National report warns more people are dying from liver disease than ever before, with the disease being more common in the North and killing more men than women

The number of people dying from liver disease in England is rising, according to the first ever national report on the statistics published today by the National End of Life Care Intelligence Network.

*Deaths from liver disease: Implications for end of life care in England* describes how there has been a 25% increase in liver disease deaths between 2001 (9,231 people) and 2009 (11,575 people). This is in contrast to other major causes of death, which have been declining.

Although numbers of deaths due to cancer, vascular or respiratory disease are still much greater, liver disease disproportionately kills people at a much younger age – a striking 90% of people who die from liver disease are under 70 years old. More than 1 in 10 of deaths of people in their 40s are from liver disease. When measured as 'years of life lost', liver disease is therefore much more prominent.

The report highlights that 60% of deaths from liver disease occurred amongst men and 40% amongst women. The most common type of which is alcohol-related liver disease, which accounts for well over a third (37%) of all liver disease deaths. However, the prevalence of deaths from alcohol-related liver disease varies greatly between males (41% of liver disease deaths) and females (30% of liver disease deaths).

Alcohol-related liver disease is also more common in the most deprived areas (44% of liver disease deaths) than the least deprived areas (28% of liver disease deaths).

The complex needs of many patients who die from liver disease mean that more than two thirds die in hospital, compared to 55% of all deaths from any cause (2009).

**Regional variation**
Taking into account the diverse populations of each region, for example the South East having the largest population and London having a relatively younger population, the mortality rate due to liver disease varies between the regions. The age standardised mortality rate (2001-09) was highest in:

- North West (24.0 per 100,000, of which 11.4 were from alcohol-related liver disease)
- North East (21.9 per 100,000, of which 10.1 were from alcohol-related liver disease)
- London (20.2 per 100,000, of which 6.5 were from alcohol-related liver disease)
And lowest in:
- East of England (12.9 per 100,000, of which 4.9 were from alcohol-related liver disease)
- South West (14.3 per 100,000, of which 6.4 were from alcohol-related liver disease)
- South East (14.8 per 100,000, of which 5.8 were from alcohol-related liver disease)

Commissioners will be more concerned with the total number of deaths from liver disease; the average number per year 2001-09 varies from the highest:
- North West (1,899 per year, of which 809 were from alcohol-related liver disease)
- South East (1,503 per year, of which 504 were from alcohol-related liver disease)
- London (1,424 per year, of which 425 were from alcohol-related liver disease)

To the lowest:
- North East (682 per year, of which 273 were from alcohol-related liver disease)
- East Midlands (855 per year, of which 315 were from alcohol-related liver disease)
- East of England (916 per year, of which 291 were from alcohol-related liver disease)

Professor Martin Lombard, National Clinical Director for Liver Disease, urged people to consider the challenging and complex needs of those dying with this preventable disease.

Prof Lombard said: “This report makes for stark reading about the needs of people dying with liver disease. Over 70% end up dying in hospital and this report is timely in helping us understand the challenges in managing end of life care for this group of people. The key drivers for increasing numbers of deaths from liver disease are all preventable, such as alcohol, obesity, hepatitis C and hepatitis B. We must focus our efforts and tackle this problem sooner rather than later.”

Professor Julia Verne, lead author of the report and clinical lead for the National End of Life Care Intelligence Network, said: “This report provides the first summary of key facts on deaths from liver disease, on which future discussions can be built. It is crucial that commissioners and providers of health and social care services know the prevalence of liver disease in their local areas, so that more people can receive the care they need to allow them to die in the place of their choosing.”

Claire Henry, director of the National End of Life Care Programme, said: “Clinicians caring for people with liver disease need to be having conversations with them about end of life care. This is exceptionally challenging for those with liver disease, who are often younger, come from ethnically diverse or deprived backgrounds and may feel stigma associated with the disease. It’s additionally complicated for those dying of alcohol-related liver disease, who may also have mental health or drug dependence problems and little family or social support. These factors make good communication about end of life care so important.”

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Notes to Editors:

1) For further information and to arrange interviews please contact Communications Lead Kate Henry on 07795 684 897 or kate.henry@eolc.nhs.uk.

3) The National End of Life Care Intelligence Network collates and analyses data and information on end of life care and related issues in England. Further information can be found at: www.endoflifecare-intelligence.org.uk

4) The National End of Life Care Programme is an NHS organisation working across health and social care to improve end of life care for adults by implementing the Department of Health’s End of Life Care Strategy. Further information can be found at: www.endoflifecareforadults.nhs.uk.