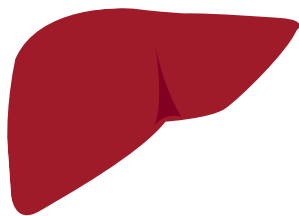


Autoimmune hepatitis (AIH)

Understanding your condition

AIH is a relatively uncommon, lifelong autoimmune disease which affects the liver. For reasons still not understood, the body's immune system treats the liver cells (hepatocytes) as if they are foreign to the body and attacks them. This results in liver inflammation which can lead to liver damage and scarring. Symptoms can include fatigue with aching joints and abdominal discomfort. AIH is usually diagnosed following blood tests and a liver biopsy.

Although a lifelong condition, there are effective drug treatments available which mean that, although AIH cannot be 'cured', most people with AIH can lead normal lives, including working and travelling.



Because you will be living with your condition for life, it is advantageous for you to understand and become involved in your care and the decision-making process regarding your treatment choices.

Once diagnosed, the initial treatment goal is to bring your inflammation under control. To achieve this, your doctor will offer you a steroid treatment, either prednisolone or budesonide. Both steroids can do the same thing, but some of the well-recognised side effects of prednisolone (including weight gain, mood swings, changes in appearance and nausea) appear less often with budesonide. However, the choice of steroid will take into account many factors including the severity of your disease and whether there is a lot of scarring in the liver.

It may be useful to keep a note of these side effects to discuss with your doctor or nurse. It is important to tell them about any side effects so that you can help to guide the choice of treatment that works best for you. Remember also that side effects often decrease over time.

Steroid treatment is usually tapered down slowly as the disease activity decreases, with the aim of being reduced and possibly withdrawn after a period of time. It may take a while for the inflammation in your liver to repair, which means that you may need to take low doses of steroid longer term.

Regular tests, which include liver blood tests, will show how well the steroids are working and whether they can be reduced. Once your AIH is responding to treatment a different immunosuppressant is added, with the goal of keeping the inflammation at bay. The first choice is usually azathioprine which adjusts the activity of the immune system, but there are other medicines if needed.

When it comes to AIH, everyone is different, so although lots of people including liver doctors, specialist liver nurses and your own GP will be involved with your care, because you are the person living with AIH, it makes sense that you understand and 'own' your condition.



You can help by ensuring you have regular follow-up appointments and that the necessary checks are carried out such as blood tests or liver scans. You should also ask what other medications you can take, for example if you have an infection or want to use birth control.



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You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard (UK residents) www.hpra.ie/homepage/about-us/report-an-issue (Republic of Ireland residents)

By reporting side effects you can help provide more information on the safety of medicines.

If you have been diagnosed with AIH you may want to visit the following:

AIH Support
www.aihsupport.org.uk