Clinical audit ideas: identification and management of alcohol-related liver disease (ARLD)

ARLD is a major cause of liver disease in the UK and accounts for around 75 percent of deaths from liver disease. It is very largely preventable. The cause of alcohol related liver disease is consuming too much alcohol over a prolonged period.

Addressing alcohol misuse in your patients won't only reduce their risk of developing ARLD, but will also lower the risks associated with hypertension, ischaemic heart disease, upper gastrointestinal symptoms, depression and a range of cancers.

How good is your practice at those who are drinking too much and helping your patients to avoid developing ARLD and other alcohol-related conditions?

Clinical audit idea 1: how good is my practice in identifying those who are hazardous and harmful drinkers and signposting them to interventions to address this?

The literature suggests that between 6 and 10 percent of primary care consultations are contributed to by alcohol use, and around 20% of adult patients drink outside recommended limits. However GPs and primary care teams don't always ask about and record alcohol use – the evidence shows that up to three quarters of hazardous and harmful drinkers have not been identified in primary care.

Consider searching your clinical database to identify what percentage of your practice adult population have their alcohol consumption recorded or who have been given and AUDIT or brief AUDIT questionnaire.

What percentage coverage with recording of alcohol units or an AUDIT screen should your practice aim for? How would you improve your practice's performance?

Clinical audit idea 2: how good is my practice providing a brief intervention or alcohol leaflet, or in signposting to another service those patients who are drinking too much?

Once you've identified those on your patient list who are have their alcohol units recorded, or who have had an AUDIT alcohol screening test, review a sample of cases and see how many people have received advice to reduce alcohol use, have been offered a leaflet, or who have been signposted to an alcohol-related service change their diet or increase their activity. Depending on what you find, how could you improve this?

Clinical audit idea 3: how good is your practice at risk stratification for patients who are known to drink heavily?

Search your clinical database for those patients who are drinking heavily enough to require further investigation, that's >50 units per week for men and >35 units per week for women. NICE cirrhosis guidance states that patients who are drinking this heavily for a period should be investigated for the development of advanced liver fibrosis/cirrhosis. NICE advice is that this should be via a transient elastography test, though this is not available in all areas and alternative assessments are available (see toolkit resource on ARLD below). Those with advanced fibrosis or cirrhosis should be referred, and those with a normal scan who continue to drink over the test threshold should be rescanned every two years.

If your patients who are drinking heavily haven't had further investigations, how could you improve this?

Would a recall system help in the management of those who are putting themselves at risk through heavy drinking?