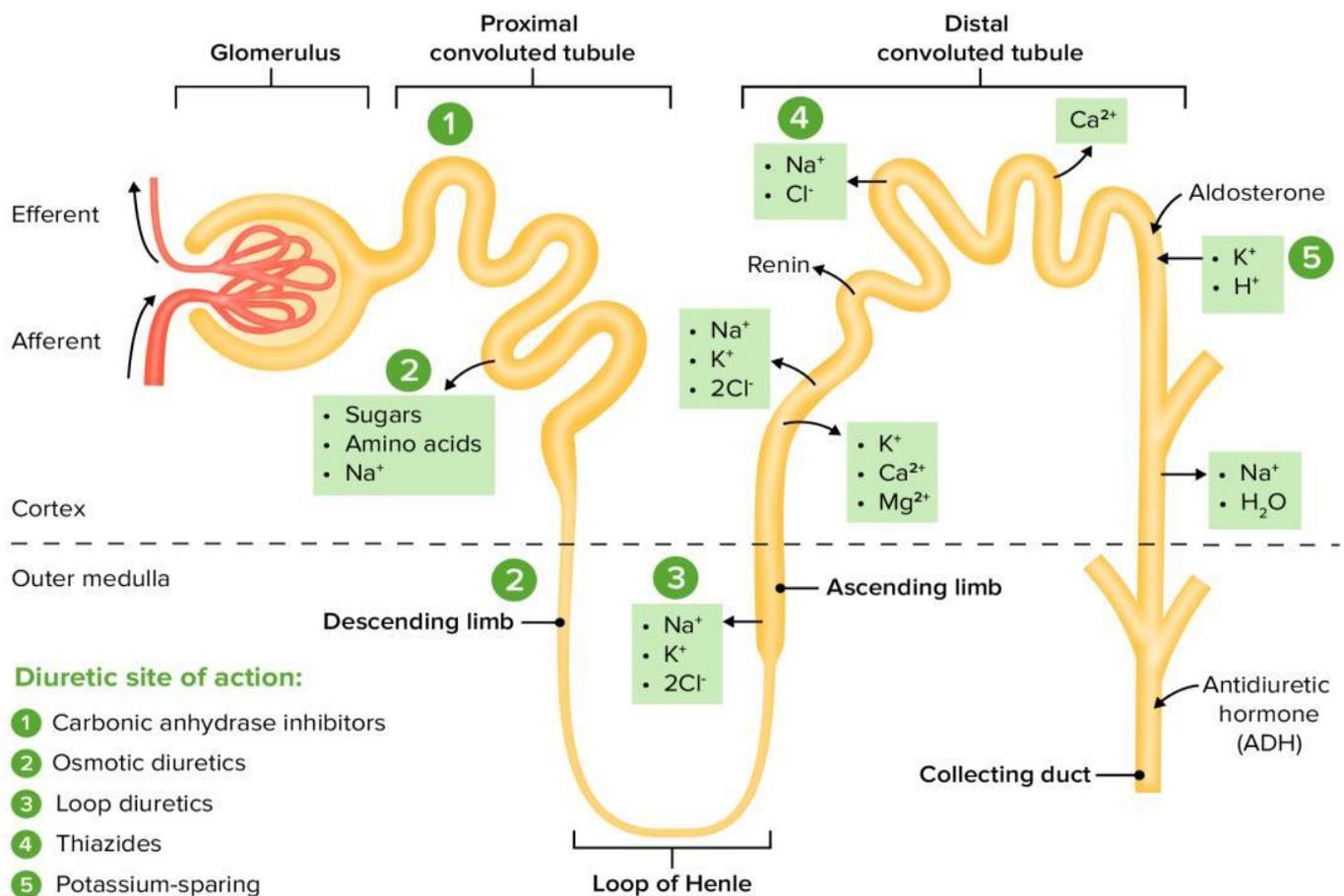


# Diuretics in liver dse

- The combination of **spironolactone and furosemide** is recommended as initial diuretic therapy for patients with ascites.

Advantages of diuretics:	Disadvantages of diuretics:
<ul style="list-style-type: none"> <li>• Correction of <b>fluid retention</b>.</li> <li>• Spironolactone antagonizes <b>aldosterone</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• Aggressive use of diuretics can precipitate <b>hepatorenal syndrome</b>.</li> <li>• Aggressive use of diuretics can precipitate <b>hyperammonemia and hepatic encephalopathy</b></li> </ul>



