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To Study of Clinical Profile of Patients with Alcoholic Liver Disease with Special Reference to Their Sociodemographic Status

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Abstract **Original Research Article**

Background*:** In the present time alcohol consumption has become a cause of concern owing to its high mortality and morbidity rate due to pathological causes and accidents manifested as a consequence of intake beyond limits. Alcohol consumption is referred to as "ingestion of more than two drinks in a single sitting or more than four to five times per week. ***Aim: To assess the clinical profile of patients with alcoholic liver disease with special reference to their sociodemographic status. ***Material and methods*:** Present study was a Hospital based observational study undertaken at a tertiary care center under the departments of Medicine from 1 January 2021 to 30 June 2022. All the patients admitted through the alcoholic liver disease which are further supported by clinical examination radiological evidence were involved in this study. The ultrasonography, radiographic parameters, biochemical, serologic and clinical were the diagnostic aids for liver cirrhosis all were done and further analysed. Thus all data was analysed using Openepi version 2.3.1.software. ***Results*:** It was observed that majority of patients were males which accounts for 49 (96.08%) and the females were only 2 (3.92%). married patients with ALD counted 39 (76.47%) and single status patients 9 which is 17.65% of total. Maximum number of patients belonging to lower socioeconomic status were identified as 29 (56.86%) and the lower middle-class patients were 5 (9.80%). 15(29.41%) were reported as the upper lower class patients and the minimum number of patients in the upper middle were found to be 2 (3.92%) in number. ***Conclusion*:** Alcoholic liver disease is not only a medical burden but also a social and psychological load, which commonly leads to hospitalization and unwanted out-of-pocket spending. Our results further emphasize the importance of the clinical profile of alcoholic patients, prevention of liver disease among society's most vulnerable segments and its effect on socioeconomic and psychosocial status.

Keywords: Clinical profile, alcohol, liver, sociodemographic, status.

INTRODUCTION

"Moderate/light" alcohol consumption is defined as having one drink in a single sitting less than four to five times per week [1]. Alcoholism is a global health issue that has significant social, economic and clinical implications on mortality [2]. Heavy alcohol abuse may be associated with the occurrence of high-risk behavior patterns. Almost every organ in the body is harmed by excessive drinking. However, alcohol consumption is the most common contributor to liver disease globally and it is bound to be a serious health problem in near future. Over drinking of alcohol leads to acute/chronic liver diseases including cirrhosis [3]. When compared to nondrinkers, daily alcohol consumption increases the risk of liver cancer by a factor of five [4]. The most significant characteristics of the extensive range of hepatic lesions caused by chronic and severe alcohol use are steatosis, liver cirrhosis, hepatitis and fibrosis.

Aim:

To assess the clinical profile of patients with alcoholic liver disease with special reference to their sociodemographic status.

MATERIAL AND METHODS

Present study was a Hospital based observational study undertaken at a tertiary care center under the departments of Medicine from 1 January 2021 to 30 June 2022. All the patients admitted through the

alcoholic liver disease which are further supported by clinical examination radiological evidence were involved in this study. Thus total 51 cases were studied. The ultrasonography, radiographic parameters, biochemical, serologic and clinical were the diagnostic aids for liver cirrhosis all were done and further analysed. The hematological investigation was done for routine blood investigation and liver function tests. The systemized Nomenclature of Medicine (SNOMED) codes for liver (T-56) cirrhosis (M-495) and HCC (M-817) were used to access patient information from the pathology registry.Thus all data was analysed using Openepi version 2.3.1.software.

RESULTS

It was observed that majority of patients were males which accounts for 49 (96.08%) and the females were only 2 (3.92%).

