

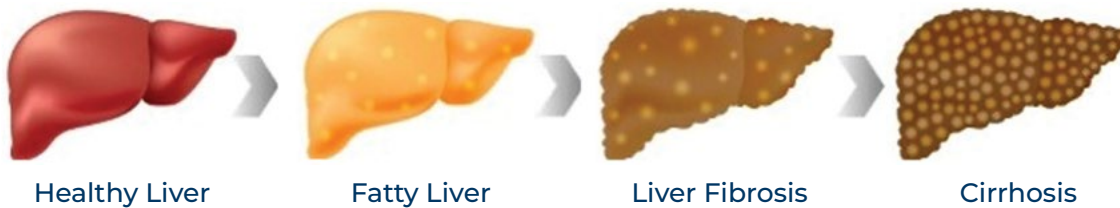


Managing Chronic Liver Disease and Cirrhosis

Chronic liver disease makes the liver stop working as it should.¹

Cirrhosis is when the liver gets damaged and scarred. As hard scar tissue replaces soft healthy tissue, the liver eventually stops functioning the way it should. This is called “decompensation,” and it can be life threatening.^{2,3}

Stages of Liver Damage



Most chronic liver disease and cirrhosis cases in the world are caused by metabolic causes such as diabetes and high cholesterol, viruses such as hepatitis C, or alcohol.⁴⁻⁶

Managing chronic liver disease, cirrhosis, and their complications early may help slow down or stop more damage.

Adult patients with cirrhosis should expect regular disease monitoring. Some of the ways progression is monitored are through blood tests, calculations of liver scarring that your doctors will do, and a scanning device that measures how much scarring your liver has experienced.⁵ Tests and assessments are easily measured and monitored.

Once diagnosed with chronic liver disease, it is important to give your providers a full medical history at every appointment. You should include any change or new symptoms, recent infections, procedures, or changes in your medications.

Cirrhosis is serious and can result in major complications. Look for these early symptoms of cirrhosis⁷:

- Loss of appetite (not hungry)
- Tiredness
- Jaundice (yellowing of skin)
- Severe itching
- Weight loss
- Nausea and vomiting (upset stomach)
- Mild pain or discomfort over the liver in the upper right side of the abdomen or belly

Adult patients with cirrhosis have more risk for certain complications.^{7,8}

Call your doctor right away if you have any of the following symptoms or they are getting worse. These may indicate the development of complications associated with chronic liver disease⁷:

- Bruising and bleeding easily
- Confusion, difficulty thinking, memory loss, and personality changes
- Changes in sleep
- Swelling in the lower legs, ankles, or feet
- Swelling of the abdomen from a buildup of fluid
- Severe itchy skin
- Darker urine
- Yellowish tint to the whites of the eyes and skin

Some major complications of cirrhosis include⁸:

- Varices (enlarged veins)
- Ascites (fluid buildup)
- Hepatic encephalopathy, or HE (complication of cirrhosis that affects the brain, resulting in mental and physical changes)
- Hepatopulmonary hypertension (closing of lung blood vessels)
- Hepatocellular carcinoma (type of liver cancer)
- Hepatorenal syndrome (fast progressing kidney failure)
- Spontaneous bacterial peritonitis (infection of the ascites or fluid buildup)
- Coagulation disorders (blood clotting problems)
- Portal hypertension (high blood pressure of the portal vein that leads to the liver)

My notes and directions to help me manage my condition:

References: 1. Sharma A, Nagalli S. Chronic liver disease. In: StatPearls [Internet]. Last updated July 3, 2023. Accessed July 7, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK554597/> 2. National Institute of Diabetes and Digestive and Kidney Diseases. Definition & facts for cirrhosis. Accessed July 7, 2025. <https://www.niddk.nih.gov/health-information/liver-disease/cirrhosis/definition-facts> 3. Mansour D, McPherson S. Management of decompensated cirrhosis. *Clin Med*. 2018;18(suppl 2):s60-s65. 4. Jophlin ACG Alcohol-Associated Liver Disease guideline. *Am J Gastroenterol*. 2024;119:30-54. 5. Rinella ME, Neuschwander-Tetri BA, Siddiqui MS, et al. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. *Hepatology*. 2023;77:1797-1835. 6. EASL-EASD-EASO Clinical Practice Guideline on management of metabolic dysfunction-associated steatotic liver disease (MASLD). *J Hepatol*. 2024 Sep;81(3):492-542. 7. National Institute of Diabetes and Digestive and Kidney Diseases. Symptoms & causes of cirrhosis. Accessed July 7, 2025. <https://www.niddk.nih.gov/health-information/liver-disease/cirrhosis/symptoms-causes>. 8. Nusrat S, Khan MS, Fazill J, Madhoun M. Cirrhosis and its complications: evidence-based treatment. *World J Gastroenterol*. 2014;20(18):5442-5460.

Content contained in this educational disease-state resource is being provided by Salix Pharmaceuticals for informational purposes only. Physicians should use their own clinical judgment in diagnosing, counseling, and advising patients.

