Cirrhosis Incidence Climbing in North American Women

The incidence rate is expected to be especially high among young women with alcoholic liver disease.

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The disease burden from liver cirrhosis has risen steeply over the past years across North America, particularly due to jumps in alcohol-related liver disease (ALD) and non-alcoholic fatty liver disease (NAFLD). Current trends indicate that cirrhosis incidence is expected to rise further by 2040, especially among young women with ALD and postmenopausal women with NAFLD, researchers reported at AASLD The Liver Meeting Digital Experience.

“Historically, cirrhosis has been considered a chronic disease predominantly affecting men,” Jennifer Flemming, MD, of Queen’s University in Canada, said in a press release. “However, over the past decade, data has consistently highlighted the existence of differences in the natural history and outcomes of chronic liver disease, cirrhosis and liver transplantation in women as compared to men.”

Flemming and colleagues studied the epidemiology of cirrhosis and liver-related complications in women and sought to predict the disease burden from cirrhosis in 2040.

They used administrative health care data from Ontario to identify a population of women with cirrhosis between January 2000 and December 2017. These cases were distinguished on the basis of causes, including hepatitis C, hepatitis B, ALD, NAFLD, autoimmune liver disease or something else, as well as the presence of hepatocellular carcinoma or nonmalignant loss of liver function. The team also analyzed cirrhosis incidence rates, which were stratified on the basis of causal factors and generational birth cohorts.

A total of 65,217 women, with a median age at diagnosis of 57 years, were included in the study and followed for an average of five years. Of these women, 63% had cirrhosis attributed to NAFLD, 16% to ALD, 10% to hep C, 6% to autoimmune liver disease, 5% to hep B and 1% to other causes.

The researchers suggest that cirrhosis incidence rates will continue to rise, hitting 8% by 2040. Further, the team found that the change in the incidence rate of cirrhosis was greatest for women with ALD who were born after 1980 and women with NAFLD who were born between 1945 and 1964. These increases are expected to be driven by rises in rates of ALD and NAFLD, even as rates

of hep C, hep B, autoimmune liver disease and other conditions decline.

The team also found that the incidence rate of liver cancer was highest in women with hep C or ALD. Women with ALD had the highest rates of liver dysfunction and death.

“This data shows that the burden of cirrhosis is increasing in women in North America, driven largely by NAFLD and ALD, and will account for around 95% of all cirrhosis cases in women by the year 2040,” Flemming said. “ALD cirrhosis is disproportionally affecting young women, while the risk of NAFLD is, and will be, highest for women in the postmenopausal state. Clearly, a heightened recognition of these key drivers of cirrhosis is essential for both primary care providers and specialists alike and should influence the development and evaluation of public health initiatives.”

Click here to read the study abstract from The Liver Meeting Digital Experience.

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