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

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