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Summary

Multidisciplinary clinics in liver cirrhosis: The new digital era in decompensated cirrhosis

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Hepatobiliary

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The speaker discussed digital health tools for managing decompensated cirrhosis, emphasizing remote monitoring, telemedicine-based interventions, and the need to understand individual pathophysiological heterogeneity within clinical stages.

KEY POINTS

- Multidisciplinary care for decompensated cirrhosis should include endoscopy, diabetology, cardiology, radiology, and transplant surgery, coordinated by a single case manager to minimize complexity.
- Remote monitoring using Sergio Care (heart rate variability, blood pressure, body weight, and app communication) showed in a trial with historical controls fewer readmissions, shorter hospital stays, and fewer unplanned paracenteses in patients discharged after acute decompensation.
- A telemedicine trial delivering Tai chi via three weekly sessions reported a win ratio favoring the intervention with a hierarchical composite endpoint for falls prevention and physical decline.
- No new pharmacological treatment for portal hypertension has emerged in over three decades after beta blockers, with recent combination trials of simvastatin and rifaximin failing.
- Biomarker studies revealed that pathophysiological mechanisms such as portal hypertension, systemic inflammation, and circulatory dysfunction are completely heterogeneous on an individual patient level within the same clinical stage.
- The speaker views remote monitoring as the most promising digital tool, though emphasizes it requires more data before implementation, and suggests digitalization may enable more targeted, pathophysiology-driven rather than stage-driven interventions.

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