



THE SURPRISING SURGE IN LIVER DISEASE

As a result of pandemic-provoked alcohol intake increase

The COVID-19 pandemic is having a profound impact on the physical and mental health of the global population. Across the health care sector, delayed screenings, postponed check-ups and cancelled appointments have led to the late diagnosis and retroactive treatment of numerous health conditions. And episodic surges in infections continue to place stress and pressure on mental health. Interestingly, new and sometimes unexpected health care trends have begun to emerge.

Our habits changed drastically as COVID-19 spread, streets emptied and lockdowns were enforced, and the repercussions of some of these newly acquired habits are now beginning to come to the fore. During the pandemic, many have used newly-acquired coping mechanisms to deal with the strain provoked by the situation. Increased use of alcohol in this capacity has been seen across the world, and in some cases it has extended to evolve into dependency. And with the prolonged nature of the COVID-19 and associated stress and anxiety, this trend is unlikely to end anytime soon.



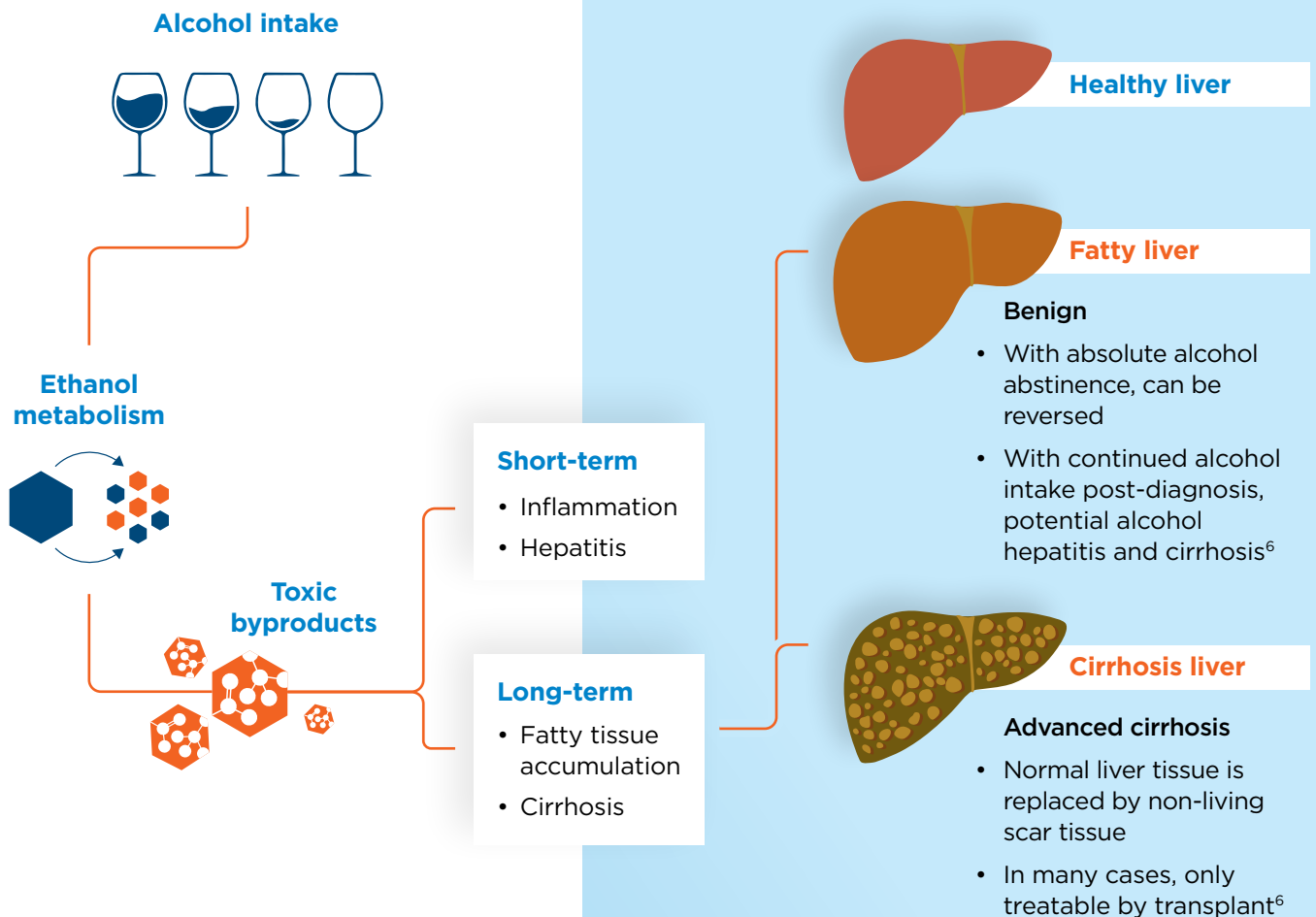
The following explores the emergence of increased alcohol intake and implications of recent trends, including:

