ALCOHOL-RELATED LIVER DISEASE ALGORITHM (Newsome et al; Gut 2017) History Suspected alcohol risk **Alcohol history AUDIT-C** questionnaire < 35 units/week women < 35 units/week women ≥ 35 units/week women < 50 units/week men < 50 units/week men ≥ 50 units/week men HARMFUL DRINKER AUDIT-C < 5 (NICE Guidance) Full AUDIT questionnaire Full AUDIT >19 Full AUDIT <7 Full AUDIT 8-19 **HIGHER RISK LOWER RISK** Brief alcohol intervention Check GGT **ELF** test **OR** - Practice nurse to see again in 3/12 ARFI elastography/FibroScan Consider referral to alcohol services if drinking persists Consider referral to alcohol services Fibroscan ≥ 16kPa – possible cirrhosis Fibroscan 8-16kPa - possible Fibroscan < 8kPa REFER TO HEPATOLOGY CLINIC advanced liver fibrosis Does not exclude early liver disease For assessment of liver disease Repeat pathway In 3-5 years if risk Feed back result For management of advanced fibrosis Consider hepatology referral if still factors remain Screening and treatment of Portal

drinking harmfully

Link for AUDIT-C and AUDIT questionnaire:

HCC screening and management

Hypertension

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684826/Alcohol_use_disorders_identification_test_for_consumption__AUDI_ T_C_.pdf

Alcohol-Related Liver Disease Algorithm V1

^{*} We currently do not have the capacity to offer Fibroscan for all patients who drink harmfully (≥35 units/ week for women; ≥ 50 units / week for men), as recommended by the BSG guidelines (2017). Current advice: Please write to the Hepatologists for advice if your patient falls in this category AND is currently actively engaging with alcohol service.