

PBC Review

Patient:

MRN sticker

Signed:			Da	te:			
Clinical diagnosis:	Year of diagnosis		Year of biopsy (or n/a))
Cholestatic LFTs	AMA/ANA (titre)			Histology			
Treatment:			Weight				kg
1. Ursodeoxycholic Acid		mg/day				mg	g/kg/day
Was UDCA discontinued or v	was the dose reduced ? (C	ircle, if applica	able) DIS	SCONTII	NUED	RE	DUCED
Reason (e.g. not tolerated) a	and updated dose:						
Response: If ALP > 1.67 ULN, has there been any decrease in ALP? (Circle yes or no			yes or no)	YES		NO	
(to be assessed following 1 year of UDCA treatment) Has ALP becound	ome <1.67 ULN ?			YES			NO
2. Obeticholic Acid							mg/day
3. Fibrate							mg/day
4. Other (specify)							

 ${\rm *May\ not\ apply\ to\ all\ patients.\ Sicca\ syndrome = dry/gritty\ eyes\ or\ mouth;\ Autonomic\ dysfunction = postural\ hypotension;\ Sleep\ difficulties\ and\ supplies of the control of the cont$

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NO

NO

YES

If yes, which drug(s):

YES

Fatigue

Treatment:

may include daytime somnolence.

Trial participation:

Pruritus

Treatment:

Symptom management:

NO

YES

Treatment(s):

Other (Sicca, autonomic dysfunction, sleep difficulties)*:

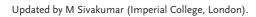
Updated by M Sivakumar (Imperial College, London).

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PBC Review

Bone density:	Hip T-score:			Lumba	r T-score:		
Year of last scan:	Is the patient osteoporotic?				YES	NO	
	If osteoporot	If osteoporotic, was appropriate treatment prescribed?					NO
Details:							
Date of last elastography:				Result:			
Is this patient high risk? Defined as bilirubin >50 µmol/L OR decreasing albumin OR signs of decompensation (variceal bleed, ascites or encephalopathy)							NO
Details:							
If yes, has transplant bee	If yes, has transplant been considered?					YES	NO
Details:							
Is this patient cirrhotic?	YES	NO					
Date of last HCC screening	g: Date of last OGD:						
If co-existing Autoimmune Hepatitis, is there a record of diagnostic biopsy?				YES	NO		
Year of biopsy:							
Other concerns:				Other me	edications:		
Follow up time:							months
Follow up time:							months

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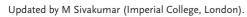
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PBC Review

PBC-10 QUESTONNAIRE (circle the appropriate answer for all questions 1-10)

IN THE LAST FOUR WEEKS, how often did you experience any of the following?							
I have felt embarrassed because of the itching	Never	Rarely	Sometimes	Most of the time	Always	Not applicable	
 If I eat or drink a small amount, I still feel bloated 	Never	Rarely	Sometimes	Most of the time	Always		
3. My mouth was very dry	Never	Rarely	Sometimes	Most of the time	Always		
4. Fatigue interfered with my daily routine	Never	Rarely	Sometimes	Most of the time	Always	Not applicable	
5. I had to force myself to do the things I needed to do	Never	Rarely	Sometimes	Most of the time	Always		
6. If I was busy one day, I needed at least another day to recover	Never	Rarely	Sometimes	Most of the time	Always		
7. Because of PBC, I found it difficult to concentrate on anything	Never	Rarely	Sometimes	Most of the time	Always		
Now some more general statements about how PBC may be affecting you as a person. How much does the following statement apply to you?							
8. I feel guilty that I can't do what I used to be able to do because of having PBC	Not at all	A little	Somewhat	Quite a bit	Very much	Not applicable	
These statements relate to the possible effects of PBC on your social life and your life overall. Thinking of your own situation, how much do you agree or disagree with them?							
9. My social life has almost stopped	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		
10. PBC has reduced the quality of my life	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		

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