

Medications for Alcohol Use Linked to Better Survival With Severe Liver Disease

People receiving treatment for alcohol use disorder had higher one- and three-year survival rates.

June 8, 2026 By [Sukanya Charuchandra](#)

Medications for alcohol use disorder (AUD) are associated with significantly improved survival among peoples with severe alcohol-related liver disease. These findings, published in [JAMA Network Open](#), underscore the potential of underused treatments to improve outcomes even for those with advanced disease.

Uptake of medications for AUD, such as naltrexone and disulfiram, has remained low, despite [alcohol-related liver disease](#) (ALD) being a predominant driver of [cirrhosis](#), [liver cancer](#) and [liver transplants](#). In 2023, only about 2% of American adults with alcohol use disorder received such medications. There is little available research on the benefits of these medications for people with severe ALD, which can prove a barrier to their usage.

Ram Sundaresh, MD, of the University of California, Los Angeles, and colleagues assessed the impact of medications for AUD on survival outcomes among people with severe ALD. They used electronic medical record prescription data to track medication usage, including the use of both FDA-approved therapies and off-label drugs.

For this retrospective study, the team included 1,309 people with severe ALD who were referred to a tertiary center for liver transplantation from January 2016 through December 2022. The average age of the participants was 57 years, and 76% were men.

About 36% of participants were taking some kind of drug for AUD. Over an average follow-up period of 38 months, the use of AUD medications for at least three months was linked to a 7% higher likelihood of survival at the one-year mark and a 19% higher survival rate at the three-year mark.

Using multiple AUD medications and longer periods of use were both linked to a successively lower risk of death from any cause. About 34% of people not taking any medications died during follow-up, compared to 10% of those taking three drugs. Similarly, 35% of people who did not take AUD medications died, versus 13% of those who took medications for six months.

“In this cohort study, use of [medications for AUD] was associated with improved survival among patients with severe ALD,” wrote the researchers. “This finding highlights the need for improved access to [medications for AUD] among patients with severe ALD.”

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