Alcohol associated hepatitis (AAH)

Specific Management for patients with Severe AAH

ONLY APPLICABLE to patients with SEVERE AAH
(see definition in the Diagnosis algorithm)

Assess for contraindications to steroids

- Uncontrolled infection
- Acute kidney injury with creatinine >220 umol/L
- Uncontrolled upper GI bleeding
- Multi organ failure/shock (relative contraindication)

YES

Manage the situation and reassess initiation of steroids once it is controlled

- (i.e.) Patients treated for infection can be given steroids once infection is controlled

NO

See Steroid dosing

- Recent evidence is suggesting a lower dose of steroids - 40mg x 7 days and then decrease every 7 days by 10mg and stop at day 28. Some people may choose to do the conventional dosing (PMID: 40079479)
- Prednisone OR Prednisolone 40mg PO OD OR if unable to tolerate oral intake, can give Methylprednisolone 32mg IV OD.
- There is weaker evidence to support the addition of 5 days of intravenous N-acetylcysteine (NAC) to steroid therapy. NAC is not routinely given at tertiary care centers in Alberta.

More info on NAC and Alcohol associated hepatitis

Assess the Lille score at 7 days after starting steroids — **Lille score calculator**

What to do if patient is a Responder (Lille<0.45)?

- Continue steroid for a total of 28 days and then stop

What to do if patient is a Non-responder (Lille≥0.45)?

- Stop steroids
- Consider if patient may meet exception criteria for early liver transplantation

See Liver Transplantation page for more info

- Consider palliative care involvement