Reply to Marcellin et al

To the Editor—We thank Marcellin and colleagues for their interest in our work [1]. The respondents present important data evaluating the relationship between alcohol use categories, classified using the Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) questionnaire and physician-reported alcohol-related problems, and advanced hepatic fibrosis determined by transient elastography (FibroScan >9.5 kPa) among 304 human immunodeficiency virus (HIV)/hepatitis C virus (HCV)–coinfected patients enrolled in the French ANRS CO13 HEPAVIH cohort. The investigators conducted analyses stratified by sex and demonstrate that a history of alcohol-related problems is strongly associated with advanced hepatic fibrosis in women as well as men. Their results complement and support the findings from our analysis, which show that nonhazardous drinking, hazardous/binge drinking, and alcohol-related diagnosis are strongly associated with advanced hepatic fibrosis determined by FIB-4 among HIV/HCV-coinfected patients [2]. Importantly, the findings were similar whether FibroScan or FIB-4 was used as the measure of liver fibrosis. Their work supports our suggestion of using the 3-item AUDIT-C questionnaire in routine practice to ascertain and categorize patients’ alcohol consumption, which could aid counseling on alcohol reduction.

Notes

Disclaimer. The contents of this article do not represent the views of the Department of Veterans Affairs or the United States government.

Potential conflicts of interest. J. K. L. has received research grant support (to Yale University) from Abbott, Boehringer-Ingelheim, Bristol-Myers...
Squibb, Genentech, Gilead, GlaxoSmithKline, GlobeImmune, Janssen, and Vertex and has served as a consultant to Boehringer-Ingelheim, Bristol-Myers Squibb, Gilead, Merck, and Vertex. V. L. R. has received investigator-initiated research grant support (to the University of Pennsylvania) from AstraZeneca and Gilead Sciences. All other authors report no potential conflicts.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

Vincent Lo Re III,1,2 Janet P. Tate,3,4 Joseph K. Lim,3,4 David A. Fiellin,4,5 and Amy C. Justice3,4,5

1Philadelphia Veterans Affairs Medical Center, and 2Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; 3Veterans Affairs Connecticut Healthcare System, West Haven; 4Yale University School of Medicine, and 5Yale Center for Interdisciplinary Research on AIDS, Yale School of Public Health, New Haven, Connecticut

References
