



# Psychiatric Illness and the Need for Liver Fibrosis Monitoring

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## DESCRIPTION

Liver fibrosis is the result of sustained hepatic injury leading to excessive deposition of extracellular matrix proteins, particularly collagen. If left unchecked, this process can advance to cirrhosis, portal hypertension and eventually liver failure. Early detection and monitoring are key to slowing progression and improving outcomes.

Patients with psychiatric diseases present unique challenges in the evaluation and management of liver health. Many are exposed to long-term pharmacotherapy, lifestyle factors such as sedentary behavior and poor diet, as well as higher rates of smoking, alcohol consumption and metabolic abnormalities. These aspects elevate the need for periodic liver assessment, particularly fibrosis evaluation, to guide clinical decisions and reduce complications.

## Psychiatric disorders and liver health

Psychiatric disorders encompass a range of conditions including major depressive disorder, bipolar disorder, schizophrenia, anxiety disorders and others. Individuals diagnosed with these disorders often encounter socioeconomic challenges, limited access to preventive care and inconsistent adherence to health recommendations. These factors can compound the risks associated with liver disease.

Moreover, the use of multiple medications (polypharmacy) is common in psychiatric populations. Some agents, particularly mood stabilizers and antipsychotics, are metabolized in the liver and may induce hepatocellular stress. In addition, behavioral aspects such as poor dietary habits and limited physical activity contribute to obesity and insulin resistance, which are known risk factors for hepatic steatosis and fibrosis.

## Substance use and liver injury

Substance use disorders are frequently comorbid with psychiatric illness. Chronic alcohol consumption is one of the most established causes of liver fibrosis, particularly in patients with

alcohol use disorder. The dual diagnosis of psychiatric illness and alcohol dependence significantly increases the risk of liver damage.

Other substances, including opioids and stimulants, may contribute to indirect liver damage through viral infections such as hepatitis B and C, which are more common in people who inject drugs. In patients with psychiatric conditions, especially those with histories of institutionalization, homelessness, or incarceration, these risks are often heightened.

## Non-Alcoholic Fatty Liver Disease

Non-Alcoholic Fatty Liver Disease (NAFLD) is increasingly prevalent worldwide and has a strong association with metabolic syndrome. Psychiatric patients, particularly those taking second-generation antipsychotics such as olanzapine and clozapine, have a higher incidence of weight gain, hyperlipidemia and insulin resistance, all of which are associated with NAFLD and its progressive form, non-alcoholic steatohepatitis (NASH).

Studies have shown that individuals with schizophrenia and bipolar disorder are more likely to have elevated aminotransferases and hepatic fat accumulation. This increases their long-term risk for fibrosis and cirrhosis, often without obvious symptoms in early stages.

## Psychiatric populations

**Adherence and communication:** Individuals with severe psychiatric illness may have limited capacity to understand and follow through with medical evaluations. Collaboration with mental health providers is essential to ensure proper scheduling, informed consent and follow-up.

**Stigma and access:** People with mental health conditions may encounter stigma in healthcare settings, reducing their access to preventive liver assessments. Healthcare systems must actively work to eliminate such barriers and provide inclusive, non-discriminatory care.

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**Polypharmacy monitoring:** Regular review of medication regimens for potential hepatotoxicity is necessary. Adjustments should be made based on LFT trends and fibrosis assessments.

**Integrated care models:** Integrated care involving psychiatry, primary care and hepatology improves the efficiency of evaluation and ensures that liver health is not overlooked in the broader context of psychiatric management.

Liver fibrosis evaluation in patients with psychiatric diseases is an important yet often underaddressed aspect of care. The

presence of metabolic risk factors, substance use and long-term medication exposure creates a setting in which hepatic injury may progress silently. Non-invasive tools, combined with integrated care strategies, offer practical solutions for identifying and managing liver health in this population. Recognizing the intersection between mental and physical health is essential for improving long-term outcomes and providing comprehensive, patient-centered care.