Alcohol-Related Cirrhosis Deaths See Steep Rise

Researchers saw a particularly alarming increase in deaths from alcohol-related cirrhosis in people ages 24 to 35.

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A study by researchers at Florida Atlantic University's (FAU) Schmidt College of Medicine documented a more than threefold increase in deaths from alcohol-related cirrhosis, an advanced form of alcohol-related liver disease, in the United States since 1999.

For the study, researchers used the Centers for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research to calculate alcohol-related cirrhosis mortality rates and mortality rate ratios per 100,000 people. Individuals were split into 10-year age groups from ages 25 to 85 and older.

Published in The American Journals of Medicine, the results showed a sharp increase in alcohol-related cirrhosis deaths from 1999 to 2019. In 1999, out of 180,408,769 Americans ages 25 to 85, 6,007 died of alcoholic cirrhosis, yielding a mortality rate of 3.3 per 100,000. Twenty years later, in 2019, 23,780 out of 224,981,167 Americans in the same age group died of alcohol-related cirrhosis, for a mortality rate of 10.6 per 100,000.

"Damage from chronic and excessive alcohol intake results in fatty liver disease and alcoholic hepatitis. Over time, this results in scarring and cirrhosis, the final and irreversible phase of alcoholic liver disease," study coauthor Lawrence Fiedler, MD, a board-certified practicing gastroenterologist and an affiliate associate professor in FAU Schmidt College of Medicine, said in a news release.

People ages 24 to 35 experienced a sevenfold increase, the highest of all age groups, and ages 65 to 74 had the steepest increase.

"While more research is necessary, these alarming trends in mortality from alcoholic cirrhosis pose immediate clinical and public health challenges to curb the epidemics of heavy alcohol consumption as well as overweight and obesity and lack of physical activity in the U.S., all of which may be contributory," corresponding author Charles Hennekens, MD, DrPH, and corresponding author, said in the news release.

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