



Itching in chronic liver disease.



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MANIFESTATION AND NATURAL HISTORY

1. PBC:
 - a. 70-80% develops itching after 10 years of diagnosis. It may precede the diagnosis of PBC.
2. PSC:
 - a. 20-40% develops itching and increases with course of disease.
3. ICP:
 - a. Pruritus is a prerequisite for the diagnosis of ICP.
4. Biliary obstruction:
 - a. 17% of nonmalignant obstruction and 45% of patients with a malignant obstruction.
5. Hepatitis and cirrhosis:
 - a. 20% of patients with viral hepatitis and in 7% of patients with cirrhosis.
6. CHOLESTATIC PRURITUS CRITERIA:
 - a. Increased by: night (diurnal variation), premenstrual state and psychological stress.
 - b. Decreased by: cool temperatures.
 - c. Site: generalized or localized (palms and soles).
 - d. Complications: folliculitis, excoriations, prurigo nodularis, and lichenification.
 - e. The intensity of pruritus varies and does not correlate with the severity of underlying liver disease.
 - f. It may diminish over time especially with development of cirrhosis.

CHOLESTYRAMINE

■ **Non-absorbable anion exchange resins** → bind bile acids and others

■ ↓GIT absorption, ↑ cholecystokinin (anti-opiate)

■ Dose: 4 up to 16 g/d.

■ Time: best 30 m before or after breakfast, then after lunch/dinner.

■ **AEs:**

○ Unpalatable.

○ Bloating and constipation.

○ ↓Vitamin A, D, E, K, absorption.

○ ↓Drug absorption: UDCA, thyroid replacement, oral contraceptives. Give it 1 hour after or 4 hours before to prevent avoid inhibiting their absorption

OPIOID ANTAGONISTS

- IV naloxone (0.2µg/kg/min) infusion for short term refractory cases.
- Oral naltrexone (25–50 mg/d) and nalmefene (2 mg orally twice daily).
- Opiate withdrawal reaction:
 - Anorexia, nausea, pallor, colicky abdominal pain, tachycardia, goose bumps, nightmares, depersonalization, and increase in blood pressure.
 - It begins within 1 hour of use and disappears within 3 days while continuing the therapy.
 - Prophylaxis:
 - Start with lowest possible dose and stepwise increase.
 - Begin with naloxone infusion then oral naltrexone
 - Co-administering clonidine during the first week of treatment.

OTHERS

- General measures for itching.
 - Use of **emollients** and **oatmeal extract** to improve dry and inflamed skin.
 - Use of **cold water** for **baths** or **showers** to provide some symptom relief of pruritus triggered or exacerbated by heat/warmth (at night).
 - **Psychologic** intervention for **addictive scratching/scratch** dependence.
 - **Searching for added allergens**, especially in patients with associated hypereosinophilia or IgE-mediated allergy.
- First generation anti-histamine.



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