

JSNA Health and Wellbeing Profile 2023/24

Liver Disease

Summary points

- Liver disease is largely preventable and is due to three main risk factors: alcohol, obesity and viral hepatitis.
- Deaths from liver disease are increasing in England, in contrast to other major causes of disease which have been declining.
- In Bristol, early death rates from liver disease have been rising since 2016 but remain similar to England rates. Death rates are significantly higher for males than females.
- The hospital admission rate for alcoholic liver disease in 2021/22 in Bristol was significantly higher than the national average. Rates are more than twice as high in males than females.

Early Deaths (deaths in under 75 year olds) – Liver Disease

The latest data for 2021 shows that there were 73 deaths (under 75) from liver disease in Bristol, a rate of 22 per 100,000 people. This is statistically similar to the England rate of 21.2 per 100,000 people and second lowest of all the English core cities.

Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid year population estimates (MYE) it produces. Data for 2021 uses the ONS 2021 Census based mid year population estimates to determine the rate of early deaths, which means that comparisons with previously published data cannot be made until revised populations for mid 2012 to mid 2020 are published.

Due to the reasons above, Figure 1 below which shows the under 75 mortality rate from liver disease between 2001 and 2020 has not been updated to include the data for 2021. Whilst we cannot compare rates we can compare counts, which shows that there were also 73 deaths in 2020 in Bristol related to liver disease, the second highest number in the last 20 years. The highest number in Bristol was 76 in 2003.

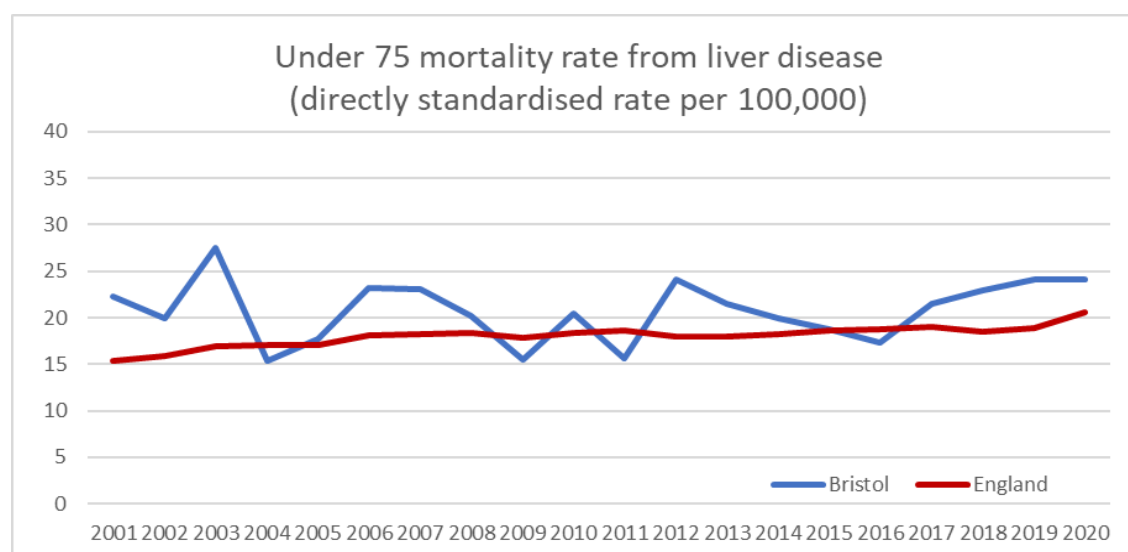


Figure 1. Under 75 mortality rate from liver disease 2001-2020 Source: Public Health Outcomes Framework

Equalities data: The mortality rate in Bristol is significantly higher in males (31 per 100,000) than females (13.1 per 100,000), similar to the national rate of 27.2 per 100,000 males and 15.5 per 100,000 females.

Early Deaths – Alcoholic Liver Disease

Alcohol is the most common cause of liver disease in England. Alcohol-related liver disease accounts for over a third of liver disease deaths. The more someone drinks, the higher their risk of developing liver disease.

