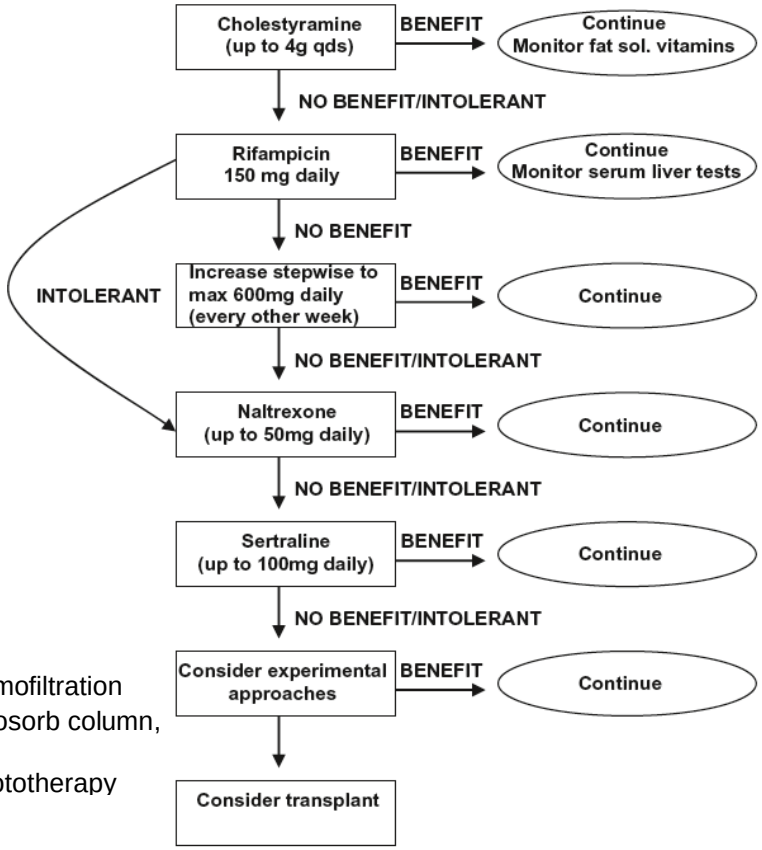
Management of pruritus in cholestatic liver disease Full Clinical guideline

Reference no.:CG-T/2023/216

The pathogenesis of pruritus in cholestasis is not known. Management is based around the theory that an accumulation of bile acids in the skin and/or elevated endogenous opiods are responsible.
Ursodeoxycholic acid (UDCA) is used in the treatment of PBC/ PSC, but is not a treatment for pruritus (may cause itch), except in the management of cholestasis of pregnancy. Pruritus is not histamine mediated, but sedating **antihistamines** are widely prescribed and may give some relief.



e.g Haemofiltration with Cytosorb column,

UVB phototherapy

Reproduced from EASL clinical practice guidelines: Management of cholestatic liver disease

Cholestyramine: Binds bile acids, preventing absorption from terminal ileum. 80-85% of patients completely or partially respond within 4-11days. Side effects include unpleasant taste, fat malabsorption, constipation, anorexia and intestinal discomfort. Interferes with the bio-availability of several drugs, including UDCA, thyroxine, digoxin and OCP. Other medications should be taken at least 1hr before or 4hrs after Cholestyramine. Greatest amount of BA is present in GB before breakfast ∴ patients with an intact GB should take Cholestyramine 4g 30min before and 30min after breakfast. A third dose should follow lunch.

Naltrexone: Patients with cholestasis may exhibit an opiod withdrawal-like reaction. Start with 12.5mg (1/4 tablet) and increase by 12.5mg every 3-4 days up to maximum 50mg daily.

Rifampicin: Warn patients re discolouration of bodily secretions. A drug-induced hepatitis is seen in up to 12% of patients with cholestatic liver disease. Regular monitoring of LFTs, particularly in the first 2 months is essential.

Further reading:

EASL Clinical Practice Guidelines: Management of cholestatic liver diseases J Hepatol 2009
Begasa, N. The pruritus of cholestasis. J Hepatol 2005; 43: 1078-88
Mela, M et al. Pruritus in cholestatic and other liver diseases. Aliment Pharmacol Ther 2003; 17:856-70

Documentation Controls **(these go at the end of the document but before any appendices)**

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Version / Amendment History	Version	Date	Author	Reason
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Training and Dissemination: Forms part of liver handbook which is disseminated to all clinicians rotating through Hepatology				
Development of Guideline: **Job Title: Dr A Austin and Dr A Lawson (Consultant Hepatologist)**				
Consultation with: Liver management group -cross-site teams				
Linked Documents: State the name(s) of any other relevant documents				
Keywords: Pruritus, cholestatic liver disease, cholestyramine				
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Contact for Review			Dr A Lawson	