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Introduction: Hospitalizations (H) and mortality by alcoholic hepatitis (AH) have increased in Europe and North America. In Chile we do not have published data.

Objectives: To describe the trend in H and mortality of hospitalized patients with AH in Chile.

Methods: Descriptive analysis of combination of cross-sections and regression models (STATA 15). Population data from MINSAL-DEIS 2001-2018 hospital discharge databases (HD) were used. HD by AH were identified by ICD-10 code K701.

Results: Between 2001-2018 there were 5,678 HD per AH. Average age 50 years. The rate of HD per AH per million inhabitants increased from 12.8 in 2001 to 18.5 in 2018 (44%). A linear estimate suggests that the rate increases by 0.55 points per year. In the population of 20-40 years it stands out that in women it increased by 64%. The only group where the rate of HD per AH increase steadily over time (in the rest the increase was less and less). The proportion by sex remained stable in 83% men and 17% women. In both sexes, 10% HD deceased, although in men a clear upward trend is observed (+0.32% annually, with a minimum of 6.5% HD in 2001 and a maximum of 15.3% HD in 2017), while in women the upward trend shows fluctuations.

Conclusions: In Chile in recent years there has been an increase in HD by AH. This increased incidence is reflected in higher mortality in patients hospitalized for AH. The increase in HD was more stable among women aged 20-40 years.

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P-64 THE ALCOHOL-ASSOCIATED LIVER DISEASE PARADOX IN CHILE: AN ASSESSMENT WITH DATA FROM THE NATIONAL HEALTH SURVEY (ENS 2016-2017)

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Introduction: It has been observed people with low-income-level (<IL) have greater liver injury due to alcohol consumption (AC), even when their consumption levels are lower or equal to those with high-income-level (>IL). The aim of this study was to evaluate alcohol-associated liver disease (ALD) paradox in Chile.

Methods: With data from the ENS 2016-17 (N=2,190; age 25-64) we constructed a logit regression model that estimated the effect hazardous AC (AUDIT \geq 8) on the probability of presenting ALD (GPT \geq 40 U/L). We focus on the interaction between hazardous AC

and IL, controlling for the presence of metabolic syndrome (MS), diabetes mellitus (T2DM), obesity and tobacco.

Results: The average AC was 39g of alcohol per week (13g women <IL; 23g women >IL; 64g men, without differences by IL). In women, hazardous AC only increased ALD among those >IL who presented with obesity or MS in combination with T2DM (+36% obesity+MS +T2DM; p<0.01). In men, hazardous AC only increased ALD among those with <IL (16% without comorbidities, 17% with tobacco, 22% with MS, 26% with obesity, and 28% with all; p<0.05).

Conclusion: ALD paradox can be observed in Chile among men, but not among women. The evaluated associated comorbidities increased the effect of hazardous AC on ALD. It is necessary to investigate how the IL determines the patterns of AC and comorbidities. Among men, <IL is likely to be associated with more harmful drinking patterns and a greater presence of comorbidities. Among women, >IL is likely associated with higher AC and more harmful consumption patterns.

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P-65 CONCORDANCE OF FIB-4 WITH TRANSITION ELASTOGRAPHY IN THE DIAGNOSIS OF ADVANCED LIVER FIBROSIS

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Introduction: Transient elastography (TE) and non-invasive scores such as FIB-4 are non-invasive methods to evaluate liver fibrosis.

Objectives: To evaluate the concordance between TE and FIB-4 in the diagnosis of advanced fibrosis.

Methods: Observational study. 185 patients (53 \pm 14 years, 71.4% women) referred for TE (FibroScan, Echosens). The main indication was non-alcoholic fatty liver disease (46%). Fibrosis staging sections recommended by the manufacturer were used. Clinical data and laboratory tests performed in the 30 days prior to the study were recorded. FIB-4 cuts > 3.45 and <1.45 were used to include and exclude advanced fibrosis, respectively. Statistical analysis by proportion of agreement and kappa index.

Results: 26 cases (14.1%) presented advanced fibrosis (F3-F4) according to TE. The proportion according to FIB-4 was 89%, with a kappa index of 0.43. 93.8% of the patients with FIB-4 without advanced fibrosis had a concordant TE evaluation (F0-F2). 59 cases (31.9%) obtained an indeterminate FIB-4 value, of which 52.5%, 30.5% and 17% corresponded to patients without fibrosis, significant fibrosis and advanced fibrosis according to TE, respectively.

Conclusion: There is a good concordance between FIB-4 and TE to rule out advanced fibrosis. The FIB-4 does not allow an adequate categorization of the degree of fibrosis in approximately one third of the cases.

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P-66 COULD PROTEIN CONTENT OF URINARY EXTRACELLULAR VESICLES BE USEFUL TO DETECT CIRRHOSIS IN ALCOHOLIC LIVER DISEASE?

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