Liver Disease Is Leading Cause of Death Among People With NAFLD

Liver complications, heart disease and non-liver cancers also account for most deaths among people with hepatitis B or C.

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Liver-related complications were to blame for most deaths among people with non-alcoholic fatty liver disease (NAFLD), alcoholic liver disease (ALD), hepatitis B and hepatitis C, researchers reported at the recently held Digital International Liver Congress. Cardiovascular disease and non-liver cancer were also major causes of death among those with NAFLD.

James Paik, of the Inova Health System in Falls Church, Virginia, and colleagues analyzed data on all-cause, liver-related and cancer-related mortality among people with chronic liver disease in the United States. They used information on deaths among adults age 20 or older during 2017 and 2018 from the National Vital Statistics System (NVSS), a database that includes more than 99% of the nation's mortality data. They focused on those with chronic liver disease and noted the cause of death, whether related or unrelated to liver complications.

Of the 2,826,531 deaths in 2018, they found that 88,679 (3%) were people with chronic liver disease. Within this group, 79% had liver cirrhosis, 51% had NAFLD, 31% had ALD, 13% had chronic hepatitis C, 6% had hepatocellular carcinoma (the most common type of liver cancer) and 0.3% had chronic hepatitis B; 19% had no reported liver-related complications.

Overall, liver-related causes (59%), heart disease (8%) and non-liver cancers (6%) were largely responsible for deaths among people with chronic liver disease. Deaths due to liver cancer and non-liver cancers rose by 0.4% and 7%, respectively, between 2017 and 2018.

Among those who died with NAFLD, the leading causes of death were liver complications (46%), heart disease (10%), non-liver cancers (7%) and diabetes (3%). Among those with chronic hep C, the chief causes of death were liver complications (59%), non-liver cancers (10%), heart disease (7%) and accidental injuries (3%). Among those with chronic hep B, the leading causes were liver complications (60%), non-liver cancers (14%), heart disease (4%) and stroke (3%). Finally, among those with ALD, the major causes were liver complications (82%), heart disease (4%), injuries (3%) and non-liver cancers (2%).

Among people with NAFLD who died of cancer, the main causes included liver cancer (41%) and

lung cancer (9%). The 8% of this group that had blood cancers also showed a two or three times higher risk of having non-Hodgkin lymphoma or leukemia. Further, the risk of death from cancer was 1.3 to 5 times higher in men compared with women with NAFLD. White individuals with NAFLD had a higher chance of dying from lung, esophageal, oral and skin cancer. In comparison, Black people were more likely to die of liver, prostate, stomach and uterine cancer. Latino people with NAFLD had a greater risk of dying of liver, kidney and stomach cancer.

Among people with chronic hep C, the main causes of cancer-related death included liver cancer (66%) and lung cancer (8%). Among people with ALD who died of cancer, the main reasons were liver cancer (55%), colorectal cancer (5%) and pancreatic cancer (4%).

From 2017 to 2018, cancer death rates among people with NAFLD changed most for liver, lung, colorectal and blood cancers. Among people with chronic hep C, the greatest changes were in the rates of deaths due to liver, oral, pancreatic and colorectal cancer. In the case of ALD, the largest changes were for liver, oral, kidney, breast, esophageal and non-solid cancers.

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