

Our patients often ask about things they can do to improve liver health. Here are some of our thoughts:
Ten Tips for Patients with Liver Disease

- 1. GET VACCINATED:** Patients with chronic liver disease are at risk for severe hepatitis (inflammation of the liver) and liver failure should they become infected with infectious hepatitis.
 - Hepatitis A is acquired through exposure to someone with acute hepatitis A or by ingestion of contaminated water or food. If you have no previous exposure to hepatitis A get the 2-injection hepatitis A vaccine series. The injection is given on Day 1 and Day 180 (6 months later).
 - Hepatitis B is acquired through receipt of blood products or organ transplant before 1992, through sexual activity or close contact with someone who has chronic hepatitis B, or by intravenous drug use with a contaminated needle (even one time).
 - If you have no previous exposure to hepatitis B, get the hepatitis B vaccine series. The injections are given on Day 1, Day 30 (one month later), and Day 180 (6 months later).
 - If you have cirrhosis get vaccinated against pneumococcal pneumonia. If you are under age 65 when you receive this vaccine, a booster is recommended when you reach age 65.

- 2. CONTROL OTHER CONDITIONS:** Patients with liver disease often have other medical conditions such as diabetes, high cholesterol, obesity and high blood pressure. Liver disease can progress more rapidly when these underlying conditions are not well controlled. Make frequent visits to your health care provider for guidance regarding the best ways to manage these medical problems. This will help to slow liver disease progression.

- 3. WATCH WHAT YOU PUT INTO YOUR LIVER:** The liver serves as a filter for medications and herbs you ingest. Be cautious when using over the counter medications, herbal remedies, liver cleansers and nutritional supplements. If you are unsure if the product is safe for your liver, bring a sample in its original container to your clinic visit and discuss its safety with your liver specialist.

- 4. WATCH WHAT YOU EAT:** In the presence of chronic liver disease, you may become deficient in essential nutrients, vitamins or minerals. Before adding vitamins or supplements, consult with a health care providers such as a dietitian, primary care provider or liver specialist.
 - If you are a vegetarian, you may be deficient in vitamin B 12.
 - If you are lactose intolerant, vitamin D and calcium levels may be low.
 - It is not necessary to restrict dietary protein unless specifically recommended by your liver specialist.
 - If you are a female who regularly consumes more than 2 alcoholic beverages per day, or a male who consumes more than 5 per day, you may become deficient in B vitamins and folic acid.
 - If you have concerns about these issues talk about them with your health care provider.

- 5. JUST SAY NO!** Avoid alcohol consumption and recreational drugs if you have liver disease. Alcohol has a proven track record for accelerating liver injury due to chronic hepatitis B and hepatitis C. Alcohol in combination with acetaminophen (Tylenol™ and many others) can cause severe liver injury. If you are actively using intravenous drugs, treatment of hepatitis B or C may be futile, as you will be at high risk for becoming re-infected.

6. WATCH THE PAIN RELIEVERS: If you have fever, headache, toothache, or muscular aches and pains, acetaminophen is the analgesic of choice for patients with liver disease.

- While it is true that acetaminophen is the most common cause of acute liver failure in the United States, it is important to remember that this kind of liver injury depends upon the dose. When acetaminophen is prescribed for individuals older than 18 years, a safe daily dose is no more than 6 regular strength (325 mg) or 4 extra strength (500 mg) tablets. Read labels because many over the counter cold remedies and pain relievers as well as prescription medications contain acetaminophen.
- If you have cirrhosis, non steroidal anti-inflammatory drugs (NSAIDs) should be avoided, as they may cause kidney injury or promote bleeding. Examples of NSAIDs include ibuprofen (Motrin™, Advil™), naproxen (Aleve™, Anaprox™), oxaprozin (Daypro™).
- Ask your health care provider for advice if acetaminophen fails to control your pain.

7. THINK BEFORE YOU GRAB THE SALTSHAKER: Sodium is part of a molecule found in table salt, sea salt, medications, and many foods.

- The average American consumes approximately 6,000 mg or 6 grams of sodium every day. Sodium in the diet may encourage the body to hold onto water. This can lead to swelling in the feet and ankles, legs, abdomen or lungs. Sodium restriction is particularly important for patients with cirrhosis, high blood pressure, congestive heart failure or for those taking water pills (diuretics) for other reasons. Water pills do not work well in the presence of high sodium intake.
- Fruits and unsalted or unbuttered vegetables do not contain significant amounts of sodium. Canned vegetables may contain *large* amounts of sodium. It is important to read the label. Note the number of milligrams per serving. Practice estimating serving size by using measuring cups and spoons to serve your meal. You may be surprised at how small 1 serving actually is.
- If you have cirrhosis, foods with more than 400 mg of sodium per serving should generally be avoided. Canned soups, frozen prepared meals, lunchmeats, cheese and processed cheese, butter and margarine, buttermilk and cottage cheese, chips, crackers, olives, pickles and pickled vegetables or meats, sauerkraut, olives, vegetable juices, bacon, sausage, hot dogs, dried meats, corned beef, and even instant hot cereals have high sodium content. Seasonings such as MSG, Worcestershire sauce, bouillon and salted spices such as garlic salt and mixed seasonings should be avoided.
- Season foods with lemon, garlic, herbs, spices, Mrs. Dash's. Make home made meals.
- Keep a food diary for one week. Write down the food item and amount of sodium in one serving. Multiply the number of servings you eat by the amount of sodium per serving. Then add the sodium for each meal to determine the total sodium for each food item. If you do not have cirrhosis, limit daily sodium to less than 6,000 mg daily. If you have cirrhosis, keep total daily intake of sodium under 2,000 mg.
- Avoid eating raw oysters and other raw shellfish and do not expose yourself to sea water (ocean, seas) to avoid a bacterial infection (*Vibrio vulnificus*) that causes severe infections in people with cirrhosis.

8. KEEP YOUR BONES STRONG: Patients with chronic liver disease commonly have a mild bone mineral deficit and some are at increased risk for fracture due to osteoporosis. Women who are postmenopausal, men with low testosterone, patients with primary biliary cirrhosis, all patients on corticosteroids for longer than 3 months, those with cirrhosis from any cause and, patients who had a liver transplant are at the greatest risk. Ask your primary care provider about a bone density test. If your bone density is low, you may be a candidate for treatment.

9. WATCH YOUR CHOLESTEROL: The cholesterol lowering class of drugs called “Statins” is one of the most commonly prescribed classes of medications. Atorvastatin (Lipitor™), simvastatin (Zocor™), pravastatin (Pravachol™), fluvastatin (Lescol™), lovastatin (Mevacor™) and rosuvastatin (Crestor™) are the currently available compounds in the class. In one study, significant liver injury from Statins was only 2 cases per 1 million, indeed a very rare complication. On the other hand, asymptomatic elevations of liver enzymes are quite common during the period of time in which the liver adjusts to the medication as it works to lower your cholesterol. In addition, there is new evidence that patients who have elevated baseline alanine aminotransferase (ALT) levels associated with diabetes, fatty liver, or chronic hepatitis C are not at increased risk for Statin induced hepatotoxicity. The benefit of these drugs in lowering the risk for cardiovascular events far outweighs the risk for liver toxicity.

10. EXERCISE AND KEEP YOURSELF HEALTHY: Eat less. Eat a healthy diet. Regular, moderate physical activity for as little as 30 minutes 3 times per week can improve strength and endurance and reduce fatigue, body weight, stress and depression. Check with your health care provider before beginning an exercise program.

References

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