

Other

Nutritional risk assessment in outpatients with Child-Pugh B score hepatic cirrhosis

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Introduction: In patients with cirrhosis, malnutrition is common. Despite this, the nutritional status of outpatients with hepatic cirrhosis is not routinely assessed. In contrast, the benefits of screening, diagnosing, preventing, and treating malnutrition are numerous.

Objective: The purpose of the study was to determine whether patients with Child-Pugh B score hepatic cirrhosis seen at the Ottawa Hospital outpatient gastroenterology clinic were at risk of malnutrition.

Methods: Fourteen patients (6 women, 8 men) with hepatic cirrhosis were recruited and gave informed consent for the study. Child-Pugh scores were determined from participants' medical charts. Their risk of malnutrition was assessed with the Subjective Global Assessment (SGA). Demographic and anthropometric data (height and dry weight) were collected with a questionnaire during an individual interview with a trained research assistant. Body mass index (BMI) was calculated. Data are reported as means±standard deviation.

Results: On average participants were approximately 60.8±6.4 years old. In total, 12 patients had an SGA rating of mild/moderate malnutrition and two were severely malnourished. The physical examination subsection of the SGA revealed that all patients had ascites. In addition, 5 of the 14 patients presented with severe muscle loss, while 8 had mild/moderate muscle loss. Finally, ten patients had mild/moderate body fat loss, while 3 had severe fat losses. For the history subsection of the SGA related to symptoms, 8 reported they experienced early satiety, 5 had diarrhea, 3 experienced nausea and 2 vomiting. For the weight, three patients had lost 5-10% body weight in the last six months and one had lost more than 10%. The average BMI was 28.3±5.6 kg/m², in the above normal BMI category.

Conclusion: These results showed, through using the SGA, that participants with Child-Pugh B score hepatic cirrhosis suffered from mild/moderate or severe malnutrition, even if their average BMI was above normal. It is therefore important to assess the nutritional risk of these outpatients.

Significance: Based on our preliminary findings, ascites can mask signs of malnutrition in outpatients with Child-Pugh B score hepatic cirrhosis, pointing to the need to perform routine nutritional assessment in those outpatients at risk of malnutrition.