In Bristol, 40 people under 75 died in 2021 from alcoholic liver disease, a rate of 11.6 per 100,000 people. This is similar to the national average of 11.5 per 100,000 people and is lowest of all the English core cities. Figure 2 below shows the under 75 mortality rate from alcoholic liver disease between 2001 and 2020, as per the previous section data from 2021 has not been included to avoid rate comparison.

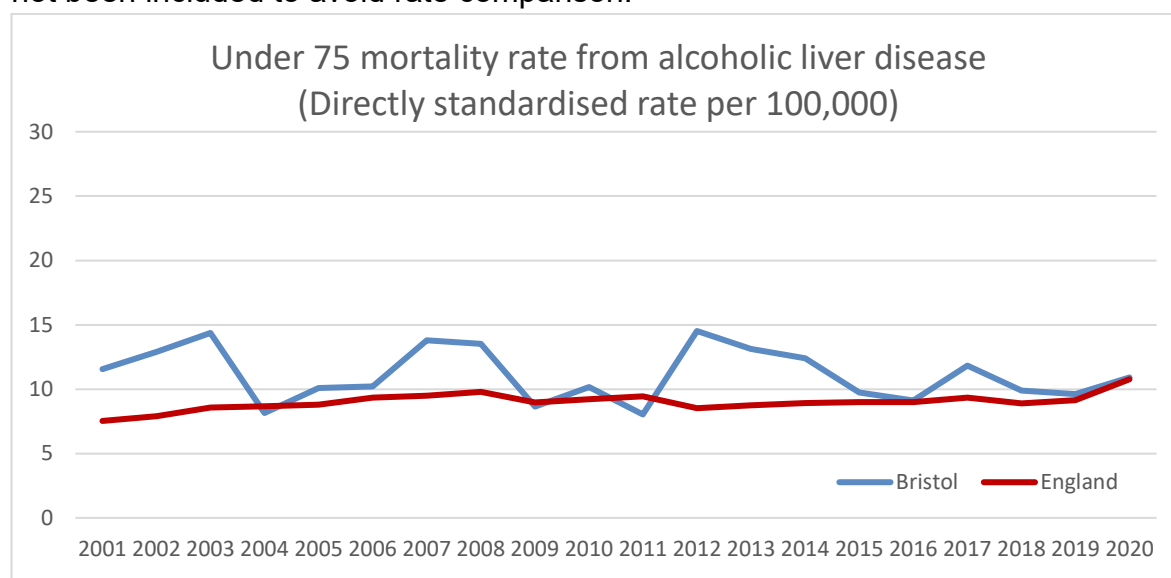


Figure 2. Under 75 mortality rate from alcoholic liver disease 2001-2020. Source: Public Health Outcomes Framework

Equalities data: National data for the three year period 2017-19 shows that people living in the most deprived decile are more than twice as likely to die from alcoholic liver disease than those living in the least deprived decile – data not available for Bristol / local authorities.

Hospital admissions – liver disease

The hospital admission rate due to liver disease in 2021/22 was 175.9 per 100,000 people, higher than the national rate of 150.6 per 100,000 people and fourth highest of the English core cities. Figure 4 shows the hospital admission rates from 2010/11 to 2020/21 and whilst we cannot compare rates with the latest data it is possible to see that the count of admissions for both 2020/21 and 2021/22 was 655.

