A specialist liver home-based nursing program following inpatient admission facilitates alcohol abstinence in patients with cirrhosis

Leya Nedumannil[1], Catherine Yu[1], Sarah Taylor, Kristen Peake[1], Kendall Fitzpatrick[1], Vanessa Lowen[1], Mustafa Mohamedrashed[1], Mayur Garg[1,2], Diana Lewis[1], Siddharth Sood[1,2]

1. Department of Gastroenterology, Northern Health, Epping, Victoria, Australia
2. The University of Melbourne, Melbourne, Victoria, Australia

Northern Health

RESEARCH WEEK
20-24 OCTOBER 2025
INSPIRED RESEARCHERS
Northern Health

INTRODUCTION

- Alcohol-related liver disease (ALD) is a major public health issue.
- Current models of care do not cater well for the management of alcohol use disorder in patients with ALD.
- Liver At Home (L@H), is a novel hepatology nurse-led home-based care program that runs for 12 weeks, catering for patients with cirrhosis who have been recently hospitalised under the Gastroenterology Unit.
- L@H's input begins at the time of patient discharge from hospital, and involves regular reviews, a majority of which are home-based. We aimed evaluate alcohol use in patients enrolled to L@H with alcohol-related cirrhosis before and after the program.

METHODS

- Patients with cirrhosis admitted under the Gastroenterology Unit between 01/03/2023 to 01/09/2024 were prospectively enrolled to L@H at the time of hospital discharge if they met inclusion criteria (willingness to participate, residence within hospital catchment, and low or moderate risk score on home safety screening tool)
- Alcohol intake in enrolled patients with alcohol-related cirrhosis was recorded at time of enrolment and at completion of L@H at the end of 12 weeks, with hazardous alcohol use defined as ≥ 4 standard drinks/day or ≥ 11 standard drinks/week.
- Disengagement from L@H was defined as failure to participate in ≥ 3 reviews or refusal of further reviews.
- The primary outcome was change in alcohol consumption in patients who reported hazardous alcohol use, and secondary outcome was 12-week hospital readmission and mortality on longer-term follow-up (censor date: 01/11/2024).

RESULTS

61 index enrolments to L@H

↓

75% (n=46/61) with alcohol-related cirrhosis

↓

65% (n=30/46) hazardous alcohol use

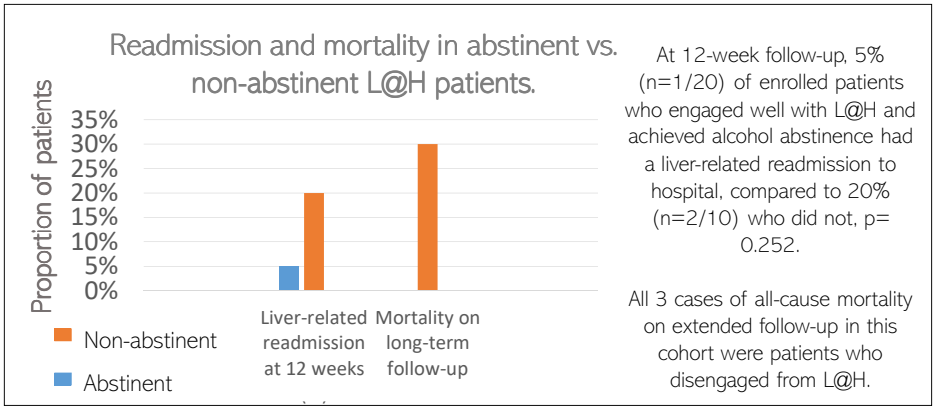
Median age in years 45 (IQR 41-58)
26.6% (n=8) female
Median MELD-Na score 20 (IQR 17-23)

RESULTS

Of **30** patients with hazardous alcohol use:

70% (n=21) engaged well with L@H → **95% (n=20/21)** abstinent from alcohol at the end of L@H

30% (n=9) disengaged from L@H → **Total 67% (n=20/30)** abstinent from alcohol at the end of L@H



At 12-week follow-up, 5% (n=1/20) of enrolled patients who engaged well with L@H and achieved alcohol abstinence had a liver-related readmission to hospital, compared to 20% (n=2/10) who did not, p= 0.252.

All 3 cases of all-cause mortality on extended follow-up in this cohort were patients who disengaged from L@H.

CONCLUSION

A majority of enrolled patients with alcohol-related cirrhosis and hazardous alcohol consumption, engaged well with L@H.

- Importantly, whilst 67% of patients with ongoing harmful alcohol consumption achieved alcohol abstinence during their time with L@H, this proportion increased to a notable 95% in those who engaged well with and completed the program.
- This was remarkably in the absence of leading hepatology nurses having any formal training in addiction management.
- Our findings suggest that the support that can be imparted through consistent liver-focused home visits for recently hospitalised patients with alcohol-related cirrhosis could significantly increase alcohol abstinence, and in turn, potentially improve outcomes.