

<u>Medication name</u>	<u>Basic mechanism of action</u>	<u>Indications</u>	<u>Example of common prescriptions – please consult local guidelines or BNF</u>	<u>Important side-effects (non exhaustive)</u>	<u>Other points</u>
Acamprosate	Uncertain but thought to interact with neuronal NMDA receptors and ca channels to reduce cravings	Maintaining abstinence in alcohol dependency	333mg-666mg TDS – <u>weight based</u>	Mostly GI side effects	
Buprenorphine	Partial agonist at mu opiod receptor and antagonist at kappa. Will displace other opiate full agonists from receptors due to affinity	Pain in patients with opiate dependency	Multiple dose ranges from 2-24mg per day often in split dosing. Specialist supervisor for titration	Wide ranging side-effects similar to other opiates. Nausea/vomiting most common	Avoid in severe renal impairment
Carvedilol	Blocks alpha1 adrenoceptors and prevents beta-adrenoceptor mediated compensatory mechanisms. Anti-hypertensive. Selective	Prevention of bleeding from varices in patients with cirrhosis	3.125mg-12.5mg OD-BD. Titrated according to response/BP	Multiple side effects similar to other B-Blockers	Multiple contraindications similar to other B-Blockers
Cholestyramine	Absorbs and combines with bile acids in the intestine to form an insoluble complex which is excreted	Hyperlipidaemias Pruritus secondary to partial biliary obstruction or PBC Diarrhoea associated with various intestinal diseases	4g daily can be increased in steps of 4g every week. Maximum 36g per day 4-8g OD As per hyperlipidaemias	Mostly GI side effects	Contraindicated In complete biliary obstruction Has strict rules on taking (interactions with absorption of many medications)

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Lactulose	Osmotic laxative. Reduces intestinal production and absorption of ammonia	Treatment and prophylaxis of hepatic encephalopathy	10-40ml up to QDS generally	General GI side effects and electrolyte imbalance	
N-Acetylcystine	Binds to toxic metabolites and scavenges free radicals. Precursor for glutathione	Paracetamol overdose	SNAP regime used by NUTH trust – generally 100mg/kg over 2hours then 200mg/kg over 10 hours.	Acidosis. Arrhythmias. Skin reactions. Multiple others as per BNF	Patients may require multiple 10hr infusions based on biochemical and clinical parameters
Rifaximin	Poorly absorbed bactericidal rifamycin derivative which stops growth of bacteria within the GI tract	Treatment and prophylaxis of hepatic encephalopathy	550mg BD	Mostly GI side effects plus headaches/muscle aches	
Spironolactone	Competitive binding at aldosterone dependent Na/K+ exchange in distal convoluted renal tubule	Oedema and ascites in cirrhosis. Nephrotic syndrome. Oedema. Hypertension. HF	25-200mg daily. Doses higher generally in cirrhotic patients. Hypertension/HF doses usually lower. Titrated upwards	Hyperkalaemia. Gynaecomastia. Multiple others as per BNF	Effect of higher doses on renal function may take at least 3 days to manifest Contraindicated in Addison's
Taurolock™	Prevents formation of bacterial films on indwelling lines and improves patency	Long term lines (PICC/Hickman/Midline)	Generally 2ml per lumen daily IV line lock		

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Terlipressin	Vasopressin agonist. Increases systemic vascular resistance, particularly in the splanchnic area, resulting in a decrease of portal pressure	Suspected UGIB secondary to varices	2mg QDS or 4 hourly – reduced to 1mg if required. <u>Maximum duration 48hrs</u>	Hypotension. Arrhythmias. Visceral ischaemia. Pain. <u>Peripheral ischaemia</u>	
Urokinase	Activates plasminogen to form plasmin – breaks up thrombi	Line clot dissolving. Also used for thrombolysis	Dissolve in 0.9% NaCl to concentration of 5000units/ml. Instill into occluded catheter only. Leave for 20-60 minutes then aspirate		
Ursodeoxycholic acid	Protection of injured cholangiocytes. Stimulation of impaired biliary secretion. Stimulation of detoxification of hydrophobic bile acids	Dissolution of gallstones Primary biliary cirrhosis	8-12mg/kg OD for up to 2 years. Dose taken at bedtime 12-16mg/kg in 3 divided doses for 3 months, then 12-16mg/kg once daily (usually bedtime)	Diarrhoea. Change to faeces colour	Contraindications include– acute cholecystitis. Known biliary colic. Radio-opaque stones
Vitamin K	Fat soluble vitamin. Co-factor of enzyme X-Carboxylase which modifies and activates precursors to coagulation factors II, VII, IX and X	Rapid reversal of warfarin Treatment of prolonged PT in liver disease	Based on INR/bleeding – see trust guidelines 10mg IV OD for 3 days	Generally well tolerated	

