Malnutrition, hepatic encephalopathy and quality of life: associations in chronic liver disease

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Background - Malnutrition

- Important prognostic factor potentially influencing clinical outcome of patients with chronic liver disease (CLD; cirrhosis)
- May increase the risk of developing other complications including hepatic encephalopathy (HF)
- May affect patients' health-related quality of life (HRQOL)

Hypothesis

Sub-optimal nutritional status in cirrhotic patients increases the risk of developing HE and decreases HRQOL

Aim

Examine the impact of nutritional status on HRQOL and HE in cirrhotic patients

Methods

- Hospitalized and outpatients (n=50) and non-cirrhotic patients (n=18) from CHUM's Liver Unit
- Assessments:
 - Nutritional status (Subjective Global Assessment; SGA)
 - HRQOL (SF-36 questionnaire)
 - HE (Medical chart)
 - Biochemistry (Medical chart)

Discussion/Conclusion

- Poor nutritional status negatively affects HRQOL in CLD patients but is not associated with HE
- History of HE episode(s) does impact HRQOL
- Small sample size limits the analysis of confounding factors
- Identifying malnourished cirrhotic patients is of ²⁰ great importance and interventions for treating ¹⁰ malnutrition in CLD remain an unmet need

Table 1. Demographic		nd nutritional	status	
characteristics and outcomes				
	Cirrhotics (n=50)	Non-cirrhotics (n=18)	Р	
Demographics				
Gender (M/F) (%)	72/28	33/66	0,004	
Age (yr)	58 (52-63)		0,004	
Laboratory data				
AST	63 (38-86); 46	22 (16-28);11	0,001	
ALT	42 (24-68);47	21 (16-28);16	0,025	
ALP	102 (75-122);47	59 (48-75);16	0,002	
Total bilirubin	35,9 (21,7-51,6);47	10,9 (7,6-15,8);16	0,0001	
Prothrombin time INR	1,3 (1,2-1,6);47	1,0 (1,0-1,0);13	0,0001	
Nutritional status				
Well-nourished/Malnourished (%)	66/34	72/28	0,628	

Table 2. Clinical characteristics of cirrhotics patients			
	Cirrhotics (n=50)		
Etiology of CLD (%) ROH/Viral/NASH/Autoimmune (AI)/ Mixed etiologies/Others	12/6/18/8/44/12		
Child-Pugh • A/B/C/Unknown	15/7/18/10		
Diagnosis of HE at time of assessment (%)	12%		
History of HE (%)	37%		

Figure 1. Cirrhotic malnourished patients have decreased HRQOL compared to well-nourished patients (p<0.01)

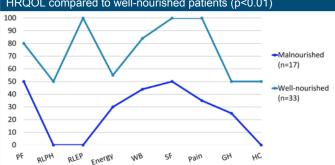


Figure 2. Cirrhotic patients with a history of HE showed decreased physical functioning (PF) (p=0.024) and role limitations due to physical health (RLPH) (p=0.002)

