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Antipsychotic drugs effecting liver

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Abstract

The liver injuries induced by typical antipsychotic drugs that represented by chlorpromazine are mostly presented as cholestasis type. Novel antipsychotics primarily cause liver injury indirectly through adverse events associated with metabolism (weight gain, obesity, metabolic syndrome.

Keywords

Antipsychotic drugs; Prognosis; Liver Disease

Introduction

Antipsychotics can induce liver injury by means of three main mechanisms: Hepatocellular, cholestasis and steatosis. Typical antipsychotics: The risk of hepatotoxicity with chlorpromazine is well established. Medications commonly implicated in causing fatty liver include corticosteroids, antidepressant and antipsychotic medications and, most commonly, tamoxifen. The liver is one of the only organs in the body that is able to replace damaged tissue with new cells rather than scar tissue. For example, an overdose of acetaminophen (Tylenol) can destroy half of a person's liver cells in less than a week. Liver test abnormalities have not been reported to occur in patients on long-term therapy with aripiprazole, but most studies have not provided information on serum enzyme results. Despite its wide scale use, there have been no published reports of clinically apparent acute liver injury attributable to aripiprazole. Milk thistle has been used to treat liver disorders for more than 2,000 years. Most often used the herbal ingredient for liver complaints in the United States.

The active substance in milk thistle is silymarin, which is made up of several natural plant chemicals. Ibuprofen and other NSAIDs rarely affect the liver. Unlike acetaminophen (Tylenol), most NSAIDs are absorbed completely and undergo negligible liver metabolism. In other words, the way NSAIDs are metabolized makes liver injury (hepatotoxicity) very rare.

Paracetamol is safe in patients with chronic liver disease but a reduced dose of 2-3 g/d is recommended for long-term use. Non-steroidal anti-inflammatory drugs (NSAIDs) are best avoided because of risk of renal impairment, hepatorenal syndrome, and gastrointestinal hemorrhage. Aspartate Transaminase (AST): Very high levels of AST (more than 10 times normal) are usually due to Acute Hepatitis, sometimes due to a viral infection. With acute Hepatitis, AST levels usually stay high for about 1-2 months but can take as long as 3-6 months to return to normal. It can lead to much more serious conditions including cirrhosis and liver failure." The good news is that fatty liver disease can be reversed—and even cured—if patients take action, including a 10% sustained loss in body weight.

Fatty liver disease rarely causes any symptoms, but it's an important warning sign that you're drinking at a harmful level. Fatty liver disease is reversible. If you stop drinking alcohol for 2 weeks, your liver should return to normal. Low levels may be linked to non-alcoholic fatty liver disease (NAFLD). Fish like cod, salmon, and sardines are good sources. It's also in veggies including broccoli, peas, and sweet potatoes, and fruits such as bananas, kiwi, and apricots. Dairy foods, like milk and yogurt, are also high in potassium.

Prognosis recovery depends on the type of cirrhosis you have and if you stop drinking. Only 50% of people with severe alcoholic cirrhosis survive 2 years, and only 35% survive 5 years. Recovery rate worsens after the onset of complications (such as gastrointestinal bleeding, ascites and encephalopathy). The liver, however, is able to replace damaged tissue with new cells. If up to 50 to 60 percent of the liver cells may be killed within three to four days in an extreme case like a Tylenol overdose, the liver will repair completely after 30 days if no complications arise.

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