

# What's new in Liver Disorders (2023)

## Some of the new information and major changes included in *Therapeutic Guidelines*.

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Applying Therapeutic Guidelines' living approach to updating guidelines, a new topic on **Prevention of decompensation in patients with compensated cirrhosis** has been included in the Liver Disorders guidelines.

Based on multiple clinical trials showing a benefit in preventing decompensation and in line with the 2022 *Baveno VII - Renewing consensus in portal hypertension* international guidelines, it is now recommended that a nonselective beta blocker be commenced in patients with compensated cirrhosis if they have clinically significant portal hypertension.

Clinically significant portal hypertension can be ruled in based on clinical, endoscopic or radiographic signs; or a liver stiffness of 25 kPa or more (measured by vibration-controlled transient elastography [VCTE]) in certain patient groups.

**Other important changes** in the Liver Disorders guidelines include:

- updated links to resources on the Gastroenterological Society of Australia (GESA) website, including the new Australian cirrhosis care bundle, designed to be filled out within 6 hours of hospitalisation
- clarification that the decision to use long-term antibiotic therapy and choice of antibiotic in patients with frequent recurrences of acute cholangitis requires expert multidisciplinary involvement
- the following updates to the Hepatitis B topic to align with the 2022 *Australian consensus recommendations for the management of hepatitis B infection*:
  - o a recommendation that all people diagnosed with hepatitis B infection should be tested for hepatitis C and HIV infection, as well as hepatitis D, as co-infection is common

- o inclusion of evidence of liver fibrosis in the indication for treatment in the immune clearance (HBeAg positive chronic hepatitis) phase and the immune escape (HBeAg negative chronic hepatitis) phase of chronic hepatitis B infection; this aligns with criteria for subsidy on the Pharmaceutical Benefits Scheme (PBS)
- o clarification that antiviral therapy for chronic hepatitis B infection in patients with cirrhosis is typically lifelong
- o more detail on the parameters for monitoring patients on antiviral therapy for chronic hepatitis B infection
- o revised duration of antiviral prophylaxis against reactivation of hepatitis B infection in patients undergoing cancer chemotherapy or other significant immunosuppression.

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June 2023