People With Viral Hepatitis Who Drink Alcohol Have Worse Outcomes

Heavy alcohol use among people with hepatitis B or C increased the risk for liver cancer.

June 10, 2022 By Sukanya Charuchandra

People with viral hepatitis and resulting cirrhosis who drank heavily had worse liver function impairment and were much more likely to develop hepatocellular carcinoma (HCC), according to study results published in BMC Gastroenterology.

Over years or decades, chronic hepatitis B or hepatitis C, fatty liver disease, heavy alcohol use and other causes of liver damage can lead to complications, including cirrhosis, liver cancer and the need for a liver transplant. But their additive effects are not well understood.

Bin Wu, MD, PhD, of Sun Yat-Sen University in China, and colleagues explored clinical outcomes among people with liver cirrhosis caused by viral hepatitis. The study included 22,287 people who were diagnosed with liver cirrhosis between January 2010 and December 2019. Most participants (84%) were men, and the average age was 52 years.

This group was split into five categories based on the cause of their disease. The study population comprised 1,652 people with alcohol-related liver disease (ALD), 18,079 with hepatitis B virus (HBV) and 682 with hepatitis C virus (HCV). In Asian countries, HBV is a more common cause of liver disease than it is in the United States. Adding these risk factors together, 1,594 people had both HBV and ALD, while 280 had both HCV and ALD.

People with both ALD and hepatitis B were much worse off than those with HBV alone: 28% in the first group had severe liver disease, compared with 19% in the second group. Nearly a quarter of people with both conditions had a MELD score higher than 18, which qualified them for a liver transplant, compared with 19% of people with HBV alone.

Turning to hepatitis C, 13% of people with both HCV and ALD had a MELD score higher than 18, compared with 8% of those with HCV alone.

The risk of HCC—the mostly common type of liver cancer—and esophageal or gastric variceal bleeding (a sign of decompensated cirrhosis) in people with both HBV and ALD was around twice as high compared to those with HBV alone.

The good news is that when people refrained from drinking alcohol, the risk of both liver cancer and variceal bleeding dropped for those with both HBV and ALD. Further, people who both abstained from alcohol and received antiviral therapy for hepatitis B had the lowest risk of either HCC or variceal bleeding. For people with both hepatitis C and ALD, similar trends were observed.

In short, clinical outcomes worsened when people with viral hepatitis indulged in heavy alcohol use. When people embraced abstinence, their outcomes greatly improved, lowering their likelihood of experiencing liver-related and other complications.

Click here to read the study in the BMC Gastroenterology.
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