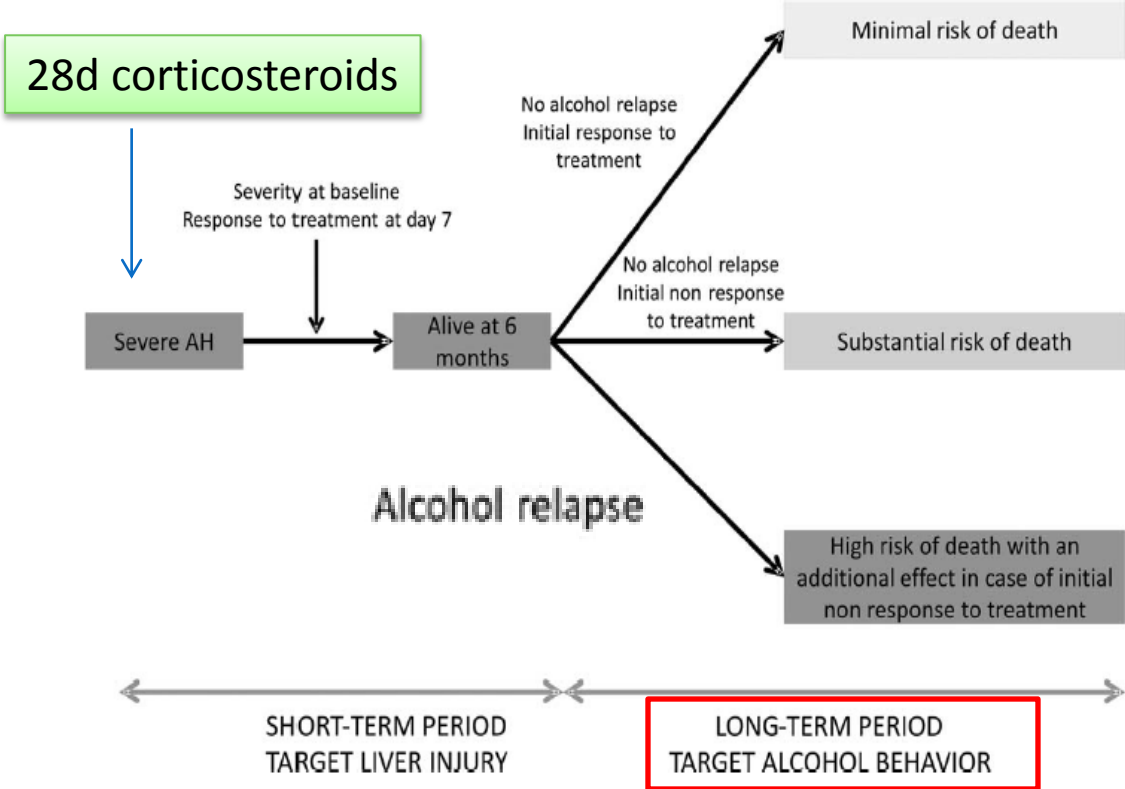


**OK, I am convinced:**

**Corticosteroids increase survival  
in the first 28 days of severe AH**

**However, improving survival only  
in the first month is enough to  
compensate for the risks  
involved? **What about long-term?****

# Main Drivers of Outcome Differ Between Short Term and Long Term in Severe Alcoholic Hepatitis: A Prospective Study



Long-term outcome depend more on alcohol relapse then response to corticosteroids

**Same is true in non-hepatic diseases:**  
beneficial effect of tight control of blood pressure disappeared in the long-term when no strategy to maintain such control was made

# Corticosteroids in severe alcoholic hepatitis: Not a Ferrari, but way better than walking...

