

Reply to: “Depiction of alcohol-related liver disease in the EASL International Liver Congress”

To the Editor:

We thank Dr Goodheart and Dr Ayonrinde for their assessment of the implementation rate of the new nomenclature for alcohol-related liver disease proposed by EASL in the Clinical Practice Guideline from 2018,^{1,2} as part of the alcohol-related presentations at the EASL 2022 International Liver Congress in London. They showed that the new terminology has not yet been fully adopted in the community and that the former nomenclature continues to be used even at EASL events. Further, the proposed changes have not been adopted by the WHO and not implemented in the International Classification of Diseases (ICD)-11 2022 update.

As the authors correctly point out, EASL acknowledges that the term “alcoholic” is stigmatizing, often does not reflect the complex aetiology of alcohol-related liver disease, and should therefore be avoided in order to not only maintain patient’s dignity and self-esteem, but also to improve personalised care. Yet, the abstract categories at the congress did not reflect this progress and neither did some of the abstract contributions from the field. We thank the authors for pointing this out and bringing this to our attention. The recent EASL-Lancet commission further unfolded the nature of stigma and discrimination and the severe consequences to patients with liver diseases.³ Fighting stigma and stigmatizing language of liver diseases is a priority to the EASL Governing Board. It is a clear goal of EASL to implement the more progressive terminology in all EASL events and publications. From an EASL perspective, the nomenclature should reflect that in many cases the consumption of alcoholic beverages constitutes a co-factor and not the sole cause of chronic liver disease. This should also stimulate the initiation of studies to better understand genetic, environmental, and other individual factors that contribute to the progression of the disease and thereby improve education and prevention measures.

The authors also mention the fact that EASL guidelines suggest to maintain the term alcoholic hepatitis for now. While the term appeared “too standardized to change” by the expert panel during the development of the guideline, they already state that this term “may be reviewed in future guidelines” and

the term “alcohol-related acute liver injury” is suggested by the EASL-Lancet commission.²

To further stimulate the implementation of the proposed new nomenclature for alcohol-related liver diseases, we have now amended the title of the abstract category for the EASL Congress 2023 in Vienna, which is now “Alcohol-related liver diseases”. In addition, we will modify the authors’ guide for abstract submission to include a paragraph that encourages the use of the most appropriate language, specifically emphasizing that the term alcoholic liver disease should not be used anymore. We will also instruct our abstract reviewer to flag all abstracts that are not adhering to these recommendations so that we can specifically contact the respective authors to modify their submission accordingly.

We hope that these changes will result in a more unified implementation of progressive and more accurate, less-stigmatizing terminology in the field of alcohol-related liver disease.

Tobias Boettler¹
Aleksander Krag²
Thomas Berg^{3,*}

¹Department of Medicine II, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Freiburg, Germany

²Centre for Liver Research, Department of Gastroenterology and Hepatology, Odense University Hospital, and Institute for Clinical Research, University of Southern Denmark Odense, Odense, Denmark

³Division of Hepatology, Department of Medicine II, Leipzig University Medical Center, Leipzig, Germany

*Corresponding author. Address: Division of Hepatology, Department of Medicine II, Leipzig University Medical Center, Leipzig, Germany.
E-mail address: Thomas.Berg@medizin.uni-leipzig.de (T. Berg)

Received 10 October 2022; Accepted 10 October 2022; Available online XXX

<https://doi.org/10.1016/j.jhep.2022.10.015>

© 2022 European Association for the Study of the Liver. Published by Elsevier B.V. All rights reserved.

Financial support

The authors received no financial support.

Conflict of interest

The authors have no potential conflict of interest to declare that are relevant to this manuscript.

Please refer to the accompanying ICMJE disclosure forms for further details.

Authors’ contributions

All authors contributed equally to the production of this manuscript.

Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jhep.2022.10.015>.

References

- [1] Goodheart R, Ayonrinde OT. Depiction of alcohol-related liver disease in the EASL international liver congress. *J Hepatol* 2022 Aug 18.
- [2] Thursz M, Gual A, Lackner C, Mathurin P, Moreno C, Spahr L, et al. EASL clinical Practice guidelines: management of alcohol-related liver disease. *J Hepatol* 2018;69(1):154–181.
- [3] Karlsen TH, Sheron N, Zelber-Sagi S, Carrieri P, Dusheiko G, Bugianesi E, et al. The EASL-Lancet Liver Commission: protecting the next generation of Europeans against liver disease complications and premature mortality. *Lancet* 2021.



ELSEVIER