An Overview Of Drug-Induced Liver Failure And Some Ideas On How To Improve The Situation

July 2009 Liver Transplantation Article Reports The Findings And Accompanying Editorial Makes The Recommendations

(Posted by Tom Lamb at www.DrugInjuryWatch.com on 07/16/09; see http://bit.ly/bct22)

In its July 2009 edition the medical journal Liver Transplantation published an article that provides an overview of the current situation concerning drug-induced acute liver failure (DIALF) in the U.S. and an editorial that makes some recommendations about how we might improve that situation going forward.

The article is "Outcome of liver transplantation for drug-induced acute liver failure in the United States: Analysis of the united network for organ sharing database", and from its Abstract we learn what the researchers investigated for their article:

Acute liver failure (ALF) is an uncommon but potentially lethal drug-related adverse effect that often leads to liver transplantation (LT) or death. A retrospective cohort study was performed with the United Network for Organ Sharing Standard Transplant Analysis and Research files. Recipients who underwent LT for drug-induced acute liver failure (DIALF) from 1987 through 2006 were analyzed. A total of 661 patients transplanted for DIALF were included in the analysis.

These researchers found that the four drug groups most often responsible for liver transplant due to drug-induced liver failure were acetaminophen (40%), antituberculosis drugs (8%), antiepileptics (7%), and antibiotics (6%).

Further, they point out in their article that acute liver failure (ALF) is "the leading cause of regulatory action, including withdrawal of drugs from the market, restrictions in indications, and warnings to healthcare providers and patients, in the United States over the past 5 decades."

Moving on to the editorial, which had no Abstract, we rely upon a piece from the Medscape Medical News entitled "Drug-Induced Acute Liver Failure Very Rare, But Can Be Fatal" (free registration required):

In an accompanying editorial, Paul H. Hayashi, from the University of North Carolina at Chapel Hill, and Paul B. Watkins, from the Institute for Drug Safety at the Hamner Institutes of Health Sciences, Research Triangle Park, North Carolina, recommend more focused research on drug- induced liver injury in pediatric populations. They also note that the clinical usefulness of the predictive model, if validated, may be limited.

"Large registries such as the UNOS [United Network for Organ Sharing] database provide valuable population-based data to form hypotheses, but they lack all desired phenotypic information about the patients," the editorialists conclude. "Multicenter studies such as the Acute Liver Failure Study Group and Drug Induced Liver Injury Network can provide detailed individual patient data, sera, and genomic DNA, which can be used to investigate these new hypotheses. The combined efforts will hopefully shed better light on preventive factors, including genetic predisposition, and move us beyond simply reporting cases and case series."

While drug-induced liver failure is, fortunately, a rare occurrence in the U.S. it can be fatal and, therefore, is a serious public health issue deserving of more attention.

Attorney Tom Lamb represents people in personal injury and wrongful death cases involving unsafe prescription drugs or medication errors. The above article was posted originally on his blog, **Drug Injury Watch** – with live links and readers' Comments.
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