

Liver Cirrhosis

Patient Information and Toolkit



Credit: Sebastian Kaulitzki (Getty Images)

Division of Gastroenterology and Hepatology
Division of General Internal Medicine



**The Ottawa
Hospital** | **L'Hôpital
d'Ottawa**

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Guidé par la compassion.**

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Disclaimer

This document is for information purposes only. It is not intended to replace the care of your doctor(s) or other medical professionals. Speak with your care provider if you have any questions or concerns about your health and treatment options.

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Canadian Liver Foundation
Fondation canadienne du foie

*Bringing liver research to life
Donner vie à la recherche sur le foie*

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Your Care Team

As your healthcare team, we take great pride in doing our best to make sure you stay in the best possible health. But, we cannot do this alone!

You can help us make a big difference in your own health by eating right, taking your medications properly, and seeing your liver specialist regularly. In other words, you can **take control of your own disease management**.

We hope that this toolkit will give you the information and tools you need to make decisions about your health, avoid trips to the emergency room, avoid hospital stays, and improve your quality of life.

My liver team

Name	Address	Telephone #
<i>Hepatologist (liver specialist)</i>		
<i>Liver nurse</i>		

To make an appointment, call:

Name: _____

Telephone: _____



At any time if you feel very unwell, you should go to your nearest emergency department

My family doctor

Name	Address	Telephone #

My other specialists

Name & Specialty	Address	Telephone #
<i>(E.g. cardiologist)</i>		



General Information

What is the liver and what does it do?

- Largest organ in the body, located in the top right corner of the belly (below the lungs, under the ribcage)
- An essential organ that your body cannot live without
- Filters the blood and removes toxins
- Processes a lot of medications
- Helps the body digest and store nutrients, vitamins and minerals
- Helps with blood clotting

What is liver cirrhosis?

- Advanced damage to the liver which is often irreversible
 - With repeated injuries, healthy liver tissue is replaced by scar tissue causing the liver to shrink and become hard
- Can cause different complications that affect the body in many ways (read more in “Complications of Cirrhosis”)
 - Not everyone develops these complications
- In some cases, it can progress to complete liver failure and death

Can the liver regenerate?

- Yes, the liver is a unique organ, the only one that has the ability to regenerate (make its own new healthy tissue) but only under certain circumstances
 - It can regenerate after a small injury such as surgical removal of a part of the liver, or exposure to toxins that harm the liver
 - If there is repeated injury to the liver like ongoing use of alcohol, inflammation or infection from various diseases, or too much scar tissue in the liver; it will lose the ability to heal

What are some common causes of cirrhosis in Canada?

- Chronic viral infections (e.g. hepatitis B and C)
- Fatty liver
- Toxins (e.g. alcohol)
- Heart failure or blood vessel disorders
- Other rarer disorders
 - Immune system disorders (autoimmune hepatitis)
 - Bile duct disorders such as primary biliary cholangitis (PBC), or primary sclerosing cholangitis (PSC)
 - Genetic disorders such as hemochromatosis or Wilson’s disease

How is cirrhosis diagnosed?

- Symptoms or physical exam findings of liver disease on examination by your doctor
- Abnormal blood tests that show the liver is not working well
- Imaging of the liver (ultrasound, FibroScan, Computed Tomography or CT scan, Magnetic Resonance Imaging or MRI) showing liver scarring
- Liver biopsy

What are some symptoms of cirrhosis?

There can be little to no symptoms in the early stages of cirrhosis; over time, as the liver becomes more scarred, you can experience:

- Loss of appetite, nausea and vomiting, weight loss
- Weakness and muscle loss
- Yellow discoloration of the skin or whites of the eyes (**jaundice**)
- Itching all over
- Bleeding or bruising easily
- Fluid buildup in the lower legs (edema) and belly (ascites)
- Confusion or other changes in alertness, potentially leading to coma

How common is liver disease?

