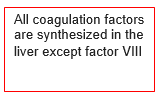
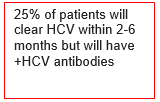
**8. Abnormal LFTs By Yuying Luo**

**Overview:**

* Patterns of abnormal liver function tests:
  + **Hepatocellular Damage:** predominately elevated AST, ALT
    - AST: ALT = 1
      * >300s: ischemic, viral, drug-induced
      * <300 (mildly elevated): NASH, EtOH, medications
    - AST:ALT >2.5: EtOH hepatitis
      * Alcohol induced deficiency of pyrodixal phosphate
      * Usually < 200s
  + **Cholestatic pattern:** elevated alk phosphatase, GGT, bilirubin
    - Alkaline phosphatase: produced in hepatocytes, bone, placenta, small intestine
    - GGT: liver specific and a sensitive marker of EtOH ingestion
    - Bilirubin:
      * Isolated hyperbilirubinemia: unconjugated vs conjugated
        + Unconjugated: hemolysis, drugs, genetic diseases (Gilbert’s)
        + Conjugated: obstructive most commonly
* Markers of synthetic function:
  + PT/INR, albumin
* Approach to abnormal LFTs:
  + Discontinue any hepatotoxic medications, alcohol use, evaluate for metabolic syndrome and then repeat testing in 2-4 weeks
    - If alk phos is elevated, check GGT
  + Persistent or unexplained ALT and AST abnormalities should be worked-up further:
    - HCV, HBV; serum iron, ferritin, TIBC; INR, albumin, CBC
    - Consider RUQ U/S

**AT IMA**

* **Who to screen for hepatitis C?**
  + Persons at high risk for infection (e.g. IVDU)
  + One time screening in adults born between 1945 and 1965
* Order: "Hep C surface Ab with reflex to RNA PCR"
* If positive🡪
  + All patients with virologic evidence of chronic HCV infection (detectable HCV viral level over a six-month period) should be considered for antiviral treatment and referred to IMA Liver
  + IMA liver = hepatitis C clinic – Tues PM, Wed AM, Fri PM
    - This clinic has care coordinators and on-staff psychologists who help run support group meetings. There is a lot of psychosocial support for these patients, so event more of a reason to refer patients!
* After initiation of treatment🡪
  + Quantitative HCV RNA is repeated at week 4 of therapy
  + Sustained Virologic Response (SVR) defined as undetectable viral load at 12 weeks following cessation of therapy

**Community Resources:**

* For patients with presumed NASH and poor dietary habits, consider screening for food insecurity
* New York syringe exchange programs for IVDU:[**https://nasen.org/directory/ny/**](https://nasen.org/directory/ny/)