



Autoimmune hepatitis

When the immune system attacks the liver

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In autoimmune hepatitis, the immune system attacks the liver. Most people respond well to treatment, but treatment usually continues for years and often long term. Taking medicines regularly and keeping follow-up appointments protect the liver.

What is it?

In autoimmune hepatitis, the immune system mistakenly attacks liver cells and causes inflammation. Without treatment, this can lead to scarring (cirrhosis). The cause is not fully known; a genetic tendency and triggers such as infections or some medicines are thought to play a part. It can start at any age and in either sex, but is more common in women. It is not contagious and is not caused by alcohol or diet. It may occur with other autoimmune conditions, such as thyroid disease, type 1 diabetes or coeliac disease.

Symptoms

- None at all, with the condition found on routine blood tests
- Tiredness, joint aches or discomfort in the upper abdomen
- Yellow eyes or skin, dark urine or pale stools
- Sometimes a sudden, severe illness resembling acute hepatitis
- In some people, signs of cirrhosis are already present at diagnosis

Diagnosis

- Raised liver enzymes (ALT and AST)
- A raised level of the antibody protein IgG in the blood
- Specific autoantibodies in the blood
- Tests to exclude other causes, such as viral hepatitis, medicines, alcohol and fatty liver

- A liver biopsy, which is usually needed to confirm the diagnosis and assess scarring

Treatment

The aim is complete remission: normal liver enzymes and a normal IgG level, which protects the liver from further scarring.

- Treatment starts with a steroid: prednisolone or, in suitable people without cirrhosis, budesonide, which has fewer side effects
- Azathioprine is added after the first weeks, once the liver tests begin to improve. An enzyme blood test (TPMT) may be checked first, and blood counts are monitored regularly
- The steroid dose is then reduced gradually, to a low dose or to stopping
- Mycophenolate is an alternative to azathioprine. The latest European guidelines (2025) accept it as a first-choice option, as it worked at least as well with fewer side effects in a recent trial; it is also used if azathioprine is not tolerated or not effective. Your liver team will choose the medicine that suits you

Long-term treatment

Maintenance treatment usually continues for at least two to three years and often longer. Stopping is considered only after a long period of complete remission, sometimes after a repeat liver biopsy, and with close monitoring afterwards. Relapse after stopping is common, and many people need low-dose treatment for life. Never stop your medicines on your own.

Protecting your health

- Bones: calcium, vitamin D and regular weight-bearing activity. A bone density scan is advised if you take steroids, and a bone-protecting medicine may be added
- Vaccinations: hepatitis A and B, influenza, pneumococcal, COVID-19 and shingles (the non-live vaccine), ideally before or early in treatment
- Avoid live vaccines while on immune-suppressing medicines unless your team approves them
- Use sun protection and report new or changing skin spots, as azathioprine increases the risk of some skin cancers
- Avoid alcohol completely, and avoid herbal remedies

- Report fever or infections early

Pregnancy

Successful pregnancy is possible for many women when the disease is well controlled. Plan pregnancy with your team, ideally after a stable period of remission. Azathioprine and prednisolone are usually continued during pregnancy. Mycophenolate can harm an unborn baby: use effective contraception while taking it, and it must be stopped at least six weeks before trying to conceive. Men taking mycophenolate should also discuss contraception with their team. Flares are more likely in the months after delivery, so monitoring is closer then.

Get urgent medical care if you have

- Yellow eyes or skin, or dark urine
- Confusion or unusual sleepiness
- Vomiting blood or passing black stools
- Fever or signs of a serious infection while taking immune-suppressing medicines
- Sore throat, mouth ulcers, unexplained bruising or bleeding, or severe upper abdominal pain while taking azathioprine
- Swelling of the abdomen

Common questions

Is it inherited?

Not directly. A genetic tendency may play a part, but relatives are rarely affected and do not need routine testing.

Will I need a liver transplant?

Most people respond to treatment and never need one. Transplant is considered for very severe sudden illness or advanced cirrhosis.

Will the steroids make me gain weight?

Weight gain and increased appetite are common at higher doses. They usually improve as the dose is reduced. Budesonide, when suitable, has fewer of these effects.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

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