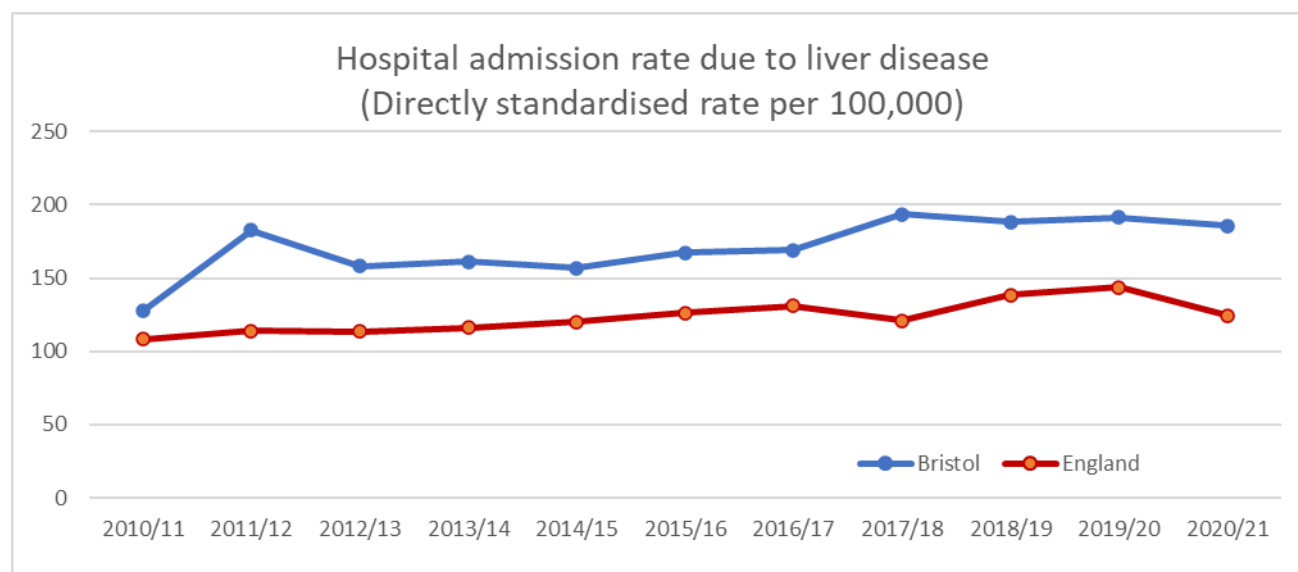


Figure 4. Hospital admission rate due to liver disease 2010/11 – 2020/21. Source: Public Health Outcomes Framework

Equalities data: For Bristol in 2021/22 the hospital admission rate is over twice as high in males (246.7 per 100,000) than females (107.4 per 100,000). The rate for England is 189.7 per 100,000 males and 114.3 per 100,000 females.

The hospital admission rate for alcoholic liver disease was 73.8 per 100,000 people in Bristol, significantly higher than the national average of 50.3 per 100,000, and fourth highest of all the English core cities.

Figure 5 below shows the hospital admission rate between 2010/11 and 2020/21. Although we cannot compare rates with 2021/22 we can use the count data to identify that there has been an increase in the number of admissions from 235 in 2020/21 to 270 in 2021/22.

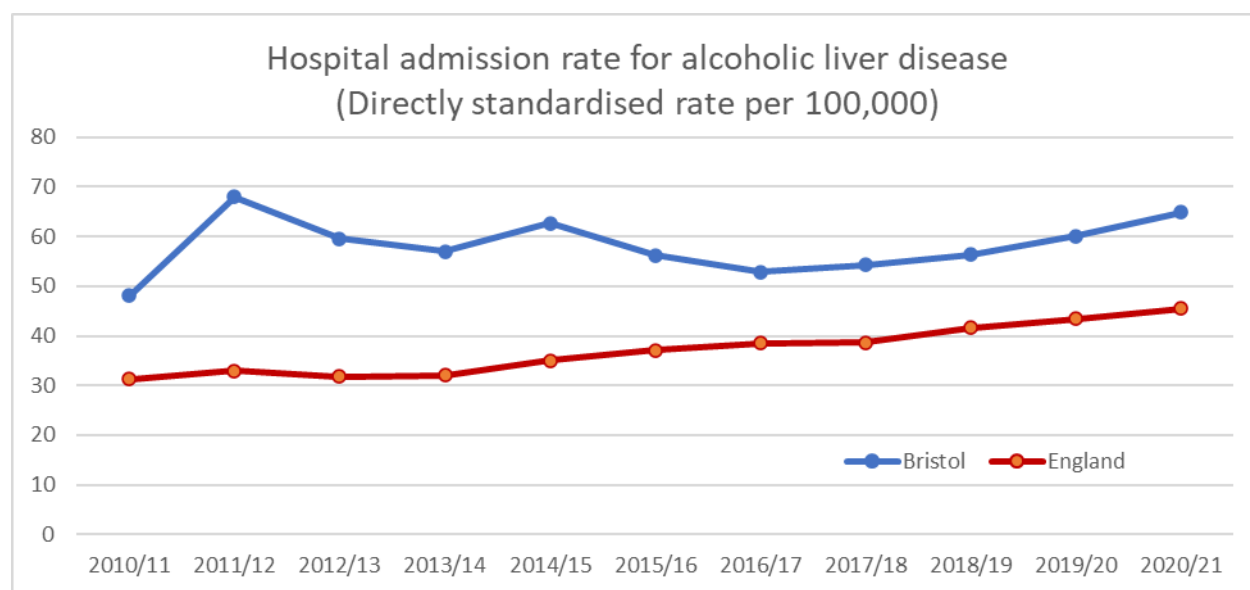


Figure 5. Hospital admission rate for alcoholic liver disease 2010/11 – 2020/21. Source: Public Health Outcomes Framework

Equalities data: The hospital admission rate is three times higher in males (111.4 per 100,00) than females (36.4 per 100,000) in Bristol (2021/22) compared to the national rate of 69 per 100,000 males and 32.6 per 100,000 females.

Hospital admissions - Non-alcoholic Fatty Liver Disease

Obesity is an important risk factor for non-alcoholic fatty liver disease (NAFLD), a term used to describe accumulation of fat within the liver that is not caused by alcohol consumption. It is usually seen in people who are overweight or obese.

For the three year period of 2017/18 – 2019/20, 60 people were admitted to hospital for non-alcoholic fatty liver disease, a rate of 4.3 per 100,000 population. This has slowly been increasing since 2012/13 and is similar to the England average (4.6).

Further data / links / consultations:

- [JSNA 2023.24 - Alcohol \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2023-24/Alcohol)
- [JSNA 2022.23 - Healthy Weight \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2022-23/HealthyWeight)
- [JSNA 2022/23 - Substance Use \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2022-23/SubstanceUse)
- [JSNA 2022/23 – Sexual Health \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2022-23/SexualHealth)
- [Liver Disease Profiles - OHID \(phe.org.uk\)](https://phe.org.uk/liver-disease-profiles)

Covid-19 impact:

In February 2021, the British Liver Trust carried out a survey to find out what impact the coronavirus (Covid-19) pandemic has had on liver disease patients, many of whom followed a strict shielding guidance. The survey found that:

- 6 in 10 are worried about their liver disease/liver cancer becoming worse due to avoiding hospitals
- More than half have worried about urgent treatment being delayed
- 70% worried that something might be missed by seeing their doctor regularly
- 40% have been worried about their mental health

Source: British Liver Trust, <https://britishlivertrust.org.uk/summary-of-results-from-the-covid-19-impact-on-liver-disease-patients-survey/>

A report by Public Health England, collates data on alcohol consumption and alcohol-related harm in England throughout the coronavirus (Covid-19) pandemic, compared to previous years. It shows that:

- Data from a consumer purchasing panel that measures off-trade volume sales of alcohol shows that between 2019 and 2020 (before and during the pandemic), volume sales increased by 25.0%. This increase was consistent and sustained for most of 2020.
- In 2020 (during the pandemic), rates of unplanned admissions to hospital for alcohol specific causes decreased by 3.2% compared to 2019 (before the pandemic). This is

likely to be related to reduced admissions for mental and behavioural disorders due to alcohol use.

- In 2020, there was a 20.0% increase in total alcohol specific deaths compared to 2019. Deaths from mental and behavioural disorders due to alcohol increased by 10.8% (compared to a 1.1% increase between 2018 and 2019), and deaths from alcohol poisoning increased by 15.4% (compared to a decrease of 4.5% between 2018 and 2019).
- Alcoholic liver deaths accounted for 80.3% of total alcohol specific deaths in 2020 and saw a 20.8% increase between 2019 and 2020. From July 2020 onwards, rates of alcoholic liver disease deaths were significantly and consistently higher than baseline.
- Source: [https://Alcohol and COVID report.pdf](https://Alcohol_and_COVID_report.pdf)
- Data is not available for Bristol.

Date updated: November 2023

Next update due: November 2024