

What's new in Liver Disorders (2023)

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

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

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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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