Liver disease in Barking and Dagenham

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Why are residents livers’ important?

- Converts food into energy → 🏃
- Fights infections
- Breaks down toxins and drugs (including alcohol)
- Makes, regulates and/or stores essential components:
  - Stores iron and vitamins
  - Produces and regulates hormones
  - Makes enzymes and proteins that allow your body to repair itself
  - Regulates fats/glucose in blood stream

Source: https://www.britishlivertrust.org.uk/liver-information/
Most liver disease is preventable

Three key modifiable risk factors:

**Alcohol misuse**
- can cause inflammation (hepatitis) or scarring (cirrhosis)
- risk factor for liver cancer

**Overweight and obesity**
- can cause non-alcoholic fatty liver disease (where fat builds up in the liver)

**Hepatitis B and C**
- blood-borne viruses
- can cause liver inflammation/cirrhosis
- can increase risk of liver cancer
Nationally, mortality from liver disease is increasing

% change from 1995 age-standardised rates

Mortality rates for liver disease increased by more than 70% in England from 1995 to 2012

Rates decreased by around 20‒60% (includes cancer, heart disease and stroke)

Source: Local Authority Liver Disease Profiles, National Liver Disease Information Service
Premature mortality (<75) from liver disease in B&D is high

Highest age-standardised rate in London

Upward trend

89 deaths (2013–15) ≈ 30 deaths/year in under 75s

Twice as many male deaths as female deaths

Men & women combined, directly standardised rate per 100,000. Red/yellow/green = worse/similar/better compared with England. Source: PHE, 2013-15
85% of these deaths were potentially preventable

Of the 89 deaths from liver disease in under 75s in 2013–15...

76 (85%) were classed as ‘preventable’

i.e. around 25 of 30 deaths from liver disease in under 75s each year are considered preventable in B&D

Barking and Dagenham has the highest rate of preventable deaths from liver disease in under 75s in London
B&D also has a higher rate of liver disease admissions than the English average

- There were **231 admissions** with a primary diagnosis of liver disease among B&D residents in 2014/15 (40% female, 60% male)
- This has increased over the past three financial years

Men & women combined, directly standardised rate per 100,000. Red/yellow/green = worse/similar/better compared with England. Source: PHE, 2014/15. Individuals may have multiple admissions.
How does this relate to risk factors?
Obesity-related liver disease

High rates of overweight/obesity in B&D

10-11 years
43% overweight/obese
Source: NCMP, 2015/16
Highest in London & England

Adults
71% overweight/obese
Source: Active People Survey, 2013-15
Highest in London

Non-alcoholic fatty liver disease (NAFLD)

• Under 75 mortality – 6 deaths in B&D over three years
• Hospital admissions – 21 admissions (with primary diagnosis) in B&D over three years

Under 75 mortality from non-alcoholic fatty liver disease

Men & women combined, crude rate per 100,000. Yellow = similar to England. Source: PHE, 2013-15

1 http://www.nhs.uk/conditions/fatty-liver-disease/Pages/Introduction.aspx
Alcohol-related liver disease

Alcoholic liver disease
• Under 75 mortality – **30 deaths** over three years (77% male, 23% female)
• Hospital admissions – **84 admissions** (with primary diagnosis) over three years (58% male, 42% female – a higher rate than England in 2014/15)

Men & women combined, directly standardised rate per 100,000. Yellow = similar to England. Source: PHE, 2013-15
Other impacts of alcohol
Alcohol-related deaths contribute to low life expectancy

Deaths from alcohol-related causes are highest in those in their late 50s/60s

Liver disease is among the top 5 causes of deaths for men and women aged 20–64

Cirrhosis and other diseases of liver

England and Wales, 2015

Source: ONS

UK, 2015

Source: ONS

Note: ONS uses different definition of ‘alcohol-related’ than PHE
Alcohol-related admissions in B&D

- Better/similar admission rates for alcohol-specific conditions, or alcohol-related admissions, using a narrow definition, than England
- Higher rate using the broad definition – this is likely to relate to CVD admissions and alcoholic liver disease admissions

**Overall picture**

<table>
<thead>
<tr>
<th>Admission episodes for...</th>
<th>Male</th>
<th>Female</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>alcohol-specific conditions</td>
<td></td>
<td></td>
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<tr>
<td>alcohol-related conditions (narrow)</td>
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<tr>
<td>alcohol-related conditions (broad)</td>
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</tbody>
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**Conditions influenced by alcohol**

