



## Chronic liver disease and driving

In cases of chronic liver disease or end-stage cirrhosis, it is **important to talk to your doctor about the status** of your disease, symptoms associated with your current state, and **the impacts of treatments on driving**. The degeneration of the disease and decline in physical capabilities will **at some point bring the doctor to recommend that you stop driving**.

### Key points

Mild to moderate **hepatocellular failure can develop temporarily and be cured**: fatty liver during pregnancy, acute viral hepatitis, liver stasis, drug-induced hepatitis, etc.

If impaired **liver function develops chronically and becomes irreversible**, as in the **case of cirrhosis**, you must consider that your symptoms could interfere with your driving and are essential for your diagnosis:

1

### Latent or compensated hepatic cirrhosis

Occurs without symptoms or with nonspecific manifestations of dyspepsia, flatulence, right upper quadrant pain, anorexia, and muscle weakness.

2

### Decompensated hepatic cirrhosis

Manifests with complications like jaundice, ascites, hepatic encephalopathy, gastrointestinal bleeding, etc.

## Three road safety tips for chronic liver disease, cirrhosis, and ascites.



### A patient with mild to moderate liver failure

Can drive if presenting with dyspepsia only.



### A patient cannot drive

Or perform many everyday tasks if he or she suffers from neurological disorders, loss of attention, and drowsiness caused by chronic and progressive conditions.



### After a transplant

Many patients can start driving again once their doctor gives them permission to do so.