- › Alcohol-related liver disease has been increasing over the last few decades
- › While some related conditions are treatable, others can be fatal
- › The COVID-19 pandemic led to increased alcohol intake across various regions
- › Women and people under 30 are emerging as at-risk groups
- › Urgent action and a whole health approach are key



Alcohol-related liver diseases: prevalence and related risks and repercussions

Prior to the outbreak of the COVID-19 pandemic in late 2019, alcohol-related liver diseases, such as alcoholic fatty liver disease, alcoholic hepatitis and cirrhosis, were recognized health problems that were already on the rise.^{1,2} A leading cause of mortality in the U.S., responsible for nearly 250,000 deaths in 2010, liver disease has been diagnosed in approximately 15 million people in the U.S. alone.^{3,4} In England, meanwhile, liver mortality rates soared by 43% between 2001 and 2019, to become the second most common disease causing premature death among the working population.⁵



Different metabolisms respond in different ways:



Person 1
health issues appear soon



Person 2
health issues appear later⁴

#1

Alcohol-related liver disease is the number one reason for liver transplants⁴

x8

Patients admitted to hospital with advanced liver disease are up to eight times more likely to die than individuals admitted for heart attacks or strokes⁷



High rates of 30-day unplanned readmission have been identified among patients with cirrhosis complications in Thailand⁸

36.5%

Low 36.5% survival rate at one year among those readmitted⁸

Costs caused by alcohol-related liver disease comprise both direct health care costs, which can be significant, and indirect costs that include reduced productivity, professional absences, presenteeism – working at less than full capacity while unwell – and a lowered quality of life. In the U.S., costs connected to cirrhosis and chronic liver disease in 2004 reached an annual estimated \$2.5 billion and \$10.5 billion respectively,⁹ and alcohol-related liver disease costs more than all other liver-related conditions combined.¹ This is an issue affecting the health care industry and the global economy alike.



The connection to COVID-19 and the impact of the pandemic

In the case of alcohol, despite assumptions that the closing of bars and restaurants and other related restrictions imposed might have led to reduced alcohol intake, in many areas the opposite has occurred. Increased purchasing trends, larger self-serve measures, a stressful global situation and extensive periods spent indoors with limited stimulation and minimal activity combined to expedite increased alcohol intake, which has led to the subsequent exacerbation of an existing health issue.

Following recent global events, a two-way correlation between COVID-19 and liver disease has been identified. Studies suggest that individuals with liver disease are at greater risk of death from COVID-19, and alarmingly, the pandemic has led to increased alcohol consumption.¹⁰ One recent U.S.-based study found that half of those with alcohol-related liver disease consumed alcohol on a daily basis,¹⁰ and another reported a 14% rise in alcohol intake among the general American population.¹¹ The increased alcohol

consumption seen during the pandemic led to sudden, dramatic surges in hospital admissions for conditions such as alcoholic hepatitis and liver failure.⁴

This trend is not confined to the U.S. During the first March-September COVID-19 wave in Canada, almost a quarter of Canadians aged 35-54 confirmed increased alcohol intake, and alcohol hepatitis hospitalizations rose by a staggering 90%.¹² England, meanwhile, saw a 20% increase in alcohol-related deaths in 2020 compared to 2019, with alcoholic liver deaths accounting for 80.3% of these, an increase of 20.8% from the previous year.⁵ Mortality connected to alcohol-provoked mental and behavioral disorders increased by 10.8%, and deaths from alcohol poisoning rose by 15.4%; a stark rise compared to the 1.1% and 4.5% respective increases from 2018 to 2019.⁵ Unplanned hospital admissions related to alcoholic liver disease in England increased by 13.5% between 2019 and 2020, with significant, sustained increases evident from June 2020 onwards.⁵