- Up to 1 in 4 Canadians of all ages are currently affected by a form of liver disease
- Each year, thousands of Canadians die from liver disease
- There are over 100 different types of known liver diseases

THINGS TO REMEMBER if you have cirrhosis

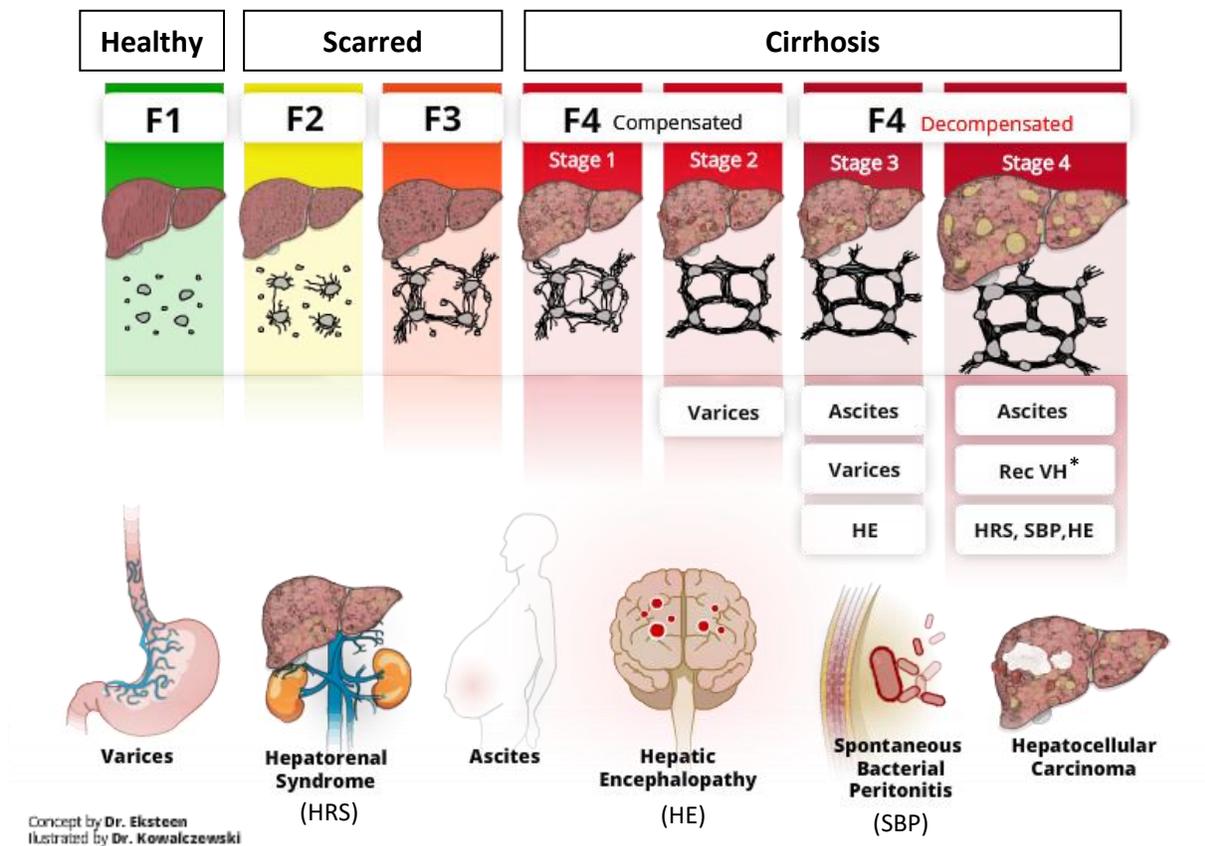
1. Do not drink any alcohol
2. Eat a low salt diet (less than 2000 mg of sodium per day)
3. Go to the emergency room if you have black stools, throw up blood, or if you or someone else find you very confused
4. See your liver specialist regularly to review if you have complications of cirrhosis
5. Be careful with pain medications and talk to your prescribing doctors
 - a. Low doses of acetaminophen (Tylenol[®]) maximum 2000 mg per day, may be safer than anti-inflammatories like acetylsalicylic acid (ASA or Aspirin[®]), ibuprofen (Advil[®]/Motrin[®]), or naproxen (Aleve[®])
 - b. Check ingredients of cough/cold medications and other pain relievers to see if they contain acetaminophen or ibuprofen. If you need help, ask the pharmacist.
 - c. Try to avoid narcotics (morphine, hydromorphone (Dilaudid[®]), codeine, etc.)
6. If you need a surgical procedure, talk to your liver specialist first

