

Nutrition in chronic liver disease

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Presentation

Hepatobiliary

Nurses

Small Intestine & Nutrition

Pancreas

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The speaker presented on common nutritional mistakes in liver disease management, emphasizing that early nutritional screening, prevention of sarcopenia, and adequate protein intake are essential across all stages of cirrhosis.

KEY POINTS

- Nutritional screening should begin early in liver disease using simple tools, as being obese drives compensated cirrhosis patients more frequently to complications and early intervention delays onset of complications.
- Malnutrition and sarcopenia are highly prevalent in cirrhosis, with the speaker reporting energy deficit in 76% of patients overall and 91% in inpatients, and protein deficit being very frequent in a 200-patient study.
- Protein restriction is no longer recommended in hepatic encephalopathy and may be harmful; adequate protein intake is required even when obese cirrhotic patients are on hypocaloric diets to prevent sarcopenia.
- The speaker stated that controlled physical exercise should always be considered to improve muscle rehabilitation, as protein supplementation alone may not help if patients remain sedentary or bedridden.
- The speaker presented intervention studies showing that intensive nutritional therapy improved handgrip strength by 20% in malnourished transplant candidates, and that adherent patients in a home-based program had significant survival improvement.
- In discussion, the speaker recommended at least 1.3 protein intake, varying sources among vegetable proteins, milk proteins, fish and meat, and introducing a late evening snack to minimize fasting-induced muscle catabolism.

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