Table 1: Clinical presentation

Clinical Presentation	No. of patients	Percent
Abdominal distension	9	17.65%
Altered sensorium	8	15.69%
Bipedal edema	6	11.76%
Blood in vomitus	6	11.76%
Yellowish discoloration of eyes	22	43.14%

Most common clinical feature recorded among the participants were abdominal distension, seen in 9 (17.65%) patients, which was followed by altered sensorium, reported among 8 (15.69%) patients. Bipedal edema and blood in vomitus were reported among 6 (11.76%) of the patients. It was observed that majority of patients had yellowish discoloration of eye 22 (43.14%).

Table 2: Educational status

Education Status	No. of patients	Percent
GRADUATION	4	7.84%
ILLTERATE	6	11.76%
PRIMARY	28	54.90%
SECONDARY	13	25.49%
Total	51	100.00%

According to educational status of alcoholic patients, ALD patients with graduation were 4 (7.84%) along with illiteracy, primary and secondary education which counted 6(11.76%), 28(54.90%) and 13 (25.49%) respectively.

Table 3: Marital status

Marital Status	No. of patients	Percent
DIVORCED	3	5.88%
MARRIED	39	76.47%
SINGLE	9	17.65%
Grand Total	**51**	**100.00%**

Married patients with ALD counted 39 (76.47%) and single status patients 9 which is 17.65% of total.

Table 4: Socioeconomic status

Socio-economic Status	No. of patients	Percent
LOWER	29	56.86%
LOWER MIDDLE	5	9.80%
UPPER LOWER	15	29.41%
UPPER MIDDLE	2	3.92%
Grand Total	**51**	**100.00%**

According to the study, the socio-economic status of 51 patients were calculated. The maximum number of patients belonging to lower socioeconomic status were identified as 29 (56.86%) and the lower middle-class patients were 5 (9.80%). 15(29.41%) were reported as the upper lower class patients and the minimum number of patients in the upper middle were found to be 2 (3.92%) in number.

DISCUSSION

It was observed that majority of patients were males which accounts for 49 (96.08%) and the females were only 2 (3.92%). The majority of the 130 ALD patients investigated by Biradar SM *et al*., [5] were males between the ages of 41 and 50. A similar study by Pathak *et al*., [9] states that patients with alcoholic liver disease showed similar findings, including a strong male preponderance.

Most common clinical feature recorded among the participants were abdominal distension, seen in 9 (17.65%) patients, which was followed by altered sensorium, reported among 8 (15.69%) patients. Bipedal edema and blood in vomitus were reported among 6 (11.76%) of the patients. It was observed that majority of patients had yellowish discoloration of eye 22 (43.14%). Similar findings were made in research by Khatroth S *et al*., [6] among patients with alcoholic liver disease, who discovered that the most prevalent symptoms were nausea, vomiting, jaundice, hepatomegaly, lack of appetite or anorexia and palpable splenomegaly. According to educational status of alcoholic patients, ALD patients with graduation were 4 (7.84%) along with illiteracy, primary and secondary education which counted 6(11.76%), 28(54.90%) and 13 (25.49%) respectively. Similar findings were made in research done by Ray *et al*., [8] on people with alcoholic liver disease. Married patients with ALD counted 39 (76.47%) and single status patients 9 which is 17.65% of total. Better survival rates were recorded among unmarried when compared to divorced patients and married patients, but according to the comparison done by the author patients who had divorced and married patients had higher survival rates than unmarried [7].

According to the study, the socio-economic status of 51 patients were calculated. The maximum number of patients belonging to lower socioeconomic status were identified as 29 (56.86%) and the lower middle-class patients were 5 (9.80%). 15(29.41%) were reported as the upper lower class patients and the minimum number of patients in the upper middle were found to be 2 (3.92%) in number. It is challenging to incorporate variables connected to SES into popular score methods like Child-Pugh or MELD and more research is required for same [7].

CONCLUSION

Alcoholic liver disease is not only a medical burden but also a social and psychological load, which commonly leads to hospitalization and unwanted out-of-pocket spending. Our results further emphasize the importance of the clinical profile of alcoholic patients, prevention of liver disease among society's most vulnerable segments and its effect on socioeconomic and psychosocial status.

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