Complications of Cirrhosis

As the scarring of your liver gets worse, you can develop any of the complications described below. It is important to note that not everyone will develop all complications of cirrhosis, or in the same order. It is difficult to predict what will happen.

The best way to prevent complications is to avoid alcohol and treat the cause of your cirrhosis.

This image shows an example of how the complications of cirrhosis can progress. See the description of each complication in the next pages to find out more.



*Rec VH: recurrent variceal hemorrhage (variceal bleeding)

Ascites (a-sigh-tees)

A normal liver is able to filter a large amount of blood. A liver with cirrhosis is stiffer and has trouble filtering blood properly, which builds up pressure. The extra pressure causes fluid to build up inside your belly, in the space around your liver, stomach, intestine and other organs. This fluid in the belly is called **ascites**. It can cause your belly to stretch out like a balloon filled with water, and cause your legs to get swollen too.

Large amounts of fluid can be painful and cause you to have low appetite, nausea or constipation. It can also make your breathing more difficult, especially when you lie down. Ascites can be controlled by keeping a low salt diet and by using medications prescribed by your doctor to pee out extra water. These are called diuretics, or water pills, like Spironolactone and Lasix® (furosemide). If the ascites is severe, a small needle can be used to drain the fluid out from the belly (paracentesis, or tap).

Spontaneous bacterial peritonitis (perry-toe-ny-tus)

Bacteria are part of the normal digestive tract. Cirrhosis can cause bacteria to leak out of the intestines and infect the fluid in your belly (ascites). This is called spontaneous bacterial peritonitis, or SBP for short. SBP can be silent (no symptoms) or may cause you to develop a fever, nausea, vomiting, decreased appetite, belly pain, and/or confusion. It can be life threatening if not treated.

If you suspect you have this infection, seek medical attention right away. Your doctor(s) can confirm if there is an infection by using a small needle to take a sample of the fluid in your belly (diagnostic paracentesis). SBP can be treated with antibiotics. If you have had this infection, you will be asked to take antibiotics as long as you have fluid in your belly (ascites) to prevent infection from coming back.

Varices (vah-ree-seas)

The same pressure buildup that causes ascites can also lead to stretching out of blood vessels in other places, like the lining of your esophagus (the tube that connects the mouth to the stomach) and/or stomach.

The stretched blood vessels (varices) do not cause any pain, or problems with swallowing or digestion. They can threaten your life if they start to bleed (see below). The only way to find out if you have varices is to look with a camera scope (see “endoscopy”). It is important to take regular looks because varices can develop over time, even if you did not previously have them.

If you have varices, tell your doctor if you are planning to fly anywhere.

Variceal (vah-ree-sea-all) bleeding

When too much pressure builds up in varices, they can burst and cause you to lose a lot of blood very quickly – this is life threatening if not treated immediately. If this happens, you might vomit large amounts of blood, have dark mushy poops (like tar) called **melena**, feel weak and dizzy, or any combination of those things. When the gut breaks down blood in people with cirrhosis, it can cause confusion. New or worsening confusion can be a sign of slow bleeding and should be investigated by your doctor.

If you vomit blood, or have black and tarry stool, **go to the emergency room right away**. These are signs that varices may have begun to bleed and can cause death if not treated immediately.

Bleeding of varices can be prevented in a few ways. It is important to regularly look for varices with **endoscopy**, and tie them off with **banding**, or **variceal ligation** (refer to page 14) to make them disappear. If the varices are small, taking a medication (beta blocker, e.g. nadolol) helps decrease the pressure in the varices and can help prevent bleeding. There is also a special procedure called **TIPS** (refer to page 14) that can help get rid of varices.

Hepatic (heh-pah-tik) encephalopathy (en-sef-ah-lop-ah-thee)

The liver is responsible for getting rid of toxins in the body, such as ammonia. When the liver is working poorly, these toxins can build up in the blood stream and affect the brain causing confusion. The degree of confusion varies and it can present itself in different ways. It is important to recognize the symptoms of confusion to treat it before it becomes severe as it can lead to coma and death.

Symptoms of hepatic encephalopathy include:

- Difficulty thinking clearly (“fogginess”)
- Forgetfulness
- Personality or mood changes
- Bizarre behaviour
- Shortened attention span
- Drowsiness during the day
- Trouble sleeping at night
- Slurred speech
- Poor judgment
- Anxiety
- Slow reaction time
- Worsening of fine motor movements, e.g. handwriting

People with cirrhosis and hepatic encephalopathy can have a hard time doing their usual day to day tasks (working, driving, sleeping). It is helpful for your family members to know and recognize these symptoms if you develop them. They may need to help look after you if you are becoming more confused. You may need help with more complex things like paying bills, etc.

You MUST NOT DRIVE if you have any symptoms of hepatic encephalopathy.

If you or any of your friends and family **think you have symptoms of hepatic encephalopathy, you should see a health care provider right away**. If left untreated, the confusion can worsen, you can become very drowsy and unable to eat or drink, or become unconscious (coma).

Recognize the things that can make hepatic encephalopathy worse:

- Drinking alcohol
- Medications – avoid *sleeping pills* or other sedatives, like *benzodiazepines* (e.g. Ativan)
- Having an infection anywhere in the body
- Constipation – you should aim to have 2-3 bowel movements every day
- Being dehydrated
- Bleeding inside your digestive tract – this is why regular exams for **varices** are important
- Problems with other organs in your body
- Surgeries

Read more in the next section to see how hepatic encephalopathy can be treated.

Hepatorenal (heh-pah-toh-ree-nal) syndrome

“Hepato” means liver, and “renal” means kidney. Hepatorenal syndrome (HRS) is what happens when the balance between the liver and kidneys gets out of sorts – the kidneys do not receive enough blood to filter from the liver, and they begin to shut down. If this is not caught early, it can result in complete kidney failure and/or death. HRS can be triggered by many things, but the most common are infections and being dehydrated.

There can be very few symptoms of HRS. You should watch for a sudden decrease in the amount of pee you make each day, nausea, drowsiness and confusion. If you have these symptoms or are worried, you should seek medical attention right away.

Hepatocellular (heh-pah-toh-sell-u-lar) carcinoma (car-see-no-mah)

Hepatocellular carcinoma (HCC) is a type of liver cancer. It can happen when sick liver cells start to multiply abnormally. The risk is about 1 in 100 per year. Because anyone with cirrhosis is at risk of HCC at any point in their disease, it is important to get screened regularly. There may be no signs of this cancer until it grows very large and causes pain. Your liver specialist will talk to you about screening which involves taking images of your liver every 6 months to look for early signs of cancer.

HCC screening

You should have imaging of your liver every 6 months to look for early signs of HCC. Typically, this is done with an ultrasound, but there may be reasons your doctor chooses CT or MRI. Remember, it is easier to cure a small cancer – regular screening is very important.

Treatment of Cirrhosis

Cirrhosis is a permanent disease, meaning it cannot be reversed. Some people can live well with cirrhosis and not develop any complications for many years, possibly forever, while others can get very sick very quickly. Work together with your healthcare providers to continue feeling well!

