

THE EFFECT OF RIFAXIMIN-A ON THE DEVELOPMENT OF COMPLICATIONS IN PATIENTS WITH MINIMAL HEPATIC ENCEPHALOPATHY AND LIVER CIRRHOSIS, DURING 3 MONTHS OF OBSERVATION

Igor Bakulin

UEG Week Copenhagen 2023

Poster

Hepatobiliary

October 15, 2023

A 3-month randomized study of 40 patients with minimal hepatic encephalopathy and liver cirrhosis found that rifaximin- α therapy reduced progression to overt hepatic encephalopathy and improved quality of life, with similar effectiveness between continuous and intermittent dosing regimens.

KEY POINTS

- In the control group without rifaximin- α , 42.8% of patients progressed to overt hepatic encephalopathy and 50% showed increased ammonia levels over 3 months, compared to 21.4% progression in the continuous rifaximin- α group.
- Continuous rifaximin- α therapy (1200 mg/day) resulted in decreased capillary blood ammonia in 85.7% of patients, MHE regression in 28.5%, and improved quality of life in 71.4%.
- Intermittent rifaximin- α therapy (7 days per month) showed decreased ammonia in 100% of patients, MHE regression in 16.6%, and improved quality of life in 58.3%.
- The study found no significant difference in effectiveness between continuous and intermittent rifaximin- α therapy regimens.
- This research may interest hepatologists managing cirrhosis patients with subclinical cognitive impairment detected on psychometric testing.

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