

# Are we following the Guidelines in the treatment of patients with Alcoholic Hepatitis?

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## INTRODUCTION

- Alcoholic liver disease (ALD) is one of the leading causes of chronic liver disease worldwide and accounts for up to 48% of cirrhosis-associated deaths in the United States<sup>(1)</sup>.
- Corticosteroids provide a short-term survival benefit in about half of treated patients with Severe Alcoholic Hepatitis.
- The decision is made based on risk stratification by Maddrey's or Meld scoring system.
- We hope to assess how well we are at identifying and treating the patient population coming to Crozer-Chester Medical Center with diagnosis of Alcoholic Hepatitis

## METHODS AND MATERIALS

We did a retrospective review of patients admitted to Crozer-Chester Medical Center from October 2021 to January 2017.

We filtered patients based on ICD-10 codes for Alcoholic Hepatitis.

We included the patient 18 years and above hospitalized at Crozer-Chester Medical Center with the diagnosis of Alcoholic Hepatitis.

We excluded the patients who had following on admission

- Sepsis
- Active Hepatitis B or C
- Acute Kidney Injury
- Upper Gastrointestinal Bleed
- Patients requiring steroids due to some other condition.

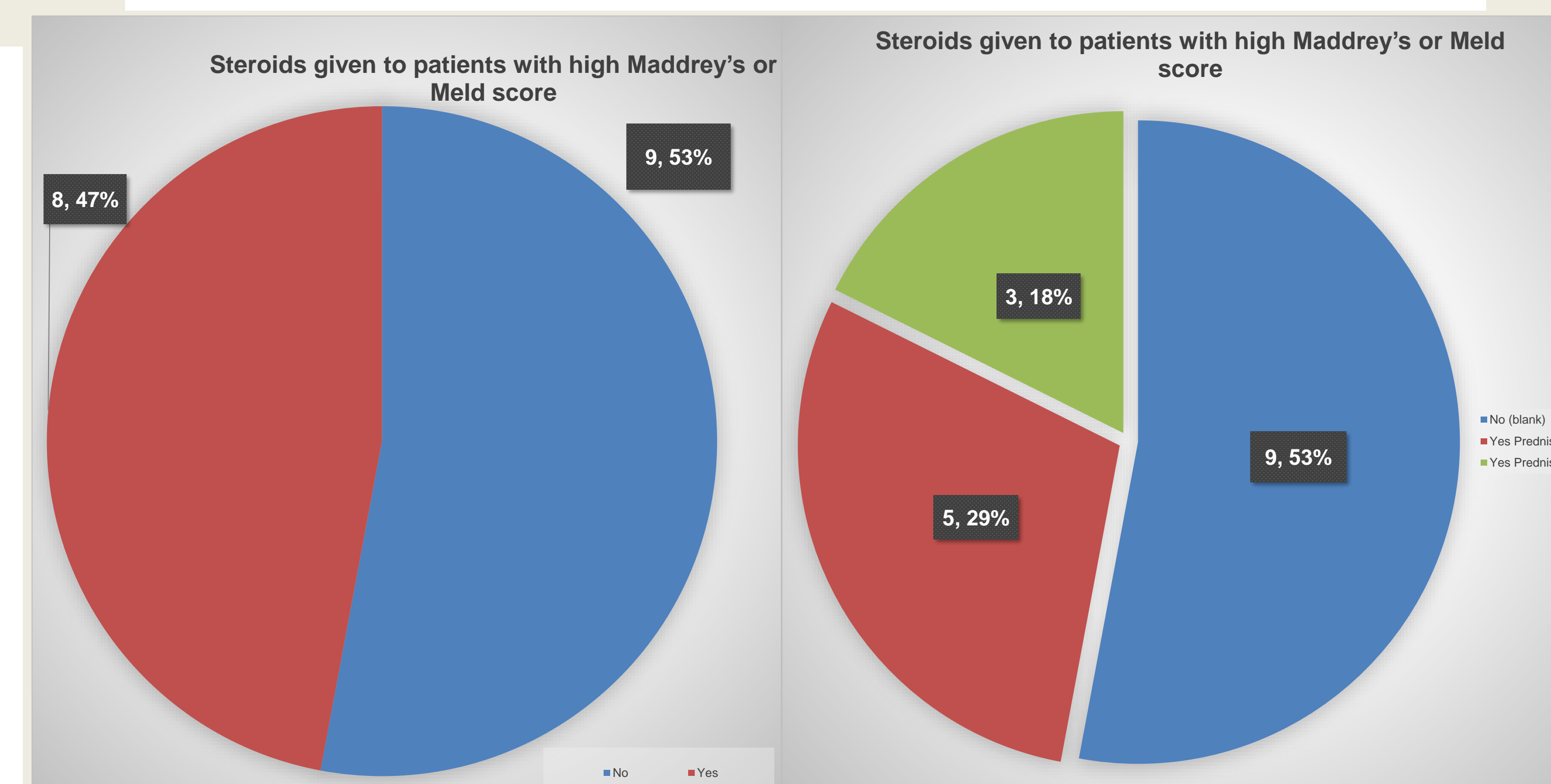
We did chart review of patients admitted with Alcoholic Hepatitis and calculated the Maddrey's score of each patient.

Other data points collected

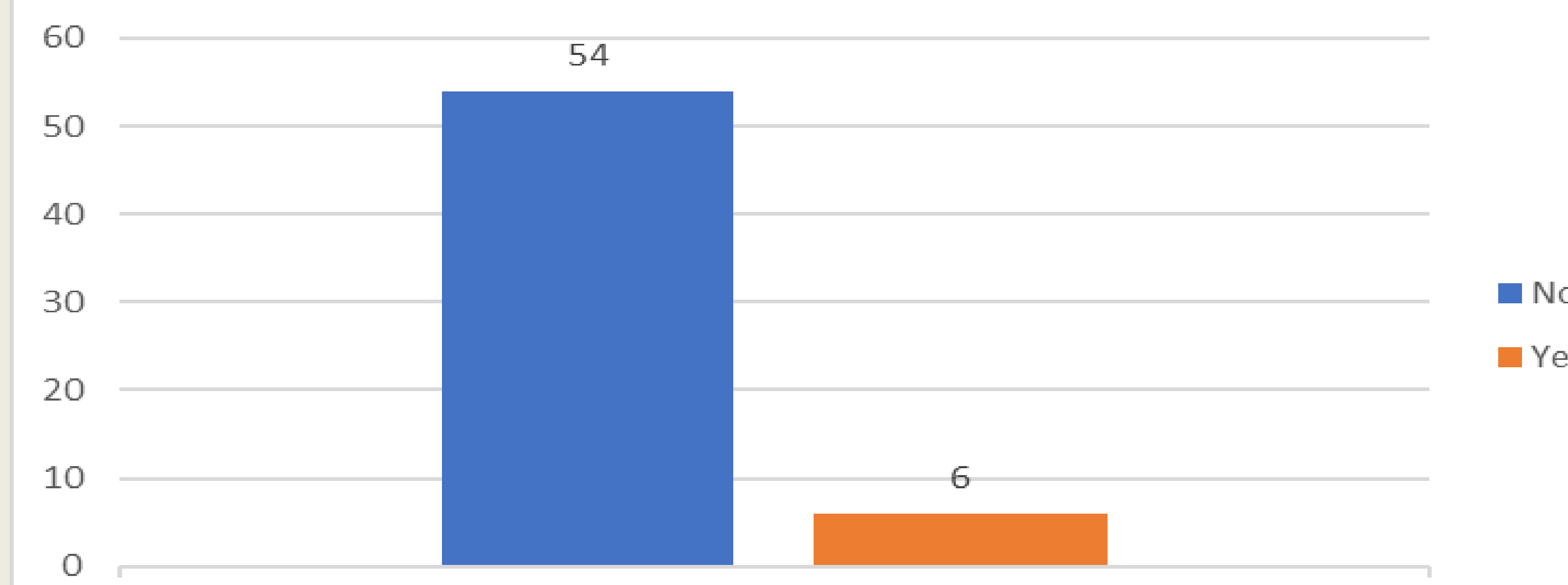
- Diagnosis of alcoholic hepatitis mentioned on admission?
- Gastroenterology consulted or not?
- Maddrey's score or Meld score documented?
- Patient qualified to get steroid based on score calculated by team members?
- If patient got steroid?
- Which type of steroid given to the patient?

## RESULTS

- We had a sample size of 60 patients who did not have any contraindications to steroid use. 90% (N=54) of those patients had no risk calculation score documented.
- There was no statistically significant difference between the teaching and non-teaching service regarding risk score documentation (p=0.43).
- We identified 20 patients from the sample who would have benefited from administration of steroids. Out of those, only 47% (N=8) received steroids. Out of those, only 3 (18%) received prednisolone.



Risk Calculation score documented in patients without contraindications



## DISCUSSION

Currently, the American College of Gastroenterology guidelines recommend using steroids in the high-risk patient population<sup>(2)</sup>.

Various risks calculating criteria like Maddrey's Discriminant Function and MELD score have been developed to determine patients who fulfill the criteria for severe disease and can benefit from a course of steroids<sup>(3)</sup>.

Various strategies can be implemented to improve adherence to guidelines

- The risk score based on scoring system should be documented when admitting patients with Alcoholic Hepatitis.
- Changes in the electronic medical records can be considered as displaying a popup reminder to calculate the appropriate risk score, to consult a specialist, or to automatically calculate risk score by the system on admission as it would be beneficial in maintaining adherence to guidelines.

## CONCLUSIONS

- We are not documenting risk scoring scores in 90% of the patients who could be potential candidates for steroid therapy.
- We are missing 53% of the patients who would benefit from them.

## REFERENCES

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