The best way to preserve the liver and prevent complications is to treat the cause of cirrhosis. Here are a few examples:

- If your cirrhosis is caused by drinking too much alcohol, it is *crucial* that you stop drinking. **Staying away from alcohol is recommended for anyone who has cirrhosis.**
- If the cause of your cirrhosis is fatty liver, following a healthy diet, exercising regularly and losing weight can prevent worsening of the disease
- If the cause is a chronic virus like hepatitis C or B, medication treatment is required to decrease liver injury

Your overall life habits may have to change a bit when you have cirrhosis, specifically when it comes to your diet and taking medications. Read on to find out more.

Diet

Salt

Eating foods low in salt is key if you have ascites, because salt causes you to retain water and build up extra fluid in your body. Eating a low salt diet is encouraged even if you do not have ascites, to prevent you from developing this complication. **We recommend that the total amount of sodium you eat in a day is under 2000 mg** (about 1 teaspoon). Salt hides in a lot of common things we eat, for example soups, chips, bottled sauces, ketchup, pickles, canned foods, frozen meals, tomato juice, cheese, deli meats, and many more. Read those labels to see the sodium content per serving!

You could try replacing the salt you add to your food by using “Mrs. Dash” or other salt-free spices. Be aware that sea salt has just as much sodium as regular salt.

It is important to understand that having a low salt (sodium) level in your blood does not mean that you should eat more salt! Low salt in your blood means you have too much water in the body.

Regular chicken with noodles soup

Nutrition Facts	
1 serving per container	
Serving size	8 oz
Amount per serving	
Calories	60
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 0.5g	3%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 890mg	37%
Total Carbohydrate 8g	3%
Dietary Fiber 1g	4%
Total Sugars 1g	
Protein 3g	
Vitamin A	4%
Vitamin C	0%
Calcium	0%
Iron	2%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Fluid

Ask your liver specialist if you should be limiting the amount of fluid you drink. This is not necessary for most people, unless your blood sodium level is very low.

Nutrition

It is a good idea to consider talking with a dietitian to find a balance of foods that will help you maintain a healthy weight. Some people with cirrhosis have muscle loss. Your doctor may recommend that you snack frequently, especially before bed.

Medications

Specific medications can be used to treat the complications of cirrhosis. These are on top of medications you may be taking for the cause of your cirrhosis, or for other health conditions.

Tell your liver specialist if you start or stop any of these medications.

Reason for using the medication	Types of medications and how they work <i>(these are just examples; your doctor may choose other meds with similar effects)</i>
Ascites	<p>Aldactone[®] (Spironolactone)</p> <ul style="list-style-type: none">• Diuretic (water pill) that helps get rid of extra fluid <p>Lasix[®] (Furosemide)</p> <ul style="list-style-type: none">• Diuretic (water pill) that helps get rid of extra fluid <p>Keeping track of your own weight can help your doctor adjust the doses of these medications. See the weight tracker on page 16.</p> <p>Do not take these medications if you are ill and not eating or drinking well. They can cause you to become dehydrated and harm your kidneys.</p>
Spontaneous bacterial peritonitis	<p>Norfloxacin (or certain other antibiotics)</p> <ul style="list-style-type: none">• Antibiotics will be used to treat the infection in the ascites if one is found• Once you develop this infection, you should remain on antibiotics as long as you have ascites – maybe even the rest of your life – to prevent another infection from happening
Varices	<p>Nadolol (or certain other Beta blockers)</p> <ul style="list-style-type: none">• Beta blocker: helps decrease the pressure in the liver, make existing varices smaller and prevent new ones from forming• <i>NOTE: it may also lower your heart rate and/or blood pressure</i>

Hepatic encephalopathy	<p>Lactulose</p> <ul style="list-style-type: none"> • Sweet syrup that helps clear toxins in your gut • Important to adjust the amount you take to make sure you have 2-3 bowel movements every day • It is <u>meant</u> to give you loose stools; a bit of cramping and gas is normal too. Do not stop taking Lactulose without talking with your care provider <p>Rifaximin</p> <ul style="list-style-type: none"> • Antibiotic pill that controls the growth of bacteria in the intestine to prevent too much toxin (ammonia) from being produced • It is usually started when Lactulose alone is not enough to control symptoms of hepatic encephalopathy
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--- Medications to AVOID ---

There are certain types of medications that can cause more harm than good when you have cirrhosis. Pay close attention to your prescriptions and things you buy over the counter. If you have any doubts, talk with your doctor(s) or pharmacist.

