



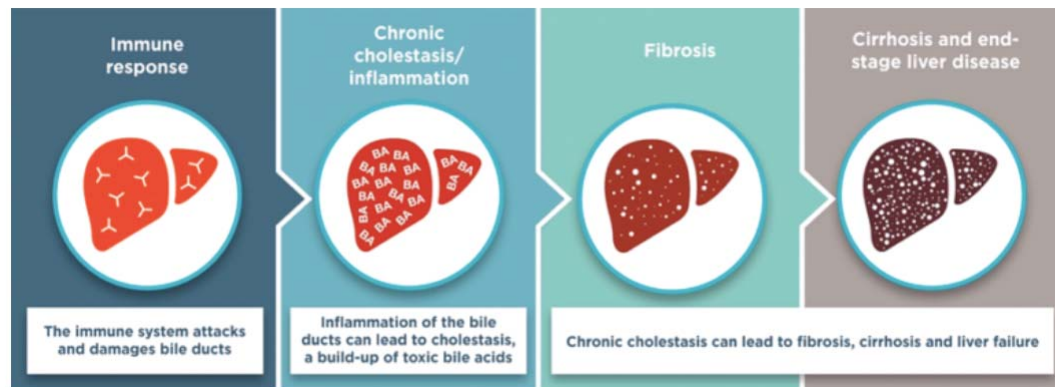
# Successful Symptom Management with Primary Biliary Cholangitis

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## 1. What is PBC?

Chronic liver disease resulting from progressive destruction of the bile ducts in the liver



Retrieved from: <https://www.liver.ca/patients-caregivers/liver-diseases/primary-biliary-cholangitis/>

## 3. Disease control

- First line: Ursodeoxycholic acid (UDCA): 13-15mg/kg/day  
*Side effect: weight gain of ~3kg in the first 12 months, hair loss, diarrhea and flatulence*
- Obeticholic acid (OCA)  
*Side effect: exacerbation of itching*
- Bezafibrate + UDCA  
*Side effect: Myalgia*
- Off label therapies: budesonide, Abatacept
- Liver transplantation

## 2. Symptoms Management

Pruritus (Itching)		Fatigue
<b>Pharmacologic</b> <ul style="list-style-type: none"> <li>❖ Cholestyramine               <ul style="list-style-type: none"> <li>- Give 2-4 hours before/after UDCA</li> </ul> </li> <li>❖ Anti-histamine</li> <li>❖ Rifampicin               <ul style="list-style-type: none"> <li>- Close monitoring for liver damage</li> </ul> </li> <li>❖ Gabapentin</li> <li>❖ Naltrexone</li> <li>❖ Sertraline</li> </ul>	<b>Non Pharmacologic</b> <ul style="list-style-type: none"> <li>❖ UV light therapy</li> <li>❖ Nasobiliary drainage               <ul style="list-style-type: none"> <li>- Require repeated treatments</li> <li>- Side effect: pancreatitis</li> </ul> </li> <li>❖ Molecular absorbance recirculating system (MARS)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Structured approach to management, quantifying fatigue and its impacts (through the use of tools such as the PBC-40 QoL measure)</li> <li>❖ Treat direct contributors ( eg night pruritus, underlying associated autoimmune diseases)</li> <li>❖ Modify exacerbating process ( depression)</li> <li>❖ Assist with effecting lifestyle adjustments and developing coping mechanisms</li> <li>❖ Support from caretakers</li> </ul>
<b>Sicca complex (dry eyes, dry mouth)</b> <ul style="list-style-type: none"> <li>❖ Artificial tears, saliva</li> <li>❖ Pilocarpine/ cevimeline</li> <li>❖ Cyclosporine ophthalmic emulsion</li> </ul>		<b>Osteoporosis</b> <ul style="list-style-type: none"> <li>❖ Baseline and screening every 2-3 years with bone mineral density testing</li> <li>❖ 1500 mg of calcium &amp; 1000 IU of vitamin D</li> </ul>

## 4. Follow up

- Liver tests every 3-6 months
- Thyroid status (TSH) annually
- Bone mineral densitometry
- Vitamins A, D, K annually if bilirubin > 2.0
- Screening for cirrhosis complications ( ascites, varices, liver cancer, confusion)

Reference:

- 1 EASL Clinical Practice Guidelines: The diagnosis and management of patients with primary biliary cholangitis. J Hepatol. 2017 Jul;67(1):145-172.
- 2 The British Society of Gastroenterology/UK-PBC primary biliary cholangitis treatment and management guidelines. Gut. 2018 Mar 28. pii: gutjnl-2017-315259 [Epub ahead of print]