Unsurprisingly, increases were also evident in sales of alcohol in supermarkets. During the first month of lockdown in Great Britain, government statistics identified a 10.3% increase in supermarket alcohol sales; and a 31.4% annual jump across all alcohol store sales.¹³

In the U.S., data shows a 21% increase in brick-and-mortar alcohol dollar sales, and a staggering 234% rise in online sales in the seven weeks preceding April 18, 2020, when compared to the same period the previous year.¹⁴

Isolation, unemployment, financial concerns, stress, disruption to work and school, lack of support, boredom, and feelings of despair related to the pandemic are believed to have contributed to the increased alcohol consumption seen in recent months.^{1,4,15} These problems have likely been exacerbated by reluctance to visit hospitals, delayed presentation of symptoms, reduced care and follow-up opportunity, and limited access to health care professionals caused by personnel redeployment in efforts to combat the pandemic.¹⁶



Most at-risk demographics: young people & women

Studies suggest that while the increase in alcohol consumption is evident across various demographics, more significant, concerning rises have been identified among certain groups. Reports indicate that the age of individuals being admitted to hospital for alcohol liver disease is dropping, with the issue extending to younger generations in their late 20s and early 30s; a pre-existing trend that has been further exacerbated by the COVID-19 pandemic.^{4,17}

Significant rises have also been identified among women, in studies focused on assessing alcohol intake that exceeds recommended drinking limits.¹⁸ Women generally metabolize alcohol at slower rates than men.

Lower enzyme levels can lead to higher toxin levels and subsequently more severe organ damage and a more urgent health threat than among their male counterparts who drink the same amount.^{4,17}

The pandemic has also exacerbated disparity across genders, with women reportedly bearing greater burdens through increased parenting, schooling and home life responsibilities, combined with lower salaries, financial pressure and reduced job stability.⁴ Some companies and popular culture have focused on this target group, promoting escapism through alcohol with initiatives directed primarily at women.¹⁷

The time to act is now

The stressors and risk factors associated with increased alcohol consumption during the COVID-19 pandemic will not disappear overnight – much like the pandemic itself. Recent Cigna COVID-19 Global Impact Studies have consistently identified stress across varying demographics, with uncertainty about the future, financial insecurity, workplace pressure and family concerns cited as key stressors.¹⁹ It is likely that greater alcohol intake and subsequent liver disease will continue to be prevalent for some time to come; and with conditions such as alcohol-related cirrhosis sometimes taking up to a decade or more to develop, it is imperative that urgent action is taken.⁵

Medical experts indicate that reducing or stopping intake can stop and in some cases reverse liver damage, and long-term survival rates see dramatic improvements when people stop drinking.²⁰ Raising awareness of the issue and encouraging individuals to self-assess and seek help is imperative; around one third of deaths occur before patients are aware of the risk and have the opportunity to stop drinking.^{7,21} Meanwhile, research has shown that a high proportion of individuals respond to diagnoses; one study reported that almost half of cirrhosis patients stopped drinking after their first liver admission,²² while 65% of participants in a community pilot who were considered dependent or harmful drinkers lowered their intake upon discovering they were developing liver disease.²³

Early identification, clear and detailed patient communication, appropriate support, and readily available information are key elements of a combined prevention and treatment approach. At-risk groups should be prioritized, to include the obese, those with pre-existing mental health conditions and members of vulnerable demographics, among others, and treatment programs should focus on physical and mental health alike.

In conversation with customers, Cigna case managers ask not only about physical health, but also about any mental health conditions or concerns individuals may have. These early conversations offer the opportunity for those in need to confidentially share worries and seek help where needed. Mental health support, through appointments with their physicians and clinical psychologists, and the use of counseling services and substance abuse support via the Employee Assistance Program, are key to supporting the whole health of each and every individual we serve. And the vitally important connection between physical and mental health is one of the many reasons why Cigna takes a holistic whole health approach that focuses on body and mind combined.

The pandemic continues, and the ongoing debilitating effects on regional and global economies are predicted to prevail for some time to come. The impact the situation is having on the population's mental health will not be cured overnight. As such, the use of alcohol and other crutches as coping mechanisms, and the psychological reasons behind these altered behaviors, must be factored into global recovery plans; alongside the lifting of restrictions and the global vaccination program roll-out. A focus on mental health and associated risks is vital if we are to successfully combat the ongoing issue of harmful alcohol intake and the devastating repercussions it can have.



Case manager conversations



Mental health appointments



Employee Assistance Program



Whole health approach



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