

Comprehensive Care of Patients with Chronic Liver Disease



Jocelyn James, MD^{a,*}, Iris W. Liou, MD^b

KEYWORDS

- Chronic liver disease • Cirrhosis • Ascites • Varices
- Spontaneous bacterial peritonitis • Hepatic encephalopathy

KEY POINTS

- In addition to disease-specific information, patients with chronic liver disease should receive counseling about nutrition, alcohol, medication safety, and monitoring needs.
- Patients with chronic liver disease should be monitored for progression to cirrhosis, because this diagnosis requires specific management, such as endoscopic screening for varices and screening for hepatocellular carcinoma.
- Cirrhosis is a clinical and often subtle diagnosis that integrates history, examination, laboratory and radiographic data, and occasionally liver biopsy or alternative noninvasive testing.
- In cirrhotic patients, protein-calorie malnutrition is common and is associated with complications and poorer prognosis. Patients should be encouraged to eat frequent meals and target protein intake of 1.2 to 1.5 g/kg per day.
- Development of ascites, jaundice, variceal bleeding, or hepatic encephalopathy marks a transition to decompensated cirrhosis and is associated with a significant decline in transplant-free survival.
- New-onset ascites requires diagnostic paracentesis to assess cause and exclude infection.
- New-onset or acute hepatic encephalopathy requires careful assessment to exclude infection and other alternative diagnoses and address contributing factors.
- Patients with cirrhosis, and many patients with chronic hepatitis B, should undergo ultrasonography imaging every 6 months for hepatocellular carcinoma screening.

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^a Division of General Internal Medicine, Department of Medicine, Harborview Medical Center, University of Washington, Box 359892, 325 9th Avenue, Seattle, WA 98104, USA; ^b Division of Gastroenterology, Department of Medicine, University of Washington, Box 356175, 1959 Northeast Pacific Street, Seattle, WA 98195, USA

* Corresponding author.

E-mail address: jorose@uw.edu

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INTRODUCTION

Liver disease is the 12th leading cause of mortality in the United States, as reported by the National Center for Health Statistics.¹ A broad variety of disease processes can affect the liver and produce a range of health consequences, from subclinical abnormalities on liver tests to cirrhosis and death. The liver has important roles in many vital processes, including metabolism, coagulation, immune function, and nutrition.

The end stage of any chronic insult to the liver (**Box 1**) is cirrhosis; a progressive, diffuse fibrotic process characterized by nodule formation and disruption of the normal liver architecture (**Fig. 1**). Globally, cirrhosis caused more than 1 million deaths in 2010, roughly 2% of the global total.² Complications of cirrhosis relate to 2 primary syndromes: hepatic insufficiency and portal hypertension. Reduced liver function contributes to altered drug metabolism and hepatic encephalopathy (HE). Portal hypertension leads to collateralization and varix formation and is associated with dilation of the splanchnic and peripheral vasculature, decreased peripheral arterial resistance, and a hyperdynamic circulatory state. Portal hypertension and its hemodynamic consequences predispose patients to gastrointestinal bleeding, ascites, renal injury, and circulatory failure.

Comprehensive primary care of patients with chronic liver disease incorporates both harm reduction measures common to all patients and vigilant management of the specific complications of cirrhosis.

CHRONIC LIVER DISEASE AT ANY STAGE: MANAGEMENT GOALS

Harm Reduction

Transmission

Patients with chronic viral hepatitis should be educated about risk of transmission. Patients with hepatitis B and/or C can share food, glasses, and utensils; hug, kiss, and hold hands with others; and participate in sports and school activities. However, they should cover open cuts and avoid sharing toothbrushes or razors. Patients with hepatitis B should also clean blood spills with detergent or bleach and use barrier

Box 1

Diseases that affect the liver

Hemochromatosis

Viral hepatitis

Inherited metabolic disorders: Wilson disease, alpha-1-antitrypsin deficiency, and others

Autoimmune hepatitis

Bacterial, parasitic, and fungal infections

Cysts

Vascular diseases, including Budd-Chiari syndrome

Cholestatic liver diseases: primary sclerosing cholangitis, primary biliary cirrhosis, and cystic fibrosis

Alcoholic liver disease

Nonalcoholic steatohepatitis

Liver disease caused by medications and drugs

Primary and secondary malignancies

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