Alcohol-Associated Liver Disease

Risk factor modification, diagnosis/treatment of alcohol use disorder, integrated ALD care models, and management of alcohol-associated hepatitis.

2024 ACG Clinical Guideline
Alcohol-Associated Liver Disease
Jophlin, Singal et al. · Am J Gastroenterol 2024

STRENGTH Strong Conditional

1 Risk Factors for ALD

STATEMENT	STRENGTH
R1 — Heavy alcohol use: abstain from tobacco in any form (higher cirrhosis risk)	Strong Very low
R2 — Obesity: avoid alcohol consumption	Strong Moderate
R3 — Obesity or T2DM: suggest abstinence to aid weight optimization and glucose control	Conditional Very low
R4 — Gastric bypass surgery (current/history): avoid heavy alcohol use	Strong Very low
R5 — Chronic HCV: avoid alcohol consumption	Strong High
R6 — Chronic HBV: avoid alcohol consumption	Strong Low

2 Diagnosis & Treatment of Alcohol Use Disorder (AUD)

STATEMENT	STRENGTH
R7 — Screen adults with brief tools such as AUDIT-C	Strong High
R8 — ALD + AUD: incorporate brief motivational interventions into care	Strong Low
R9 — Compensated ALD: baclofen as an AUD treatment option	Strong Moderate
R10 — Compensated ALD: acamprosate or naltrexone as AUD treatment options	Conditional Very low
R11 — Compensated ALD: gabapentin or topiramate as AUD treatment options	Conditional Very low
R12 — Against disulfiram for AUD across the ALD spectrum	Conditional Very low
R13 — Severe alcohol withdrawal: benzodiazepines are treatment of choice — use cautiously with monitoring (risk of precipitating/worsening HE)	Strong Moderate

3 Management of ALD

STATEMENT	STRENGTH
R14 — Offer integrated multidisciplinary care incorporating behavioral and/or pharmacotherapy for AUD	Strong Low

4 Alcohol-Associated Hepatitis (AH)

STATEMENT	STRENGTH
R15 — Severe AH (hospitalized): against universal prophylactic antibiotics	Strong Moderate
R16 — Malnourished/inadequate oral intake: add oral nutritional supplements; if still inadequate, add enteral nutrition support	Strong Moderate
R17 — Severe AH (MELD >20): corticosteroid therapy	Strong Moderate
R18 — Against pentoxifylline for severe AH	Strong Moderate
R19 — Insufficient data on G-CSF and microbiome-based therapies for severe AH	Conditional Moderate
R20 — IV N-acetylcysteine as adjunct to corticosteroids in severe AH	Strong Moderate
R21 — Medically unresponsive severe AH with high mortality risk: consider early LT for highly selected patients per regional/institutional protocols	Conditional Low

Jophlin LL, Singal AK, Bataller R, et al. ACG Clinical Guideline: Alcohol-Associated Liver Disease. *Am J Gastroenterol.* 2024;119(1):30–54.