BETTER AVOID.

Risks: Carbamazepine is extensively metabolised in the liver and may cause transient or persistent elevations in hepatic enzymes. Rarely, it can induce clinically significant hepatotoxicity, including cholestatic or hepatocellular injury, granulomatous hepatitis, hepatic failure, or drug reaction with eosinophilia and systemic symptoms (DRESS). In hepatic impairment, reduced metabolism may lead to drug and metabolite accumulation, increasing the risk of toxicity.

Risk monitoring: Monitor ALT, AST, ALP, GGT, and bilirubin regularly, especially during the initial months of treatment or if hepatic function deteriorates. Observe for jaundice, abdominal pain, rash, fever, or other signs of hepatic injury.

Dose adjustment: Begin with the lowest dose (100 mg/day) and increase cautiously. Monitor serum concentrations of carbamazepine and its active metabolite 10,11-epoxide to assess accumulation and toxicity.

Recommendation:

Better to avoid in patients with moderate to severe hepatic impairment. If progression occurs (for example, from Child–Pugh A to B), monitor closely and consider switching to an alternative agent. Discontinue immediately if hepatic injury or significant enzyme elevation is detected.