

GUIDELINES FOR DETECTING HEPATIC ENCEPHALOPATHY AT ONSET IN LOCAL OUTPATIENTS

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Abstract

Hepatic Encephalopathy (HE) is a frequent form of neurological deterioration mainly observed in cirrhosis, with obscure prognosis and clinical manifestations. Recent advances in the neuropsychological assessment of outpatients across countries have permitted the establishment of relatively valid diagnoses of minimal hepatic encephalopathy (MHE) with covert cognitive impairment, undetected on routine clinical examination, but with fatal consequences at a functional level. Utilizing validated neuropsychological tools combined with clinical indicators of disease, neurophysiological measures and brain imaging data is advantageous for an objective detection at an early stage and for initiating treatment trials. At the absence of a reference population mean and normative standards in the local outpatient population with asymptomatic disturbance, a flexible and easily quantifiable neuropsychological battery is deemed necessary as a sound methodology to identify the pattern of cognitive impairment and eliminate alternative diagnoses. A local battery testing multiple domains of cognition which are impaired in MHE such as attention, working memory, executive functions and fine motor skills is highly recommended. In the general features, diagnostic cut-off scores, well-standardized parallel versions and adjustments for a range of demographic factors and premorbid performance should be included. Towards the establishment of a widely accepted consensus in the detection of MHE, the cross-cultural applicability of the battery in the local population should also be considered.