# Discussion A Case Study at Hanoi Medical University Hospital with Further Analysis of Nutritional Status in Patients with Cirrhosis

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#### **ABSTRACT**

A study showing 20%-50% patients affected by malnutrition -a liver cirrhosis(Ali et al, 2022). This paper aims to present a DISCUSSION A CASE STUDY AT HANOI MEDICAL UNIVERSITY HOSPITAL WITH FUTHER ANALYSIS OF NUTRITIONAL STATUS IN PATIENTS WITH CIRRHOSIS in 2022. REDCap was used to enter all variables. Stata version 15.0 will be used for data analysis. Research subjects: Diagnosed with cirrhosis of any etiology (alcoholism, hepatitis C, cryptogenic/autoimmune,...); Newly admitted to HMUH; Adults ( $\geq 18$  years old). Results: With 109 cirrhotic patients (average age of  $54.1\pm10.8$ ). The average value of the test indicators in the high threshold study subjects was Total Bilirubin ( $66.28\pm94.02~\mu$ mol/L) and Glucose ( $7.15\pm3.25~\mu$ mmol/L), respectively. Only the mean value of Total protein ( $70.51\pm7.27~g/L$ ) was within the normal range. This result does not have significant difference with the results of Krishna C, et al on 2.017 cirrhotic patients and the average age was  $52\pm11$ . Hence, assessment of nutritional status is very important and necessary.

Keywords: Nutritional status, cirrhosis, malnutrition.

## I. Introduction

Teiusanu et al (2012) stated that Malnutrition with its presence together with increasing number (short and long term mortality) with ratio from 20% to > 80% in patients having liver disease (decompensated)

And Charlton (2006) pointed that there is higher malnutrition situation in those (patients) having alcoholic cirrhosis, compared to nonalcoholic ones. Among patients, many people have signals such as vitamin deficiency, and muscle mass loss, etc.

Malnutrition is a burden in patients with cirrhosis, it is associated with the progression of liver failure.

With the increasing number of cases of cirrhosis in Vietnam, assessment of nutritional status is necessary for timely and reasonable nutritional intervention, thereby increasing the number of recoveries and reducing mortality.

So, we conducted this study with objective:

To present a DISCUSSION A CASE STUDY AT HANOI MEDICAL UNIVERSITY HOSPITAL WITH FUTHER ANALYSIS OF NUTRITIONAL STATUS FOR CIRRHOSIS PATIENTS in 2022.

Then, Previous studies presented in below figure

#### Figure 1 – Related studies

Ali et al (2022)

Malnutrition is a liver cirrhosis complication affecting more than 20%-50% of patients. Although the term can refer to either nutrient deficiency or excess, it usually relates to undernutrition in cirrhosis settings. Frailty is defined as limited physical function due to muscle weakness, whereas sarcopenia is defined as muscle mass loss and an advanced malnutrition stage. The pathogenesis of malnutrition in liver cirrhosis is multifactorial, including decreased oral intake, maldigestion/malabsorption, physical inactivity, hyperammonemia, hypermetabolism, altered macronutrient metabolism and gut microbiome dysbiosis. Patients with chronic liver disease with a Body Mass Index of < 18.5 kg/m² and/or decompensated cirrhosis or Child-Pugh class C are at the highest risk of malnutrition. For patients at risk of malnutrition, a detailed nutritional assessment is required, typically including a history and physical examination, laboratory testing, global assessment tools and body composition testing. Malnutrition and sarcopenia are associated with an increased risk of complications and a poor prognosis in patients with liver cirrhosis; thus, it is critical to diagnose these conditions early and initiate the appropriate nutritional therapy.

European Association for study of Liver (2019) Malnutrition is defined as nutrient imbalance (deficiency or excess) with adverse effects on the body's form, function or outcome. According to the European Association for the Study of Liver Disease (EASL), the term "malnutrition" refers to "undernutrition"

Teiusanu et al (2012)

Malnutrition was correlated with clinical severity of liver disease. The mild-moderate malnourished patients are 88% Child B, over 58% with viral etiology. 22% from these patients are alcoholic and 11% have Child C score (p<0.01). In severely malnourished group, 43% have alcoholic disease and 31% are Child C classification(p<0.01). Triceps skinfold thickness (mm) and mid-arm circumference(cm) decrease significantly according to the Child score, a positive correlation was found between these two parameters and the severity of cirrhosis.