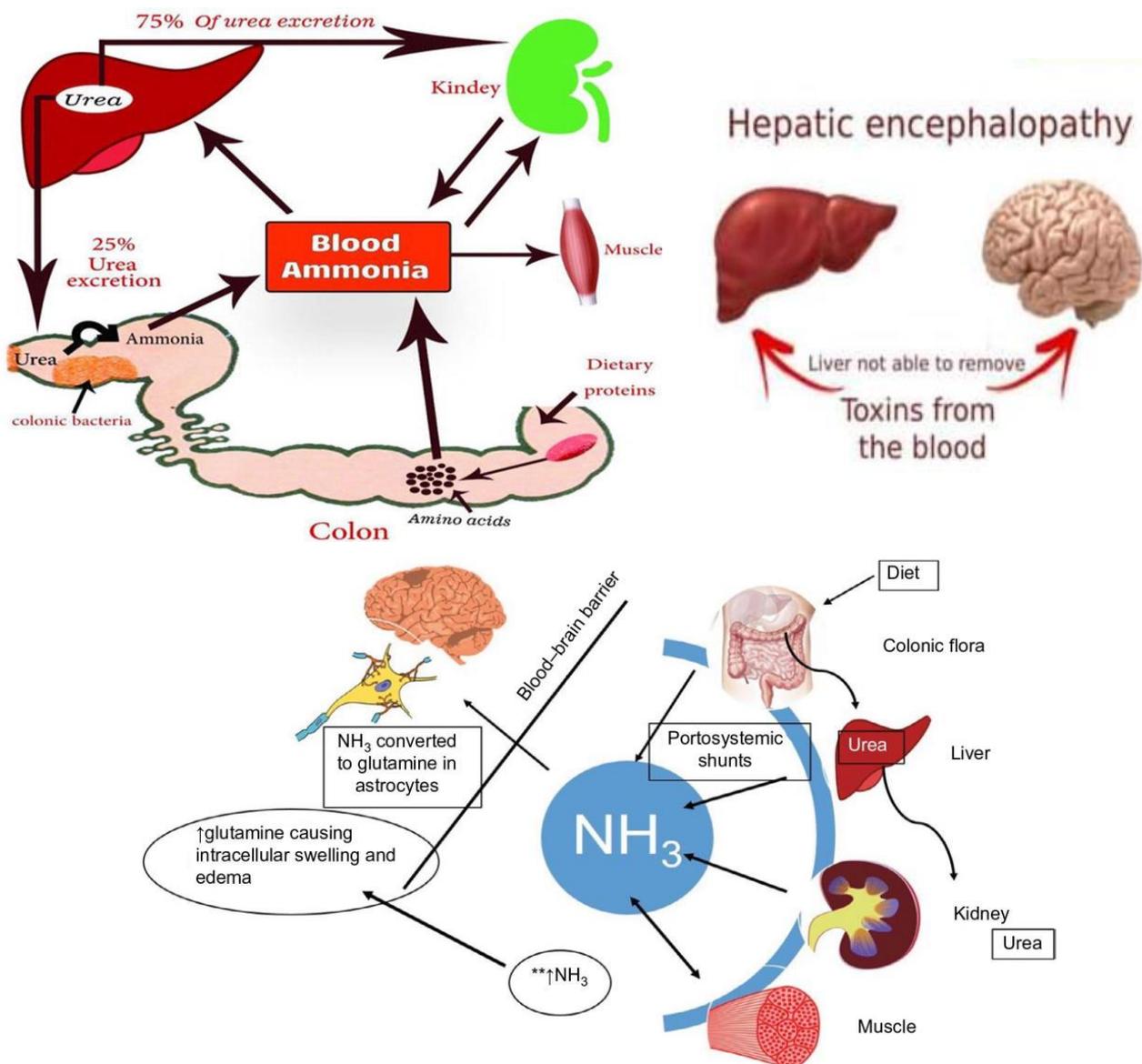
# Hepatic encephalopathy

## ▪ Definition:

➤ is a functional disturbance of the brain caused by **liver insufficiency** or **portal systemic shunting**

## ▪ Pathogenesis:

- It results from an **accumulation** of **gut-derived nitrogenous substances** due to decreased hepatic functioning.
- Once these substances enter the **CNS**, they cause alterations of neurotransmission that affect **consciousness and behavior**.
- **Ammonia** is the most important in the pathogenesis of HE, but glutamine, benzodiazepine receptor agonists, and aromatic amino acids have role.



