Alcohol related liver disease map
Working within the homeless sector

**Key indicators**

1. **EARLY STAGE**
   **Pre Cirrhosis**
   **Signs and symptoms**
   Alcoholic fatty liver (AFL) and/or Hepatitis B, C
   *Diagnosis of AFL and Hep C may not always be known or disclosed. Only some with AFL or Hepatitis C will experience symptoms, such as fatigue and abdominal pain. Weight loss, fever and yellowing of the skin may appear with Hepatitis C.*
   **Main concerns**
   • Continual drinking, with or without substance misuse
   • A general deterioration in physical health
   • Mental health and/or psychological issues
   • Self neglect, poor personal care and history of non-engagement with services.

2. **MIDDLE STAGE**
   **Compensated cirrhosis**
   **Signs and symptoms**
   Compensated alcoholic liver cirrhosis (scarring) and/or Hepatitis B, C
   *A diagnosis of cirrhosis may not initially be known or disclosed, and if known symptoms can include: fatigue, loss of appetite and weight loss, nausea or abdominal pain. A combination of liver cirrhosis and Hep C can accelerate liver damage.*
   **Main concerns**
   • Continual heavy drinking, with or without substance misuse
   • A noticeable deterioration in physical health
   • Mental health and/or psychological issues
   • Self neglect, poor personal care and history of non-engagement with services.

3. **FINAL STAGE**
   **End stage liver disease**
   **Signs and symptoms**
   Decompensated alcoholic liver cirrhosis (scarring) and/or Hep B, C. Symptoms can include
   • Ascites – swelling of the abdomen
   • Hepatic Encephalopathy – worsening of brain function (loss of memory, confusion)
   • Recurrent variceal bleeds – (bleeding out)
   • Fluid in the legs (oedema) – difficulties with walking and balance
   • Septicemia (blood poisoning)
   • Two or more unplanned hospital admissions within a six month period.
   **Main concerns**
   • Continual heavy drinking, with or without substance misuse
   • A significant deterioration in physical health
   • Mental health and/or psychological issues
   • Self neglect, poor personal care and history of non-engagement with services.

**Response**

- **Multi-agency response providing ongoing meaningful discussions with clients about the risks associated with continued drinking (and substance use), liver cirrhosis, and end stage liver disease.**
  - Focus mainly on alcohol reduction/abstinence based supports, Hepatitis C treatments, and clients maintaining a healthy lifestyle.
  - Continued drinking leads to

- **Greater emphasis now on living with a life limiting illness**
  - Progression to end stage likely if clients continue to drink excessively.
  - Focus on continued efforts to support clients struggling to abstain from alcohol, and/or poorly managing their Hepatitis C if positive.
  - A multi-agency response may enable clients to work towards their goals and aspirations, whilst also planning for future eventualities.
  - Continued drinking leads to

- **Greater emphasis on clients dying from their disease.**
  - A continued effort to support clients reduce or abstain from alcohol in which to slow down disease progression, or alleviate symptoms.
  - Focus shifts to exploring clients’ end of life care preferences and wishes, alongside possible treatments options, including where they would like to be cared for, and things they would like to do before they die (e.g. reconnect with family). The role of specialist palliative care to be considered early on in discussions, as well as regular multi-agency case reviews and a nominated person from within multi-agency team to help co-ordinate services.

**CORE VALUES**

- A multi-agency response at every stage, offering realistic, flexible and creative supports clients can relate to and access
- Commit to an individual person centred approach to care (as opposed to one-size-fits-all)
- Initiate early interventions to allow time to build trusting relationships with clients
- Enable clients to work towards their goals and aspirations at their own pace, whilst also helping them plan for future eventualities
- Respect clients’ choices even when trying to encourage new ones, including the choice to continue drinking despite knowing the risks
- Accepting that clients may change their minds several times, relapse more than once, or continue drinking, despite best efforts to remain well
- Provide assertive outreach for clients struggling to engage with services
- Ensure clients are appropriately followed up if moving on
- Ensure supports are in place for all frontline services that includes ongoing training and reflective practice
- Never giving up