

Gastroenterology & Hepatology Advanced Practice Providers

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Staying Healthy in Patients With Cirrhosis

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Disclosures

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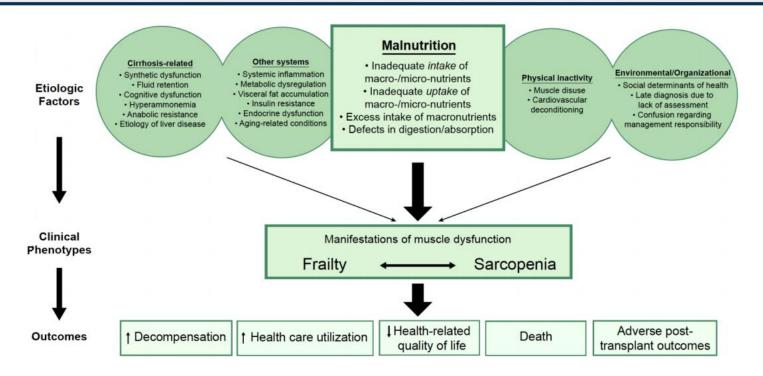
Objectives

- Discuss dietary recommendations for patients with cirrhosis
- Discuss vaccination recommendations for patients with cirrhosis
- Discuss mental health assessments of patients with cirrhosis

Malnutrition in Patients With Cirrhosis

- The diagnosis of cirrhosis predisposes patients to developing malnutrition
- Malnutrition is a deficiency of nutrients that can lead to frailty and sarcopenia
- These three concepts are often are presented simultaneously in patients with cirrhosis

Malnutrition, Frailty, Sarcopenia



Lai JC, Tandon P, Bernal W, Tapper EB, Ekong U, Dasarathy S, and Carey EJ. Malnutrition, Frailty, and Sarcopenia in Patients With Cirrhosis: 2021 Practice Guidance by the American Association for the Study of Liver Diseases. *Hepatology*. 2021. Accepted Author Manuscript. https://doi.org/10.1002/hep.32049.

Important Factors Leading to Malnutrition

- Reduced oral intake secondary to
 - Uncontrolled ascites
 - Unpalatable food choices (low sodium)
 - Free water restriction due to fluid overload
 - Impaired level of consciousness
 - Frequent fasting due to procedures/hospitalizations
 - Psychosocial factors

Impaired Intake of Micronutrients

- Malabsorption in patients with cirrhosis can lead to worsening of malnutrition
 - Alcoholic cirrhosis
 - Impaired absorption of folate, thiamine, zinc
 - Cholestatic liver disease
 - Impaired absorption of fat-soluble vitamins

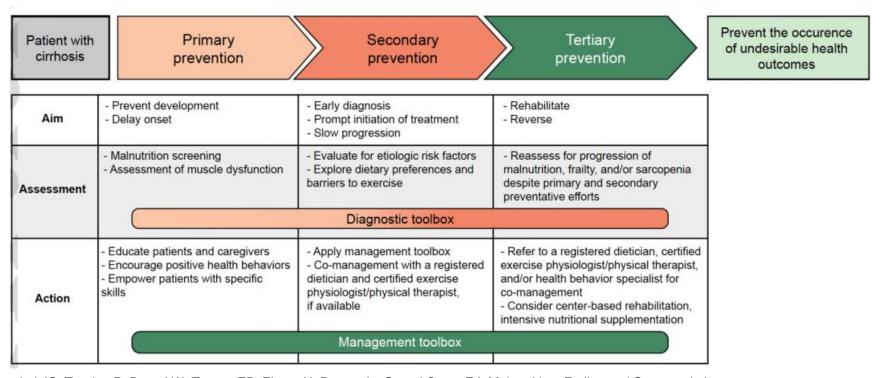
Cirrhosis Pathogenesis as Cause of Malnutrition

- Cirrhosis is known to alter the patients catabolic state causing an imbalance between energy needs and energy intake
- Cirrhosis alters protein metabolism leading to accelerated muscle breakdown

Physical Inactivity

- A small study of 53 liver transplant candidates
 - 76% of waking hours were spent being sedentary
 - Completed a mean of 3,000 steps per day
- Inactivity was associated higher liver transplant waitlist mortality

Goals of Management...Prevention



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Management

- Liver specific
 - Manage the etiology of liver disease
 - Manage ascites
 - Manage hepatic encepholopathy

Dietary Management

- Calorie intake
 - At least 35 kcal/kg
- Protein intake
 - 1.2 to 1.5 g/kg body weight
- Deplete micronutrients
- Frequent small meals, minimize fasting
- Consult a registered dietician

Physical Activity (FITT)

- Frequency
 - Aerobic: 4-7 days/week
 - Resistance: 2-3 day/week
- Intensity
 - Talk test
 - 3 set of 10-15 reps
- Time
 - Aerobic: 150 min per week
 - Resistance > 1 day/week
- Type
 - Aerobic, resistance, flexibility and balance

Vaccinations

- Hepatitis A
- Hepatitis B
- Influenza
- Zoster
- Pneumococcal (PCV13)
- Pneumococcal (PPSV23)
- COVID-19

Mental Health

- Patients with cirrhosis experience high rates of anxiety, depression and decrease quality of life
- Screen for anxiety and depression in patients with cirrhosis