## Management of hepatic encephalopathy

- **Aim:** Treatment is aimed at reduction of **hyperammonemia**.
- **Management:**

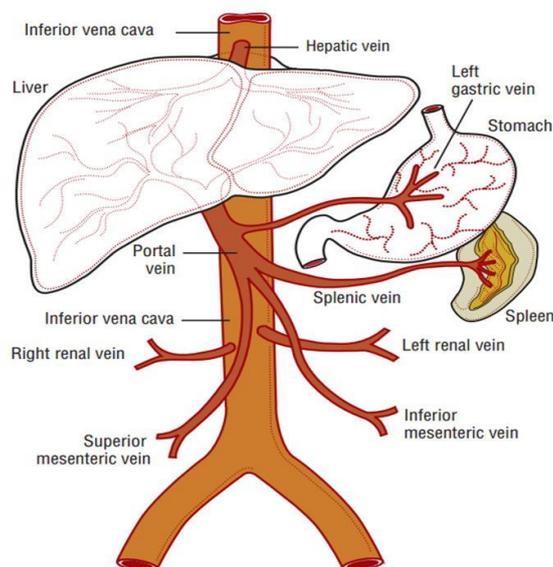
<b>Diet:</b>	<ul style="list-style-type: none"> <li>• <b>Protein restriction</b> to decrease formation of ammonia by intestinal bacteria.</li> <li>• <b>Vegetable</b> protein is better tolerated than animal protein.</li> <li>• The rationale and benefit of dietary protein restriction is <b>controversial</b>.</li> </ul>
<b>Enemas:</b>	<ul style="list-style-type: none"> <li>• Cleansing of the colon is a <b>rapid</b> and <b>effective</b> method to remove ammoniagenic substrates.</li> <li>• It can be done with <b>lactulose</b> or tap water.</li> </ul>
<b>Lactulose:</b>	<ul style="list-style-type: none"> <li>• It is synthetic non-absorbable disaccharide. In the colon, it is transformed by bacteria into <b>lactic and acetic acids</b> → ↓ pH of the colonic medium leading to:             <ul style="list-style-type: none"> <li>➤ Inhibition of <b>intestinal bacteria</b> → ↓ production of ammonia.</li> </ul> </li> </ul> <div style="text-align: center; margin-top: 20px;"> <p style="text-align: center;"><b>Lactulose: Mechanism of Action</b></p> <p style="text-align: center;">Relatively high absorption      Relatively low absorption</p> <p style="text-align: center;">NH<sub>3</sub> ⇌ NH<sub>4</sub><sup>+</sup></p> <p style="text-align: center;">↓ pH</p> <p style="text-align: center;">Normal gut bacteria</p> <p style="text-align: center;">Lactulose (β-galactosidofructose) → Lactic acid, Acetic acid</p> <p style="text-align: right;">Colon</p> </div>

## Oral antibiotics:

- **Neomycin:**
  - It is **non-absorbable** aminoglycoside antibiotic.
  - It ↓ blood ammonia by **killing intestinal bacteria** that generate ammonia.
  - It is used in a dose of 1-2 g 4 times daily **orally** or as **retention enema**.
  - Small amounts of neomycin may be absorbed (~1%) and result in **ototoxicity** and **nephrotoxicity** especially in patients with renal impairment.
- **Metronidazole:**
  - Acts on **anaerobic** bacteria.
  - It is the **preferred option** if there is fear from adverse effects of neomycin (but given for short term).
- **Rifaximin:** is non-absorbable and better **tolerated** antibiotic.

## Portal hypertension

- **Non-selective  $\beta$ -blocker** reduces portal pressure.
- **Non-selective  $\beta$ -blocker therapy plus endoscopic varices ligation (EVL)** is the best therapeutic option for prevention of recurrent variceal bleeding.



▪ Altered drug pharmacokinetics and pharmacodynamics in liver disease:

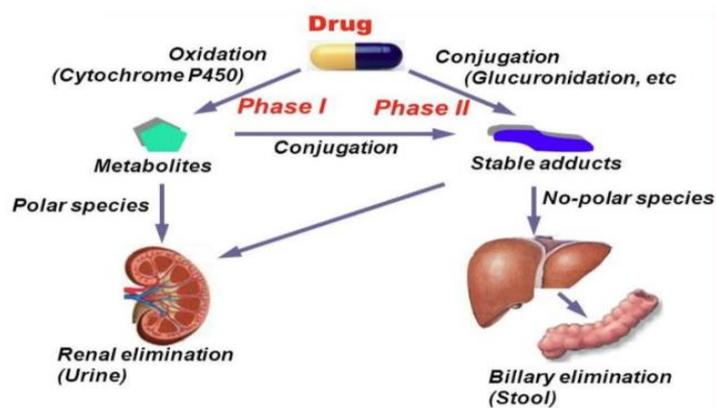
**Pharmacodynamics in liver disease:**

- There is increased sensitivity to the effects of **certain drugs** including opiates, benzodiazepines, and nonsteroidal anti-inflammatory drugs (NSAIDs).



**Pharmacokinetics in liver disease**

- Reduced hepatic blood flow, lower first-pass extraction, and portosystemic shunting result in **higher bioavailability** and serum levels of drugs.
- Hypoalbuminemia results in **higher concentrations** of free drug due to less protein binding.
- Ascites **increases volume of distribution** of hydrophilic drugs.
- Serum levels of various drugs can be higher after normal dosing secondary to **impaired biliary and renal excretion** that is possible in cirrhosis.
- **Reduced enzymatic clearance by hepatocytes** can also lead to reduced first-pass metabolism and reduced hepatic clearance.



