

NUTRITIONAL THERAPY IMPROVES QUALITY OF LIFE IN LIVER CIRRHOSIS WITH MINIMAL HEPATIC ENCEPHALOPATHY-RANDOMIZED CONTROLLED TRIAL

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Background & Aims: Minimal hepatic encephalopathy (MHE) impairs health related quality of life (HRQOL), predicts development of overt hepatic encephalopathy (HE) and associated with poor prognosis. There are limited data on nutritional therapy for HRQOL in patients with MHE. We assessed the effects of nutritional therapy on cognitive functions and HRQOL in patients of cirrhosis with MHE.

Methods: A randomized controlled trial conducted in a tertiary care setting on patients of cirrhosis with MHE who were randomized to nutritional therapy (group A: 30-35 kcal/kg/day and 1.0-1.5 gram of vegetable protein/kg/day) and no nutritional therapy (group B: diet as patients were taking before) for 6 months. MHE was diagnosed based on psychometry hepatic encephalopathy score (PHES). HRQOL was assessed by sickness impact profile (SIP) questionnaire. Primary endpoints were improvement in HRQOL and improvement or worsening in MHE.

Results: 120 patients were randomized to group-A (n = 60, age 42.1±10.3 yr, 48 men) and group-B (n = 60, age 42.4±9.6 yr, 47 men). There was no significant difference in baseline characteristics between the two groups. Baseline PHES (-8.12±1.32 vs -8.53±1.38; p=0.08) and SIP score (14.25±5.8 vs 15.44±5.03; p=0.85) were comparable in both the groups. Improvement in PHES (Δ PHES 3.86±3.58 vs 0.52±4.09; p=0.001) and HRQOL (Δ SIP 3.24±3.63 vs 0.54±3.58; p=0.001) were higher in group A compared to group B. Reversal of MHE was also higher in group A (71.1% vs 22.8%; p=0.001).

Conclusions: Nutritional therapy is associated with improvement in HRQOL and effective in treatment of MHE.

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