
2025 EASL Clinical Practice Guidelines – Autoimmune Hepatitis (AIH) Recommendations

Section	Recommendation	LoE	Strength
Subclassification	Subclassifying adult patients with AIH into subtypes by autoantibody profile cannot be recommended	3	Weak, Consensus
Variant Syndromes	Consider AIH and PSC/PBC variant if cholestatic features present	2	Strong, Strong Consensus
Childhood AIH	Consider sclerosing cholangitis in every childhood AIH case	2	Strong, Strong Consensus
Imaging	MR cholangiography for childhood AIH initial work-up, young adults with cholestasis or incomplete CBR; repeat if disease persists	3	Strong, Strong Consensus
PBC Autoantibodies	Test before other investigations in adults with cholestasis	2	Strong, Strong Consensus
Surveillance	Early recognition of complications recommended in all AIH patients	5	Strong, Strong Consensus
Cirrhosis Monitoring	Monitor portal hypertension and HCC as per dedicated guidelines	3	Strong
Diagnosis Criteria	Based on IgG elevation, autoantibodies, and liver histology	2	Strong, Strong Consensus
Treatment Goals	Complete biochemical, clinical, histological remission	2	Strong, Strong Consensus
First-line Treatment Adults	Predniso(lo)ne 0.5–1 mg/kg/day with azathioprine or MMF; taper per CBR	2-4	Strong, Consensus/ Strong Consensus
Long-term Immunosuppression	Lifelong therapy in most; monitor for flares	2-3	Strong, Strong/ Weak Consensus
Maintenance	Azathioprine or MMF ± low-dose corticosteroids; adapt to sustain CBR	2-5	Strong, Strong Consensus/ Weak
Flares & Relapses	Monitor aminotransferases, IgG; adjust therapy; re-biopsy if needed	1-2	Strong/Weak, Strong Consensus

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Pregnancy	Continue thiopurines ± corticosteroids; stop MMF 3 months preconception; multidisciplinary monitoring	2-3	Strong, Strong Consensus
Acute Severe AIH	Early corticosteroids; if no improvement, refer to LT centre; monitor for infections	2-3	Strong, Strong Consensus
Variant Syndromes	Treat predominant component; AIH/PBC: combine immunosuppression ± UDCA; AIH/PSC: immunosuppression ± UDCA	4	Strong/Weak, Strong Consensus
MASLD	Standard AIH therapy; low-dose prednisone, lifestyle, metabolic management	2-3	Strong, Strong Consensus
Chronic Viral Hepatitis	Antivirals; immunosuppression if persistent inflammation	4	Strong, Strong Consensus
LT Evaluation	Decompensated cirrhosis, acute severe AIH, ALF/ACLF: refer to LT centre	2	Strong, Strong Consensus
Plasma Cell-rich Rejection	Treat post-LT patients with AIH-like histology using predniso(lo)ne as in non-LT AIH	3-4	Strong, Strong Consensus