# Drugs For Viral Hepatitis

	1- Interferons	2- Ribavirin
<b>Nature</b>	<ul style="list-style-type: none"> <li>• They are <b>natural antiviral glycoproteins</b>.</li> <li>• They were called so because they <b>interfere</b> with replication of the virus in tissue culture.</li> <li>• <b>Interferons are of three major classes:</b> <ul style="list-style-type: none"> <li>➤ <b>Alpha</b> synthesized by leucocyte.</li> <li>➤ <b>Beta</b> produced by fibroblasts.</li> <li>➤ <b>Gamma</b> formed by lymphocytes.</li> </ul> </li> <li>• Exogenous interferon used clinically is <b>alpha</b> interferon produced by using recombinant DNA technology.</li> </ul>	<ul style="list-style-type: none"> <li>• It is a <b>synthetic purine nucleoside</b> that possesses broad antiviral inhibitory activity against respiratory syncytial, herpes simplex and influenza viruses.</li> </ul>
<b>MOA</b>	<p>1) The natural interferons attach to surface receptor on membrane of infected cell and then inhibit synthesis of protein &amp; DNA that <b>block viral replication</b>. Also interferon <b>blocks viral assembly and release</b>.</p> <p>2) <b>Suppress cell proliferation.</b></p> <p>3) <b>Interferon has immunomodulating effects:</b> It enhance phagocytosis by macrophages and increases the cytotoxicity exerted by lymphocytes</p>	<ul style="list-style-type: none"> <li>• Ribavirin has <b>anti-metabolite activity</b>, which interfere with synthesis of viral messenger RNA and ribonucleic protein synthesis.</li> </ul>

<p><b>Uses:</b></p>	<p>1) <b>Treatment of viral infections</b>, especially, chronic hepatitis B and C viruses and prevents chronic liver toxicity, AIDS and genital (venereal) warts.</p> <p>2) <b>Human cancer</b> shows some response to interferon e.g. certain leukemias, lymphomas and laryngeal papillomatosis</p>	<p>1) Ribavirin aerosol is used in the treatment of infants and young children with severe lower respiratory tract infection due to <b>syncytial virus</b>.</p> <p>2) If it is used within 24 hrs. of appearance of influenza A and B symptoms it reduces fever and systemic symptoms.</p> <p>3) High dose IV is used in Lassa fever.</p> <p>4) Hepatitis B ,C</p>
<p><b>Adverse effects:</b></p>	<p>1) <b>Flu-like symptoms:</b> Fatigue, depression, muscle weakness, weight and appetite loss, and change in thyroid function and cardiotoxicity.</p> <p>2) High dose or chronic therapy causes <b>bone marrow suppression, neurotoxicity</b> and progressive fatigue.</p> <p>3) Plasma concentration of <b>hepatic enzymes</b> increase.</p> <p>4) The metabolism of other drugs can be <b>reduced</b> by interferon action on microsomal enzyme.</p>	<p>1) <b>Rash, conjunctivitis.</b></p> <p>2) <b>Dyspnea and chest soreness and decline of pulmonary function</b> if used in adult who have chronic respiratory disease.</p>

	3- Adefovir	4- Entecavir	5- Lamivudine
<b>MOA</b>	<ul style="list-style-type: none"> <li>It is phosphorylated by cellular kinases to the <b>active diphosphate metabolite</b> and then <b>competitively inhibits HBV DNA polymerase</b> to result in chain termination after incorporation into the viral DNA.</li> </ul>	<ul style="list-style-type: none"> <li>Competitively <b>inhibits all three functions of HBV DNA polymerase, including</b> base priming, reverse transcription of the negative strand, and synthesis of the positive strand of HBV DNA.</li> </ul>	<ul style="list-style-type: none"> <li><b>Inhibits HBV DNA polymerase and HIV reverse transcriptase.</b></li> </ul>
<b>Uses</b>	<ul style="list-style-type: none"> <li>Adefovir is <b>active in vitro</b> against a wide range of DNA and RNA viruses, including HBV, HIV, and herpesviruses.</li> </ul>		
<b>Kinetics</b>		<ul style="list-style-type: none"> <li><b>Oral bioavailability approaches 100%</b> but is decreased by food; therefore, entecavir should be taken on an empty stomach.</li> <li>The intracellular half-life of the active phosphorylated compound is <b>15 hours</b>.</li> <li>It is excreted by the <b>kidney</b>, undergoing both glomerular filtration and net tubular secretion.</li> </ul>	