1. **NSAIDs** (Non-steroidal anti-inflammatory drugs): they can hurt your kidneys
 → Over the counter: Ibuprofen (Advil[®], Motrin[®]), Naproxen (Aleve[®])
 → Prescribed: celecoxib (Celebrex[®]), diclofenac (Voltaren[®]), etc.
2. **Sleeping pills, sedatives, and narcotics** (opioid pain medications): they can bring about symptoms of hepatic encephalopathy
 → E.g. lorazepam (Ativan[®]), zopiclone (Imovane[®]), trazadone, hydromorphone (Dilaudid[®]), tramadol, morphine, codeine
3. Caution with **acetaminophen**: you can safely take up to 2000 mg per day (4 extra strength (500mg) or 6 regular strength (325mg)) from all sources, but more than that can worsen your liver damage. Check the labels of other pain relievers and cough/cold products to see if they also contain acetaminophen.
 → E.g. **Tylenol[®]**, Tylenol 3[®] with codeine, Tramacet[®], some sinus/cold medicines
4. Caution with **herbal remedies** and **dietary supplements**: check with your doctor before taking any, they can cause more damage to your liver

Specific procedures

Paracentesis

This is sometimes also called a “tap”. A small needle is used to freeze the skin then draw fluid (ascites) out of your belly. This can be done for one of two reasons: either to sample the fluid to see the cause and make sure it is not infected, or to remove a larger amount to decrease the pressure and make you feel more comfortable.

Endoscopy – banding of varices

When your cirrhosis is first diagnosed, your doctor may arrange for an endoscopy to look for varices in the esophagus or stomach. This is a camera at the end of a tube that goes in through your mouth to look down towards the stomach; it is sometimes called “upper scope”, gastroscopy, or “EGD” for short.

If varices are seen, they can be treated in different ways depending on their size; larger varices have a higher risk of bleeding and this can threaten your life. Varices can be tied off with a type of elastic (banding) to cut off blood supply and make them disappear. They can also be injected with special glue to seal them off and prevent them from growing back.

It is important to be checked regularly for varices, because they can appear at any point during your disease.

TIPS

This stands for “transjugular intrahepatic portosystemic shunt”. It is a little tunnel that is inserted through a vein in your neck down into your liver. It moves the extra blood flow away from your liver to decrease the pressure buildup, and can help treat ascites and varices. This procedure is usually offered if other less invasive treatment options have not worked.

Not everyone is a good candidate for TIPS. Some people are at higher risk of complications like hepatic encephalopathy, and this is one of the common reasons your doctor may not recommend TIPS for you.

Vaccinations

Hepatitis A and B

To protect your liver from extra injury, your doctor should check if you are immune (already have protection) to hepatitis A and B viruses. If not, you should receive these vaccinations.

Influenza

The yearly flu shot is also recommended. If you receive this, it is important that you get the injection (inactivated vaccine), not the nasal spray (live vaccine).

Liver Transplant

Getting a new liver

If you have a lot of complications of cirrhosis that are difficult to control with medications and procedures, your liver specialist may talk to you about a liver transplantation. *Not everyone is a good candidate for this.* Your doctor will start by calculating a score called “MELD” which helps them figure out how sick your liver is; new livers are typically given to those with the sickest livers. If you are found to have a very sick liver, your doctor will then assess to see if you are a possible candidate for transplant.

If you meet the referral criteria, *your liver specialist will help put you in touch with hospitals that do liver transplants in the area.* There is a process involving many tests (bloodwork, imaging) and often a long wait time if you are found to be in need of a liver transplant. Getting a liver transplant can add years to your life, but it involves taking medications to prevent your body from rejecting the new organ, and a lot of doctor appointments to make sure the new liver continues to work well. Talk with your care provider if you have questions about liver transplant.

