Priority Topic: HEPATITIS

Key Features:

1. In a patient presenting with hepatitis symptoms and/or abnormal liver function tests, take a focused history to assist in establishing the etiology (e.g., new drugs, alcohol, blood or body fluid exposure, viral hepatitis).

What you should study: know the presentation and have a DDx

✓ Mildly elevated transaminases AAFP 2017
✓ Liver Enzymes - Handling Abnormal Results PBSGL 2013
  https://members.fmpe.org

2. In a patient with abnormal liver enzyme tests interpret the results to distinguish between obstructive and hepatocellular causes for hepatitis as the subsequent investigation differs.

What you should study:

✓ Les hépatites aiguës MduQ 2012 tableau 1
✓ La stéatose hépatique - pas que du foie gras! MduQ 2015
✓ NAFLD Diagnosis and Management AAFP 2013

3. In a patient where an obstructive pattern has been identified,
   a) Promptly arrange for imaging,
   b) Refer for more definitive management in a timely manner.

What you should study:

✓ Les lésions hépatobiliaires à l'échographie MduQ 2015
✓ Neonatal Hyperbilirubinemia AAFP 2014
✓ Evaluation of Jaundice in Adults AAFP 2017
4. In patients positive for Hepatitis B and/or C,
   a) Assess their infectiousness,
   b) Determine human immunodeficiency virus status. — Just do it!

**What you should study:**

- ABC’s of hepatitis CDC 2016
- Hepatitis B - Diagnosis and Treatment AAFP 2010
- Diagnosis and Management of Hepatitis C AAFP 2015
- Hepatitis C in the clinic AIM 2016
- Hepatitis A, B and C - Pediatrics AAP 2016

5. In patients who are Hepatitis C antibody positive determine those patients who are chronically infected with Hepatitis C, because they are at greater risk for cirrhosis and hepatocellular cancer.

**What you should study:**

- ABC’s of hepatitis CDC 2016

6. In patients who are chronically infected with Hepatitis C, refer for further assessment and possible treatment.

- Just do it!
7. In patients who are **at risk** for Hepatitis B and/or Hepatitis C exposure,
   a) Counsel about **harm reduction strategies**, risk of other blood borne diseases,
   b) **Vaccinate** accordingly.

**What you should study:**
- Hepatitis B - Diagnosis and Treatment AAFP 2010
- Diagnosis and Management of Hepatitis C AAFP 2015
- PHAC site: Vaccines

8. Offer **post-exposure prophylaxis** to patients who are exposed or possibly exposed to Hepatitis A or B.

**What you should study:**
- Pocket PEP St Mike's for HIV/HBV/HCV
- Hepatitis A PEP Quicksheet 2017

9. Periodically **look for complications** (e.g., cirrhosis, hepatocellular cancer) in patients with **chronic viral hepatitis**, especially hepatitis C infection.

**What you should study:**
- Hepatitis B - Diagnosis and Treatment AAFP 2010
- Diagnosis and Management of Hepatitis C AAFP 2015
- Prise en charge de la cirrhose MduQ 2012

**Exam tip:** In the “management” section of any SOO or in a SAMP, always remember to think about whether vaccinations are indicated.