

**Abstract Submission Form**

<b>TITLE</b>	<b>Changing Aetiology of Variceal Bleeding at a tertiary Liver Unit</b>
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<b>ABSTRACT DETAILS:</b>	
<b>Background:</b>	<p>Non-alcoholic fatty liver disease (NAFLD) is an increasingly important cause of chronic liver disease (CLD), with an estimated global prevalence of 24%, having risen from 15% in 2005 (1). It is estimated that within the UK NAFLD will soon overtake alcohol as the leading cause of CLD (2). Patients with NAFLD often have significant co-morbidities and the increasing prevalence will place a significant burden on the health service as a whole. This is further reflected in the percentage of patients with CLD assessed for transplantation at the Scottish Liver Transplantation Unit in which NAFLD was the primary aetiology. This figure has risen from 6%-35% in the decade from 2008-2018.</p> <p>One potentially life threatening consequence of CLD is variceal bleeding (VB) and this is exacerbated in patients with significant co-morbidities, such as those with NAFLD. What is not clear, however, is whether there has been a change in aetiology of VB in a tertiary liver centre in Scotland.</p> <p>The aim of this retrospective analysis was to evaluate whether the increasing incidence NAFLD was reflected in patients presenting with VB when compared to other aetiologies of CLD.</p>
<b>Method:</b>	<p>Patients who presented with a VB from 1/1/2007–31/12/2008 and 1/1/2017–31/12/2018 were identified using departmental endoscopy records. Patient information was then extracted from NHS Lothian Trakcare. All data was stored confidentially. In patients whom had multiple VBs within the same calendar year, only the index VB was used for data collection.</p>
<b>Results:</b>	<p>There were 95 index VBs from 1/1/2007–31/12/2008. 67%(64) were males, with an average age of 54.9. The primary aetiology of VB was 72%(68) alcohol, 7%(7) NAFLD and 21%(20) comprised other aetiologies. For the purposes of this study all other aetiologies such as hepatitis C, primary biliary cholangitis and autoimmune hepatitis were analysed within the same category.</p>
<b>Conclusions:</b>	<p>Our data shows that the incidence of NAFLD as the primary aetiology for patients presenting with VB has increased five-fold in the last decade, in keeping with global data on the increasing incidence and prevalence of NAFLD. Our data would also suggest that there has been a gender shift, with a far more balanced gender spread when compared to a decade ago.</p> <p>Although the data is limited to a single centre and the cohort is small, these results highlight the increasing incidence of patients with NAFLD having VBs. This is significant as these patients are complex to manage, often with multiple co-morbidities, and it is predicted that the number of patients with NAFLD will continue to rise. Early Identification and management of patients with NAFLD is crucial to help reduce potentially life threatening consequences such as VBs, but also the burden of care on the health service as a whole.</p> <p>Further analysis should be carried out nationally to assess the full extent of the issue.</p>
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Younossi Z, Antsee QM, Marietti M, et al. <i>Global Burden of NAFLD and NASH: trends, predictions, risk factors and prevention</i>. Nature Reviews Gastroenterology &amp; Hepatology 2018;15:11-20</li> <li>2. Mahady SE, George J. <i>Predicting the future burden of NAFLD and NASH</i>. J. Hep 2018;69(4):774-775</li> </ol>