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Sherwood Forest Hospitals
NHS Foundation Trust

Diet and Alcohol Related Liver Disease (ARLD)

Information for patients



Alcohol and liver disease

This leaflet is being given to you as you have been diagnosed with Alcohol Related Liver Disease (ARLD). There are many different types of liver disease, but this leaflet specifically talks about ARLD. You may also be given specialist advice by a dietician alongside this leaflet.

What is Alcohol Related Liver Disease (ARLD)?

The liver is your body's 'factory' carrying out hundreds of jobs that are essential to life. Your liver:

- Produces bile to help break down food in the gut.
- Processes food once it has been digested.
- Stores carbohydrates, fat, vitamins and minerals, including iron.
- Controls energy balance.
- Filters and removes chemicals, toxins and drugs from the blood.
- Produces proteins such as albumin and clotting factors.
- Activates a number of other important processes such as water balance and hormones.

Drinking too much alcohol over time can damage the liver, reducing its ability to carry out these functions. The first stage of damage is the build-up of fatty deposits within the liver (fatty liver/steatosis). If you continue to drink alcohol the damage can progress to inflammation of the liver (hepatitis) and scarring (fibrosis). These stages may be reversible, but continued alcohol use can lead to hardening and shrinking of the liver, known as cirrhosis. Cirrhosis may be permanent but further progression can be halted and stabilised if the cause of the liver damage is removed (alcohol).

Cirrhosis is classified as **compensated** or **decompensated**:

- Compensated cirrhosis is where the liver is coping with the damage and maintaining its important functions.
- In decompensated cirrhosis, the liver is not able to perform its functions adequately, leading to further complications. Symptoms of decompensation include jaundice (yellowing of the skin and eyes), hepatic encephalopathy ('brain fog' / confusion, due to the build-up of toxins that the liver is unable to process), ascites (distended abdomen due to the build-up of fluid), swelling of the ankles, deranged clotting (bruising or bleeding more easily).

Why is diet important in ARLD?

Good nutrition can help to support your liver to function and plays a crucial role in your health. If you have ARLD, there are some special considerations you may need to make in your diet to stay nutritionally well and to help to manage your condition.

One of the liver's most important functions is to break down food and convert it into energy. Carbohydrates, such as bread and potatoes, are broken down to glucose and stored mainly in the liver and muscles as glycogen. When energy is required in an emergency, the liver rapidly converts its store of glycogen back into glucose ready for use.

However, damage to the liver can affect its ability to store and release glycogen. When this happens, the body uses its own muscle tissue to provide energy between meals. This can lead to malnutrition, muscle wasting and weakness.

People with ARLD may have a poor diet due to their alcohol use, health complications and loss of appetite. ARLD also carries the risk of malabsorption of nutrients as the liver is less able to produce bile to aid digestion. Alcoholic drinks can make you feel full up and make you feel less like eating. However, alcohol has no nutritional value and requires a lot of energy for the body to process.

People with ARLD may be deficient in many vitamins and minerals, but in particular thiamine (a B vitamin), which helps the body convert carbohydrates into energy. You should be prescribed B vitamins if you are/have been drinking alcohol at harmful levels and have liver damage. Consult your doctor or dietitian if this has not been prescribed.



Depending on the stage of your ARLD, you may be given specific dietary advice, which this leaflet will cover later in this leaflet. However, a balanced diet is recommended for everybody. The 'Eat Well Plate' shows a balance of foods that make up a healthy diet:



This leaflet will now discuss more tailored dietary advice, dependent on the stage of your ARLD. However, this should not replace more specific advice given to you by your dietician.

Fatty liver

Abstinence from alcohol can result in complete reversal of fatty liver damage for some people and can be the single most important dietary change that needs to be made. Aim for a balanced diet, and take your oral vitamins, as advised above. If you are overweight you may be advised to lose weight, as this can contribute to fatty liver disease. This should be done by reducing your fat and carbohydrate intake, whilst still following a balanced diet.

You may be given more specific advice from a dietician.

More advanced liver disease (such as cirrhosis and its complications)

If your condition has progressed from fatty liver, there may be additional considerations you will need to make in your diet to support your liver and help manage your condition. Being seen by a dietician is recommended.

More advanced damage can stop the liver working properly. The liver therefore requires more energy to carry out its functions. If your liver does not get enough energy from food, the body uses its own muscle tissue to provide energy between meals. This can lead to malnutrition, muscle wasting and weakness.

If you have **compensated cirrhosis**, you may feel quite well but your liver still needs extra energy to function. A well-balanced diet is important, but you also need to make sure you get enough energy (calories) and protein, and not too much salt. This is important to stop you from becoming malnourished and losing muscle mass.

You should aim to eat 'little and often' to ensure your liver is getting the extra energy it needs; eating more often means your body doesn't start breaking down the protein in your muscles for energy. Avoid big meals but aim for six small meals/snacks throughout the day. It is also important to have a bedtime snack due to the lengthy time period until breakfast. This snack should ideally contain carbohydrates.

In summary:

- Eat little and often and include a snack before bed. Aim for six small meals a day.
- Don't add salt to food or during cooking. Avoid high salt foods such as processed foods, ready meals, pies/pastries, crisps etc.
- Examples of protein rich foods include lean meat, fish, eggs, lentils, beans, dairy products.
- Examples of carbohydrates include bread, pasta, rice, cereal, porridge.
- Take your prescribed vitamins and any other supplements that you are prescribed.

Here's an example of a meal plan for a day:

- Breakfast – scrambled eggs on toast or porridge and fruit.
- Morning snack – yoghurt and fruit or rice pudding.
- Lunch – fish finger sandwich or beans on toast.
- Afternoon snack – cheese and biscuits or nuts (none salted).
- Tea – cottage pie and vegetables or chicken with potatoes and vegetables.
- Bedtime snack – toast and jam or a milky drink with biscuits.

If the above initially seems daunting, especially if you have a loss of appetite or feel unwell, here are a few tips to try and manage this:

- Eating something is always better than eating nothing.
- If the idea of cooking a meal is off putting, eat regular nutritious snacks instead.
- Try making nutritious smoothies or milkshakes, using full fat milk. You may find having a nutritious drink easier to manage than a meal.
- If you find your appetite is better at certain times of the day, try to eat a bit extra at these times.
- Try and eat milky puddings such as custards and rice puddings and energy dense snacks, such as crumpets, nuts, scone with butter and jam.
- Go on a weekly shop, or order online, and stock up your cupboards with your favourite foods. You are more likely to use them if they are regularly available.

If you have **decompensated cirrhosis**, the above dietary advice still applies, but there may be a need to manage side effects seen in this condition. For example, fluid retention, ascites, confusion (hepatic encephalopathy). This will usually be discussed with you by a dietician, as each person requires different advice dependent on their symptoms.

Further information

The British Liver Trust website has a lot of information on ARLD and diet. You can find the website here: <https://britishlivertrust.org.uk/>

Contact details

This leaflet has been provided by the Drug and Alcohol Liaison Team. We can be contacted on 01623 622515, extension 3935.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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