- alcohol-related unintentional injuries*
- mental and behavioural disorders due to use of alcohol condition*
- intentional self-poisoning by and exposure to alcohol condition*
- alcohol-related cardiovascular disease conditions**
- mental and behavioural disorders due to use of alcohol condition**
- alcoholic liver disease**

Incidence rate of alcohol-related cancer

* narrow definition; ** broad definition

Red/yellow/green = worse/similar/better compared with England
Alcohol-related attendances/admissions - BHRUT

<table>
<thead>
<tr>
<th>A&amp;E attendances:</th>
<th>Inpatient admissions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>primary alcohol problem</td>
</tr>
<tr>
<td>Queens</td>
<td>KGH</td>
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<tr>
<td>1,499</td>
<td>1,005</td>
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A&E data, 2015/16

Inpatient coded data drug + alcohol related admissions, 12 months from Oct 2015

This equates to almost 7 attendances per day with a primary alcohol problem

Re-attendances: 258 (10.3%)
  * 10 patients attended > 10 times

This equates to 35 patients per day admitted to hospital with an alcohol-linked diagnosis across the trust
New models of care

Community assessment
• High risk groups
• Screen for liver disease
• Refer to secondary care

Pop up pilot – ‘Love your Liver’
• Dagenham library, Nov 2016
• Screened + Fibroscanned 37 people
  • 16 people (43%) had abnormal Fibroscans

Alcohol liaison service
• NICE guidance
• CQC recommendation
Liver disease approach B&D

Deliver highest quality of care for all patients with liver disease in the region:

- **Aim to diagnose liver disease early**
- **Address issues** e.g. joined-up acute alcohol liaison model → **joint approach**

**Year 1**

- **Regional strategy NE London**
  - Joined up approach between 3 boroughs
  - Robust links to STP prevention approach, alcohol
  - **BHR** Health system level
  - Clear pathways into secondary care e.g. Non-Alcoholic Fatty Liver Disease
  - BHRUT alcohol liaison service – robust + sustainable
  - Bring together into single network all disparate drug + alcohol services

**Years 2-3**

- **Outreach**
  - Target difficult to reach groups
  - Screen for viral hepatitis and treat in community
  - Target alcohol + obesity for liver disease
The Barking and Dagenham Prevention Approach

Alcohol misuse
- can cause inflammation (hepatitis) or scarring (cirrhosis)
- risk factor for liver cancer

Overweight and obesity
- can cause non-alcoholic fatty liver disease
- fat builds up in the liver

Substance misuse strategy

Healthy weight strategy

Hepatitis B and C
- blood-borne viruses
- can cause liver inflammation/cirrhosis
- can increase risk of liver cancer

Health protection
The Barking and Dagenham Prevention Approach

Current Service
- Community De-Tox
- Structured Rehabilitation
- Hospital Liaison
- Borough awareness programmes
- Residential Rehabilitation
- Groups
- Outreach
- GP liaison
- Relapse prevention work

Current projects
- Liver “pop-up” shops
- Probation Outreach
- Job Centre Outreach
- Street Drinking outreach

Alcohol misuse strategy
- can cause inflammation (hepatitis) or scarring (cirrhosis)
- risk factor for liver cancer
The Future Community Alcohol Service

Incorporated into the vision of a fully Integrated Drug and Alcohol Service in May 2018

- Trauma-informed service delivery
- Lessons learned from the Street Drinking Project
- Better community specific Outreach and satellite delivery
- Continuation of JCP and Probation Outreach
- Increased Mental Health Integration and Partnership working
The Barking and Dagenham Prevention Approach

Overweight and obesity
- can cause non-alcoholic fatty liver disease
- as fat builds up in the liver

NHS health checks – 40 – 74 years

Lifestyle services
- Exercise on prescription
- Adult weight management
- Child weight management
- Active ageing

Behaviour change approach
- Understanding our families
- Change the environment

Healthy weight strategy
- Summer fun
- Healthy weight campaign

The Great Weight Debate
- A London conversation on childhood obesity
Liver disease in Barking and Dagenham

1. Do partners wish to support a tri-borough approach to liver disease prevention?
2. Do partners agree that prevention and early diagnosis are priorities, particularly for individuals with a higher than recommended alcohol intake?
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