There is a long list of reasons why people cannot receive organ transplants in Canada. You can find these reasons and more information about liver transplant on the provincial transplant program websites below:

Location	Resource	Notes
Alberta	Southern Alberta Organ and Tissue Donation Program 	www.myhealth.alberta.ca
British Columbia	BC Transplant Program 	www.transplant.bc.ca
Manitoba	Gift of Life Program 	www.transplantmanitoba.ca

<p>Newfoundland and Labrador</p>	<p>Organ Procurement and Exchange of Newfoundland and Labrador</p> 	<p>www.motpatlantic.ca www.easterhealth.ca</p>
<p>New Brunswick</p>	<p>New Brunswick Organ and Tissue Procurement Program</p> 	<p>www.motpatlantic.ca www.en.horizonnb.ca</p>
<p>Nova Scotia</p>	<p>Multi-Organ Transplant Program</p> 	<p>www.motpatlantic.ca</p>
<p>Ontario</p>	<p>Trillium Gift of Life Network</p> 	<p>www.giftoflife.on.ca</p>
<p>Prince Edward Island</p>	<p>Multi-Organ Transplant Program of Atlantic Canada (MOTP)</p> 	<p>www.motpatlantic.ca</p>

<p>Québec</p>	<p>Transplant Québec</p> 	<p>www.transplantquebec.ca</p>
<p>Saskatchewan</p>	<p>Saskatchewan Transplant Program</p> 	<p>www.saskhealthauthority.ca/Services-Locations/organ-tissue-donation</p>

Encephalopathy Symptom Tracker

- You and your caregivers at home can **use this symptom tracker once a week** to help recognize mental and physical symptoms of hepatic encephalopathy
 - Place an “x” in the box if you notice any of the symptoms listed
- If you notice new or worsening symptoms, call your doctor for an urgent appointment or go to the emergency room
- Please **bring this record to every doctor’s appointment.**

		Week 1 Date __/__/__	Week 2 Date __/__/__	Week 3 Date __/__/__	Week 4 Date __/__/__	Week 5 Date __/__/__
Mental Symptoms	Confusion					
	Forgetfulness					
	Poor judgement					
	Extra nervousness or excitement					
	Not knowing where you are					
	Unusual behaviour					
	Severe personality changes					
Physical Symptoms	Breath with a musty or sweet smell					
	Change in sleep patterns					
	Worsening of handwriting					
	Loss of small hand movements					
	Shaking/flapping of hands or arms					
	Slurred speech					
	Slowed/sluggish movement					

Resources for Alcohol and Substance Use

Government of Canada - Provincial Resources

Location	Resource	Notes
Canada	<u>Kids Help Phone</u> 1-800-668-6868	<ul style="list-style-type: none"> • For youth • 24 hours • Chat service
Alberta	<u>Addiction Helpline</u> 1-866-332-2322	<ul style="list-style-type: none"> • 24 hours • Service available in other languages
Alberta	<u>Health Link</u> 8-1-1	<ul style="list-style-type: none"> • 24 hours • Service available in other languages
Alberta	<u>Mental Health Help Line</u> 1-877-303-2642	<ul style="list-style-type: none"> • 24 hours • Service available in other languages
British Columbia	<u>Alcohol and Drug Information Referral Service</u> 604-660-9382 1-800-663-1441	<ul style="list-style-type: none"> • 24 hours • Service available in other languages
British Columbia	<u>HealthLink BC</u> 8-1-1	<ul style="list-style-type: none"> • 24 hours • Service available in other languages
British Columbia	<u>310Mental Health Support</u> 310-6789 (no need to dial area code)	<ul style="list-style-type: none"> • 24 hours • Service available in other languages
Manitoba	<u>Addictions Helpline</u> (8:30am – 4:30pm, Monday – Friday) 1-855-662-6605	<ul style="list-style-type: none"> • no data

