Results, outcomes and papers and abstracts that have acknowledged the Lauren Page Trust. A brief summary of key findings.

In short, we have made some major advances in understanding what causes this disease and how to treat it!

- New method of measuring different components of bile acids
- A new test to determine who is going to get the disease
- Accurately define how all abnormal tests change in the disease, and how these tests relate to things going wrong
- We have been able to demonstrate how a common treatment of the disease affects the baby, by measuring these abnormal substances in the cord blood (the same as the babies without having to take blood from it!)
- Women with OC have abnormal fats/lipids in their blood

The grant has made a substantial contribution to the evaluation of samples collected from a large cohort of women with obstetric cholestasis (OC):

1. This work has established a new technique in measuring bile acids (a key component of the disease), and we have been able to develop a new and accurate way of determining the different components of bile acids. This is really important, so we can work out which parts are causing the damage, as there are “good” and “bad” bile acids – we even use some to treat the condition.
2. We have established that a new liver function test (alpha GST) will tell us early on in pregnancy who is going to get the disease. As the key way to help these women (and babies) is to monitor closely, and deliver before problems, this allows us to be able to concentrate on those women who really need our help, and prevents lots of unnecessary investigations in the many women who itch, who are common!
3. By measuring many substances in the blood we now know the exact levels to worry about in OC. This is important, as these levels are different in pregnancy. This has also allowed us to determine which tests are related to things going wrong – previously we had no idea whether the abnormal tests actually were related to harm to the baby and mother (though we suspected it). They are.
4. Women treated have normal levels of liver function in the their babies. This tells us that this treatment is probably benefitting the baby.
5. One of the very surprising and possibly very important finding that we discovered, was that women with OC have high levels of lipids. This occurs before the disease is seen, and is noted even after the pregnancy. Women with abnormal fat metabolism are more prone to getting OC, and those with OC should be on the look out for risk factors for heart disease and stroke, and advised to reduce these as possible.

Abstracts


Papers:


