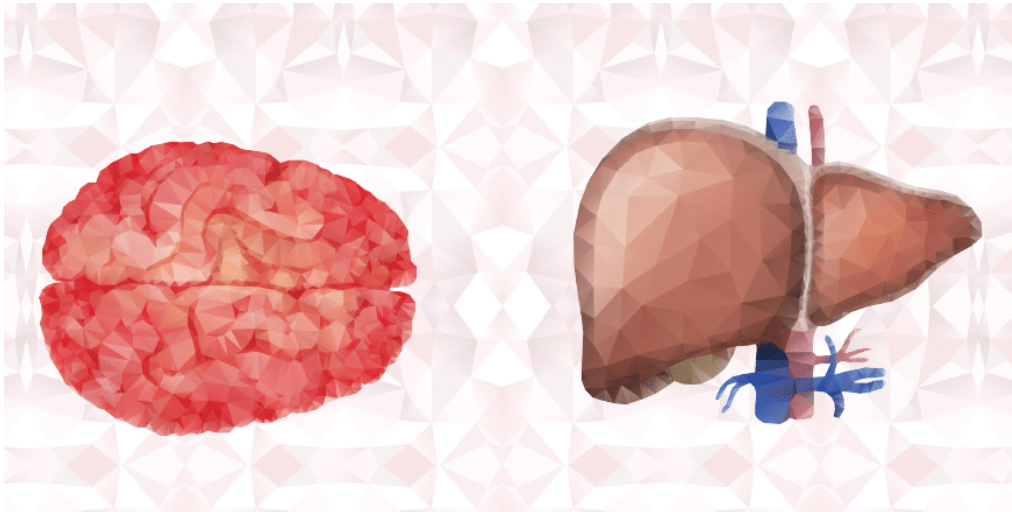


Undiagnosed Cirrhosis and Hepatic Encephalopathy in a National Cohort of Veterans with Dementia



Dementia is known for the severe clinical, psychosocial, and financial implications it may pose to older adults around the globe. However, one aspect that is often overlooked is the similarity in presentation between dementia and hepatic encephalopathy. When patients experience hepatic encephalopathy due to declining liver function or cirrhosis, the buildup of toxins can lead to symptoms resembling dementia. For example, patients may experience reduced alertness, confusion, or changes in personality. Ultimately, this can make distinguishing these conditions or properly recognizing hepatic encephalopathy in patients with dementia challenging. To evaluate how commonly this occurs, a recent cohort study was performed.

This national cohort study included 177,422 US veterans with a diagnosis of dementia at 2 or more clinical visits, received no prior diagnosis of cirrhosis, and had enough laboratory testing results to calculate their Fibrosis-4 (FIB-4) score. The FIB-4 score is a scoring tool used to estimate how much scarring has occurred within the liver. A score of >2.67 suggests that advanced fibrosis is present while a score of >3.25 suggests the presence of cirrhosis. By evaluating these values in patients with dementia, an insight into how common undiagnosed liver problems can be gained.

Overall, the results of this study were quite intriguing. Among the 177,422 veterans with dementia included, approximately 5.3% had FIB-4 scores >3.25 and 10.3% had FIB-4 scores >2.67 . These findings highlight how common undiagnosed liver problems are among patients with dementia. Using this study as evidence, clinicians are encouraged to screen for cirrhosis in patients with dementia. By improving rates of screening, identification of reversible conditions like hepatic encephalopathy is possible and health outcomes may be improved.

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