

AIH Care

AIH TREATMENT

Prednisone – Used to induce remission (initially and for flares) with individualized tapering schedule. Sometimes used as stand-alone treatment if other meds are not tolerated. Methylprednisolone is preferred when bilirubin is elevated.

Azathioprine – Used as first line treatment once LFTS are controlled with prednisone. Get TPMT enzyme activity test before starting, then if normal, start at low dose (25mg qd) and titrate up per Liver Clinic Specialist. Check CBC w/diff 2 weeks after start and every dose increase. Watch for anemia, neutropenia, thrombocytopenia due to bone marrow suppression. Other serious side effects include pancreatitis, hepatitis and alopecia.

Tacrolimus – Usually second line treatment if azathioprine is not tolerated or bone marrow suppression. Start at low dose (0.5 mg BID), and titrate up per Liver Clinic Specialist. Check creatinine, LFT and tacrolimus level 2 weeks after start and every dose increase. Watch for impaired kidney function.

Mycophenolate – Usually second line treatment. Start at low dose (500 mg BID) and titrate up per Liver Clinic Specialist. Need to check CBC w/diff 2 weeks after start and every dose increase. Watch for neutropenia and bone marrow suppression.

AIH FLARES

Consult Liver Clinic Specialist for management of flares (ALT >80)

AIH TREATMENT, GENERAL GUIDELINES

Prednisone- Start with 20 mg/day and gradually taper as LFT stabilize and are controlled.

Methylprednisolone- Start with 16 mg/day and gradually taper as LFTs stabilize and are controlled.

Azathioprine- Start with 25 mg/day, dose is gradually increased. Goal dose is weight-based.

AIH ROUTINE LABS (BASED ON LABS)

Prednisone/Methylprednisolone - LFT q 2-4 weeks while adjusting a dose. LFT q 6 months on stable dose.

Azathioprine- LFT and CBC w/ diff q 2-4 weeks while adjusting dose. CBC w/ diff and LFT q 3 months on stable dose.

Tacrolimus- LFT, creatinine and 12 hour tacrolimus trough level q 2-4 weeks while adjusting dose. LFT, creatinine and 12 hour tacrolimus trough level q 3 months on stable dose.

Mycophenolate- LFT and CBC w/ diff q 2-4 weeks while adjusting dose. LFT and CBC w/ diff q 3 months on stable dose.

GOT A QUESTION? WHO TO CALL

Liver Disease & Hepatitis Program – 907-729-1560 and ask for a provider or AIH nurse:

Julia Plotnik, RN – 907-729-1581 (M-T-W-R)

	Labs while adjusting doses	Labs on a stable dose	Common SE	More Serious SE
Azathioprine	CBC with differential, LFT 2-4 weeks after q dose change.	CBC with differential, LFT q 3 months	Nausea/vomiting, headache, myalgia, skin rashes, alopecia	Anemia, neutropenia, thrombocytopenia, pancreatitis, hepatitis, increased risk of malignancy including lymphoma, skin cancers and other malignancies, immunosuppression
Prednisone	LFT 2-4 weeks after q dose change	LFT q 3 months	Irritation, mood changes, depression, weight gain, puffiness, increased appetite, insomnia, fluid retention, hyperglycemia	Osteoporosis, cataracts, ulcers, immunosuppression
Tacrolimus	CMP, 12 hour tacrolimus trough level 2-4 weeks after q dose change	CMP, 12 hour tacrolimus trough level q 3 months. Goal: Tacrolimus level 3-9 titrating to normalization of LFT	Night sweats, fatigue, weight loss, diarrhea, constipation, headache, hypertension, photosensitivity	Impaired kidney function, rare risk of lymphoma, diabetes, immunosuppression
Mycophenolate	LFT, CBC with differential 2-4 weeks after q dose change.	CBC with differential, LFT q 3 months	Diarrhea, nausea/vomiting, hypertension, fever, leukopenia, headache, abdominal pain, UTI, constipation	Anemia, neutropenia, immunosuppression

LFT= liver function tests, CBC= complete blood count, CMP= complete metabolic panel