Manitoba	<u>Klinik Crisis Line</u> 204-786-8686 1-888-322-3019	<ul style="list-style-type: none"> • 24 hours
Manitoba	<u>Youth Addictions Centralized Intake Services</u> 1-877-710-3999	<ul style="list-style-type: none"> • For youth
New Brunswick	<u>Chimo Helpline</u> 1-800-667-5005	<ul style="list-style-type: none"> • 24 hours
New Brunswick	<u>Tele-Care</u> 8-1-1	<ul style="list-style-type: none"> • 24 hours
Newfoundland and Labrador	<u>HealthLine</u> 8-1-1	<ul style="list-style-type: none"> • 24 hours
Newfoundland and Labrador	<u>Mental Health Crisis Line</u> 1-888-737-4668	<ul style="list-style-type: none"> • 24 hours
Nova Scotia	<u>Addiction Services</u> 902-424-8866 1-866-340-6700	<ul style="list-style-type: none"> • Health card required
Nova Scotia	<u>Mental Health Crisis Line</u> 1-888-429-8167	<ul style="list-style-type: none"> • 24 hours
Nunavut	<u>Kamatsiaqtut Help Line</u> 867-979-3333 1-800-265-3333	<ul style="list-style-type: none"> • 24 hours • Service available in other languages
Ontario	<u>Addiction, Mental Health, and Problem Gambling Services (ConnexOntario)</u> 1-866-531-2600	<ul style="list-style-type: none"> • 24 hours • Chat service
Ontario	Distress and Crisis Ontario Most centres are open 24 hours <u>Call a distress centre in your area</u>	<ul style="list-style-type: none"> • Chat service • Text service
Ontario	<u>Good2Talk</u> 1-866-925-5454	<ul style="list-style-type: none"> • 24 hours • For post-secondary students between the ages of 17-25

Prince Edward Island	<u>Addiction Services</u> 1-888-299-8399	<ul style="list-style-type: none"> • no data
Quebec	<u>Drugs: Help and Referrals</u> 514-527-2626 (Montreal area) 1-800-265-2626 (Everywhere in Quebec)	<ul style="list-style-type: none"> • 24 hours
Quebec	<u>Info-Social 811</u> 8-1-1	<ul style="list-style-type: none"> • 24 hours
Quebec	<u>Tel-jeunes</u> (website in French only) 1-800-263-2266 Text messaging (8:00 a.m. - 10:30 p.m.): 514-600-1002	<ul style="list-style-type: none"> • For youth • 24 hours • Text service
Quebec	<u>LigneParents</u> (website in French only) 1-800-361-5085	<ul style="list-style-type: none"> • For parents • 24 hours
Saskatchewan	<u>HealthLine</u> 8-1-1	<ul style="list-style-type: none"> • 24 hours • Service available in other languages
Yukon	<u>Mental Wellness and Substance Use Services</u> (8:00 a.m. – 4:30 p.m., Monday to Friday) 867-456-3838 1-866-456-3838	<ul style="list-style-type: none"> • no data
Yukon	<u>Withdrawal Management (Detox)</u> 867-667-8473	<ul style="list-style-type: none"> • 24 hours

Additional Supports

Canadian Liver Foundation (www.liver.ca)



Canadian Liver Foundation
Fondation canadienne du foie

*Bringing liver research to life
Donner vie à la recherche sur le foie*

The Peer Support Network

This is a national network of people living with liver disease that have offered to share their experiences with others. It was developed by the Canadian Liver Foundation as a means to link Canadians like you who have a family member who has liver disease, who care for someone who suffers from liver disease, or who have been diagnosed with a liver disease, to talk about your concerns with a peer in a similar situation.

If you would like to be connected with a peer supporter in your area, or would like to join the peer support network, please call the National Help Line at 1 (800) 563-5483, or send an email to clf@liver.ca.

National Help Line

This support resource gives you and your loved one somewhere to turn for answers after diagnosis, helps you understand your disease, and provides you with the resources you need. You can call 1 (800) 563-5483 Monday to Friday from 9 AM to 5 PM EST.