

What's new in Liver Disorders (2020)

Some of the new information and major changes included in the Liver Disorders guidelines in eTG complete.

The extensively revised Liver Disorders guidelines include an **overview of viral hepatitis** and separate topics on **hepatitis A, B, C, D and E**. A significant proportion of people with hepatitis B or hepatitis C in Australia are undiagnosed or not receiving treatment; these topics highlight the importance of improving access to testing and treatment.

The **hepatitis B** topic describes the epidemiology of hepatitis B infection in Australia, and includes a new section on vaccination. Chronic hepatitis B is complex; a figure illustrating the phases of infection now gives more detail about each phase, including when to reassess and when to consider treatment. Advice on management covers the approach to therapy, and antiviral regimens and monitoring. Recommendations for antiviral therapy during pregnancy to reduce the risk of mother-to-child transmission have been updated. Advice on hepatitis B testing and prophylaxis in patients undergoing cancer chemotherapy or immunosuppression has been updated.

The **hepatitis C** topic has been completely revised to reflect recent changes in management. The availability of direct-acting antiviral drugs means hepatitis C is curable, improving quality of life and preventing liver-related morbidity and mortality. This topic focuses on management of hepatitis C in primary care, and includes advice on who and how to test for hepatitis C, how to prescribe oral direct-acting antivirals, when to refer to a specialist, pretreatment assessment, drug therapy for patients with or without cirrhosis, and monitoring during and after therapy. Links to additional resources and tools are provided.

New topics on **abnormal liver biochemistry**, **noninvasive assessment of liver fibrosis** and **incidental liver lesions** have been added to aid assessment of liver disorders, which can be challenging. A new box outlines initial assessment of a patient with abnormal liver biochemistry, and lists red flags requiring urgent investigation and referral. Noninvasive assessment of liver fibrosis can avoid the need for liver biopsy; information is included on tests using serum markers, tests measuring liver stiffness, and interpretation of results. Incidental liver lesions are often identified on scans; information is provided on common benign lesions (haemangioma, focal nodular hyperplasia, hepatocellular adenoma, liver cyst), and when to investigate and refer for possible malignant lesions.

Nonalcoholic fatty liver disease (NAFLD) is very common in Australia, and the prevalence is expected to rise. This topic now includes more detail on patient assessment, including guidance on estimating the risk of fibrosis, and recommendations to manage the patient in primary care or refer to a specialist, according to the level of risk. Advice is provided on lifestyle modification (the cornerstone of management), addressing cardiac risk factors, screening for malignancy, and recommended immunisations in patients with NAFLD.

The **nonviral liver disorders** topics include updated information on alcoholic hepatitis, autoimmune hepatitis, drug-induced liver injury, hereditary haemochromatosis, intrahepatic cholestasis of pregnancy, primary biliary cholangitis and primary sclerosing cholangitis.

Practical advice on managing complications of cirrhosis is given in separate topics:

- **Ascites**—severity is now more clearly defined, and the stepwise approach to drug therapy is explained.
- **Coagulopathy in patients with cirrhosis**—the complex coagulopathy that occurs in cirrhosis is discussed, with sections on managing bleeding risk in patients undergoing a procedure, anticoagulation in patients with cirrhosis, and portal vein thrombosis.
- **Gastro-oesophageal varices**—a new section outlines which patients with cirrhosis need endoscopic surveillance for varices, and how often.
- **Hepatic encephalopathy**—considerations regarding fitness to drive have been included.
- **Hepatocellular carcinoma**—6-monthly surveillance for hepatocellular carcinoma (with liver ultrasound and blood alpha-fetoprotein) is strongly recommended in patients with cirrhosis, regardless of the cause, because early diagnosis offers the best chance of cure.
- **Kidney impairment in patients with cirrhosis**—the new classification system for hepatorenal syndrome is outlined in a table.
- Information on **nutrition in patients with cirrhosis** has been expanded, including advice on nutritional screening and management of obesity. New sections on **exercise** and **bone health** in patients with cirrhosis have been added.

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