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Response to: 'No impact of Covid-19 pandemic on decompensation of alcoholic liver disease: Results from a single Center in Milan'

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LETTER TO THE EDITOR

Response to: 'No impact of Covid-19 pandemic on decompensation of alcoholic liver disease: Results from a single Center in Milan'

We welcome the comment on our work by Massetti C et al. and their contribution to the growing body of literature on the topic of alcohol use during the Covid-19 pandemic. We do, however, note that there are substantial differences between their study methodology and our own, making it difficult to perform valid comparisons of our respective results.

First, the healthcare system from which we derived our data includes four hospitals from both urban and suburban areas of the metropolitan area of Detroit, Michigan, and represents a broad range of racial and socioeconomic groups—it is perhaps not possible to compare our results to those of a single-centre study. Second, our analysis included only new admissions for acute alcoholic hepatitis under strict International Classification of Disease (ICD)-code criteria; we did not include admissions for alcoholic liver cirrhosis or decompensated cirrhosis as described in the Massetti study. We also sought to address the inherent limitations of ICD-code based analyses by performing manual chart review when pre-specified criteria were equivocal, in order to ensure that patients met inclusion criteria. Results from these differing sampling schemes could be expected to vary. Third, we confined our analysis to May through September of 2020, a period that was chosen to reflect the normalization of non-Covid hospital admissions after the Detroit metropolitan area had passed through the initial acute wave of the pandemic but whilst social disruption and public health restrictions remained widespread. It is not clear that the Massetti study confined its analysis to a similar period in the timeline of the pandemic in Milan, Italy. Finally, although wastewater alcohol measurement has been assessed as a surrogate marker of community-wide alcohol consumption, we found no evidence that it is a valid marker for individual-level alcoholic hepatitis.

Moreover, given that patterns of alcohol consumption vary significantly around the globe,[1] we would expect that the impact of the pandemic on rates of alcohol-related liver disease would also vary by country and time.[2] However, we also note that during the early phases of the Covid-19 pandemic—when social disruption, mitigation strategies, and related anxiety peaked—there are reports that rates of alcohol consumption also increased.[3,4] Likewise, we and others have found that hospitalizations for alcohol-related liver disease[5] and alcohol-related liver transplant metrics also rose markedly in this time frame.[6,7] Given the serious implications of alcoholic hepatitis-related admissions in conjunction with the evolving public health response to the Covid-19 pandemic, we are currently analysing follow-up data for alcohol-related hepatitis admissions to our health system in 2021 in order to bring additional light to this topic.

Abbreviation: ICD, International Classification of Diseases

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CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

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