key points

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Cirrhosis is a condition that arises as a result of chronic liver damage, typically over many years. It is characterised by fibrosis and nodularity of the liver parenchyma. Cirrhosis interferes with the normal functions of the liver, reducing its ability to produce proteins, which can lead to coagulopathy, low serum albumin and raised bilirubin.

The incidence of cirrhosis is rising in the UK, this can primarily be attributed to increasing levels of alcohol consumption and obesity. Mortality from cirrhosis is also rising. The prevalence of cirrhosis is more common in the most deprived populations in England and Wales. Common causes of chronic liver disease include alcohol, non-alcoholic fatty liver disease and chronic viral hepatitis.

Nearly half of patients with cirrhosis are asymptomatic. As a result the condition may only be discovered incidentally as a result of abnormalities in liver function tests or imaging of the abdomen performed for other reasons. Alternatively patients may present with signs and symptoms of the complications of cirrhosis e.g. jaundice, ascites, variceal bleeding, hepatic encephalopathy or hepatocellular carcinoma. Detecting patients with cirrhosis in primary care usually relies on identifying common risk factors.

Currently, there are no standard criteria for the investigation of patients with suspected cirrhosis. If a patient is suspected of having cirrhosis, most GPs will arrange for blood tests and an ultrasound of the liver to be performed. The gold standard test for the diagnosis of cirrhosis remains a liver biopsy, however this is only available in secondary care and is associated with complications such as sub-capsular haemorrhage in up to 1% of cases. If any combination of these initial investigations is suggestive of chronic liver disease, referral to secondary care is advised.

The severity of chronic liver disease can be assessed clinically or pathologically. Staging of liver fibrosis is an important predictor of prognosis and is necessary to guide management. Variceal bleeding, ascites, hepatic encephalopathy, anaemia, thrombocytopenia, coagulopathy and hepatocellular carcinoma are potential complications of chronic liver disease. Malnutrition is present in 65-90% of patients with chronic liver disease and is frequently underdiagnosed and undertreated. Malnutrition can precipitate decompensation and overall nutritional state is recognised to be an important predictor of survival in cirrhosis.