(source: author synthesis)

### II. Methodology

Author use:

Cross-sectional descriptive study

We have:

$$n = \chi^2_{(1-\alpha/2)} \frac{p (1-p)}{d^2}$$

n: quantity to be investigated

Z: 95% confidence level, Z=1.96

P=0.6 (proportion of malnourished cirrhotic patients according to SGA at HMUH in 2020)<sup>10</sup>

d=0.1 is the difference between sample and population

#### Research variables and indicators

- General information of subjects
- Patient's nutritional status: BMI, SGA, biochemical tests.
- Child-Pugh-Turcotte classification (CPT): A, B or C

# III. Main Findings

We see below result charts.

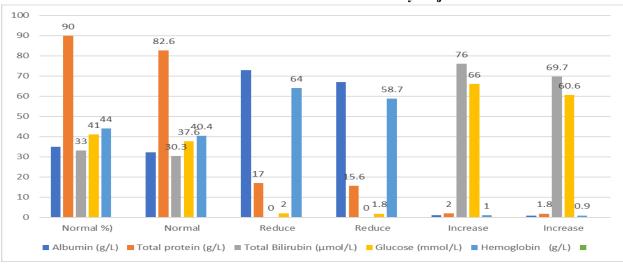
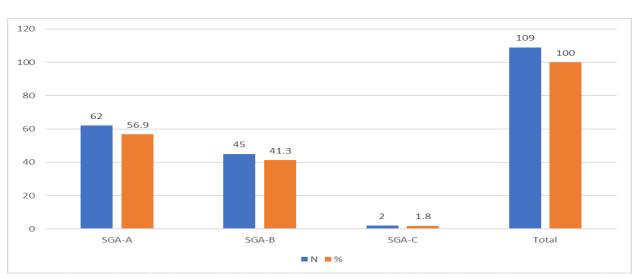


Table 1. Biochemical measurements of the study subjects

Biochemical indexes were all elevated such as: serum Albumin concentration (0.9%), Total protein (1.8%), Total Bilirubin (69.7%), Glucose (60.6%), Hemoglobin (0.9%).

#### **Nutritional status of those with (cirrhosis patients)**

Table 2. Classification of nutritional status of study subjects according to SGA



The proportion of patients at risk of malnutrition was 43.1% (including subjects with SGA types B and C ).

#### IV. Discussion And Conclusion

#### Situation of cirrhosis patients and nutrition at HMUH in 2022

The study results showed that 56.9% of patients had well-nourished (grade A), 41.3% of patients had mild/moderate malnourished (grade B), 1.8% of patients have severe malnourished (grade C). The results of this study differ significantly in SGA A, B, and C ratios with the results of TEIUSANU et al<sup>17</sup> with– SGA A 76%, mild/ moderately malnourished – SGA B 15% and severely malnourished - SGA C 9%. This difference may be partly due to the subjective assessment as well as the different nutrition scheme of the patients each time. Compared with some other authors, we found that the SGA - A group accounted for the majority, the rate gradually decreased in the SGA - B and C groups. This difference may be caused by disease factors, Pain, taste

changes, nausea lead to anorexia, so long-term weight monitoring (for 6 months) is likely to have deviations between methods of assessing nutritional status.

Beside, we look at below figure to see SGA for every patient.

Figure 2 - SGA

Teiusanu et al (2012)

Subjective Global Assessment (SGA) of nutritional status was determined for every patient. It is sometimes more useful than objective measurers for identifying individuals at nutritional risk because in patients with cirrhosis weight and biochemical values vary with the severity of liver disease independently from nutritional status. A series of 176 hospitalized patients with cirrhosis, 114 (65%) male and 62 (35%) female, median age 52 (range 18-68 years). 81% from the patients were from urban area and 19% from countryside.

The etiology of liver disease was alcoholic in 98 patients (56%), hepatitis B virus in 14 (8%), HCV in 43 patients (24%), HBV and HDV in 10 (7%), 4 patients have primary biliary cirrhosis (PBC) and autoimmune hepatitis and the rest of 7 patients have other etiology, included Wilson's disease, non-alcoholic and cryptogenic cirrhosis.

(source: author synthesis)

#### **Limitation of study:**

The SGA method cannot be denied the importance of assessing and monitoring nutritional status based on ALB for patients with cirrhosis.

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