

Abstaining From Alcohol Can Reverse Advanced Liver Damage

Patients who stopped drinking soon after liver decompensation were most likely to regain lost liver function.

June 19, 2026 By [Sukanya Charuchandra](#)

Nearly a third of people with decompensated cirrhosis due to [alcohol-related liver disease](#) who achieved sustained abstinence from drinking saw a reversal of lost liver function within five years, according to findings published in the [Journal of Hepatology](#). People who stopped drinking within a month of their first liver decompensation event were twice as likely to regain liver function, and none who remained abstinent died of liver-related causes or developed liver cancer during follow-up.

Over time, heavy alcohol use can lead to serious complications, including [cirrhosis](#), [liver cancer](#) and the need for a liver transplant. Decompensated cirrhosis occurs when the liver can no longer carry out its vital functions, leading to symptoms such as ascites (fluid buildup in the abdomen), gastrointestinal bleeding and hepatic encephalopathy (impaired brain function). Abstaining from alcohol gives the liver a chance to heal and regain some of its lost function, known as hepatic recompensation.

Thomas Reiberger, MD, of the Medical University of Vienna in Austria, and colleagues explored factors involved in abstinence-induced liver recompensation. For this retrospective analysis, the researchers examined 633 cases from 17 hospitals across Asia and Europe. A majority of patients (71%) were men, and the median age was 55 years. Alcohol-related hepatitis and cirrhosis occurred jointly in 41% of the study population. The median [MELD \(Model for End-stage Liver Disease\) score](#)—an indicator of liver transplant urgency—was 19, and 48% had progressed to further decompensation at the time of abstinence.

Participants stopped drinking when they were diagnosed with decompensated cirrhosis. The researchers tracked alcohol abstinence with the help of laboratory markers and the participants' self-reports during interviews with doctors. Those who resumed drinking were excluded from the analysis.

Overall, nearly a third of patients (31%) achieved liver recompensation, and the likelihood rose over time, from 3% at six months to 12% at one year, 23% at two years and 34% at five years. Factors associated with hepatic recompensation included early abstinence (stopping drinking

within one month of decompensation), sustained abstinence for at least three months, fewer decompensation complications and higher liver enzyme levels, indicating ongoing liver inflammation.

Over a median three years of follow-up, 123 participants died, with 56% of these deaths being liver-related. Liver recompensation was associated with lower all-cause mortality. No patients who experienced recompensation and remained abstinent died of liver-related causes or developed hepatocellular carcinoma.

“In this multicenter study, sustained alcohol abstinence led to recompensation in one-third of patients with decompensated alcohol-related cirrhosis within five years, particularly if abstinence was achieved early and in the absence of further decompensation. Recompensation markedly improved outcomes, with a negligible residual risk of liver-related death and hepatocellular carcinoma when abstinence was maintained,” the researchers wrote. “These findings support personalized treatment approaches in decompensated alcohol-related cirrhosis by enabling the identification of patients at risk of progression or with the potential for regression.”

Click here for more news about [alcohol and liver disease](#).