

Hepatotoxicity

DEFINITION

Hepatotoxicity: defined as the power of a substance (such as drugs) to damage the liver.

Liver toxicity takes the form of an inflammation (known as hepatitis) or necrosis (dead liver cells), in the most severe cases. Hepatic steatosis occurs when there is an accumulation of fat in the liver.

The liver is an important organ since it helps the body eliminate toxic substances to which we are exposed daily.

WHAT CAUSES IT?

Liver damage can result from different medications, including drugs used to treat HIV.

Virtually all the antiretrovirals have been known to affect the liver, but more specifically nevirapine (Viramune®), stavudine (Zerit™), didanosine (Videx™) and zidovudine (Retrovir®, Combivir®). In addition, all protease inhibitors (PI) such as tipranavir (Aptivus®) and darunavir (Prezista®) have been associated with liver toxicity, especially in hepatitis carriers.

The medication may cause a reaction that is directly toxic to the liver or be allergic in nature and occur because the person is genetically predisposed to have this type of reaction.

It is usually impossible to know who is at risk of having such a reaction. However, we know that Hepatitis B or C carriers appear to be more at risk.

Furthermore, treating HIV protects the liver against manifestations of Hepatitis B and C. Hepatitis B or C carriers can therefore receive HIV drugs. It is therefore important that a proper follow-up be done, in particular through regular blood tests and by monitoring the effect of the drugs on liver function.

There are several other possible causes of liver toxicity such as alcohol and drug use (cocaine and ecstasy).

Hepatitis reactivation when HIV medication is stopped

It is very important that you talk with your doctor if you are a Hepatitis B carrier and wish to stop your HIV medication. In fact, some drugs used to treat HIV are also used to treat Hepatitis B. Stopping anti-HIV agents can reactivate the hepatitis virus.

HOW DO YOU KNOW IF YOU HAVE A HEPATITIS VIRUS?

Symptoms are not always present. Through regular blood tests, your doctor will check the condition of your liver.

When your liver becomes toxic, there is usually an increase in liver enzymes (AST and ALT). Other tests (e.g. bilirubin, platelets, RNI, albumin) can also be used to check liver function.

Sometimes symptoms can occur such as nausea and vomiting, diarrhea, light-coloured or fatty stools, abdominal pain, tiredness, loss of appetite, jaundice (yellow skin and eyes), severe itching, dark-coloured urine and muscle pain. In addition, upon examining you, your doctor may find that your liver has increased in size.

Symptoms of liver toxicity usually appear within a few days to a few weeks (about 8 weeks) after having begun the medication and can continue a few days after the medication is stopped.

More rarely, symptoms can occur several months after the medication is started.

WHAT TO DO?

To protect your liver, avoid consuming large quantities of alcohol or drinking on a regular basis and never consume alcohol at the same time as you take your HIV medication. If you drink alcohol, drink small quantities and only occasionally. Also avoid using recreational drugs.

Before starting a new medication, let your doctor know if you are a carrier of a hepatitis virus. If so, you need to be monitored regularly so that treatment can be started when appropriate.

If you are not a Hepatitis A or B carrier, you should be vaccinated against both of these hepatitis viruses. Talk to your doctor about it.

There is no vaccine for Hepatitis C. To avoid catching it, never share syringes and always use a latex condom when having sexual relations.

Tell your doctor or pharmacist if you are taking or intend to take any natural products. Some of these products can cause liver toxicity.

Go to your medical appointments to allow your doctor to monitor your clinical progress.

WHEN SHOULD YOU SEE A DOCTOR?

Immediately see a doctor or go to the emergency room if you have more than one of the following symptoms: rash, nausea, vomiting, diarrhea, light-coloured or fatty stools, stomach cramps, tiredness, loss of appetite, jaundice (yellow skin and eyes), severe itching, dark-coloured urine and muscle pain.

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