

<https://doi.org/10.46344/JBINO.2023.v12i01.24>

NUTRITIONAL STATUS ASSESSMENT IN CIRRHOSIS PATIENTS VIA A CASE STUDY AT HMUH

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ABSTRACT

Background: Cirrhosis is being the 15th leading cause of morbidity and 14th most common cause of death worldwide. **Objective:** To identify **NUTRITIONAL STATUS ANALYSIS IN CIRRHOSIS PATIENTS VIA A CASE STUDY AT HMUH** in 2022. **Study design:** Cross-sectional description. **Conclusions:** the identify factors related to nutritional status in patients with cirrhosis is very important and necessary.

Keywords: Nutritional status, cirrhosis, related factors.

I. INTRODUCTION

Aslam et al (2021) mentioned Cirrhosis is an irreversible disease that replaces healthy tissues with scar tissues. According to the Pakistan Medical Research Council's national general population survey (2008–2014), the ratio of cirrhosis was 4.8% among the population.

With the increasing number of cases of cirrhosis in Vietnam, identify some factors related to the nutritional status is necessary for timely and reasonable intervention, thereby increasing the number of recoveries and reducing

mortality. So, we conducted this study with objective:

To identify **NUTRITIONAL STATUS ANALYSIS IN CIRRHOSIS PATIENTS VIA A CASE STUDY AT HMUH** in 2022.

Next we summarize previous studies:

Table 1 – Related studies

Authors	Year	Contents, results
Vieira et al	2013	<p>The frequency of diagnosis of malnutrition increased according to the severity of HC and it also increased in patients with alcoholic etiology. A greater depletion of adipose tissue in women and of muscular tissue in men was demonstrated.</p> <p>Conclusions: The diagnostic frequency of malnutrition in ambulatory-treated</p>

		patients varies according to the nutritional evaluation method used. The prevalence of malnutrition is greater in the more advanced stages of HC and in alcoholic etiology.
Bemour et al	2010	The liver exercises essential functions in food digestion and in the absorption, metabolism, storage, transport, activation and utilization of nutrients.
Mezey	1978	Compromising these functions in patients with hepatic cirrhosis (HC) can result in the development of proteinenergy malnutrition (PEM)
Aslam et al	2021	Patients on parenteral nutrition had a higher ratio of malnutrition with a significant Child–Pugh score—61.8% of patients belonged to Class C and 35.3% Class B, while in enteral support, 7.3% belonged to Class C and 43.9% patients belonged

		<p>to Class B (p-value = 0.000). There was a definite relationship observed in the route of intake and malnutrition among cirrhotic patients. Conclusion: Enteral route of nutrition is an effective and the safest way to provide appropriate nutrients according to the patient's demands.</p>
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(source: author synthesis)

II. RESEARCH SUBJECTS AND METHODS

Cross-sectional descriptive study at Department of General Internal Medicine, HMUH. From January to September 2022.

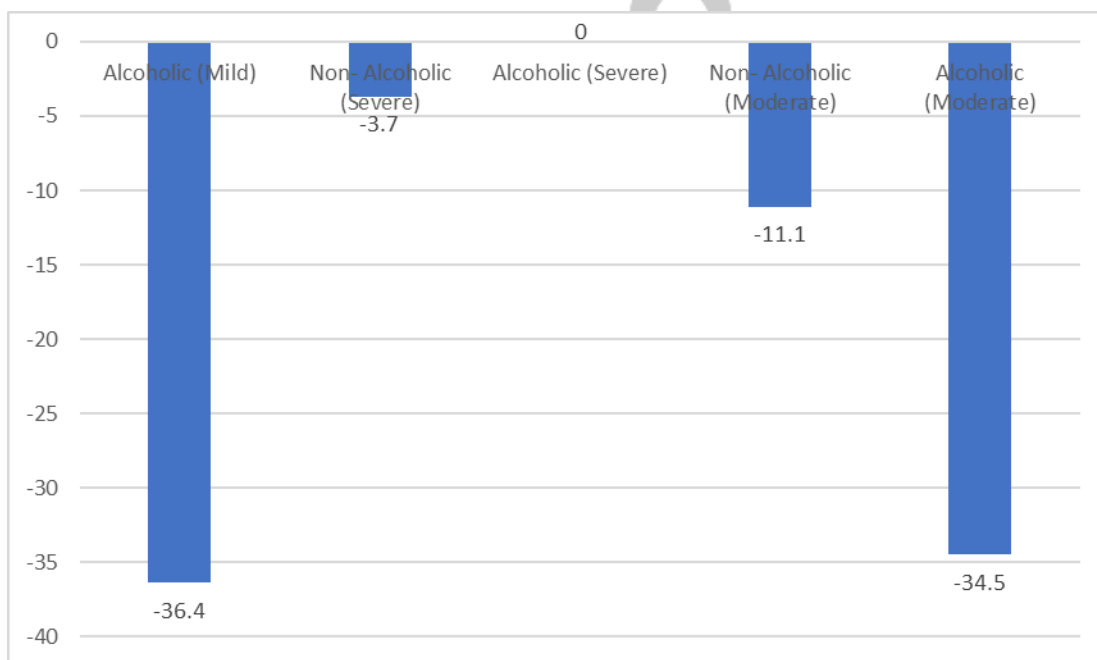
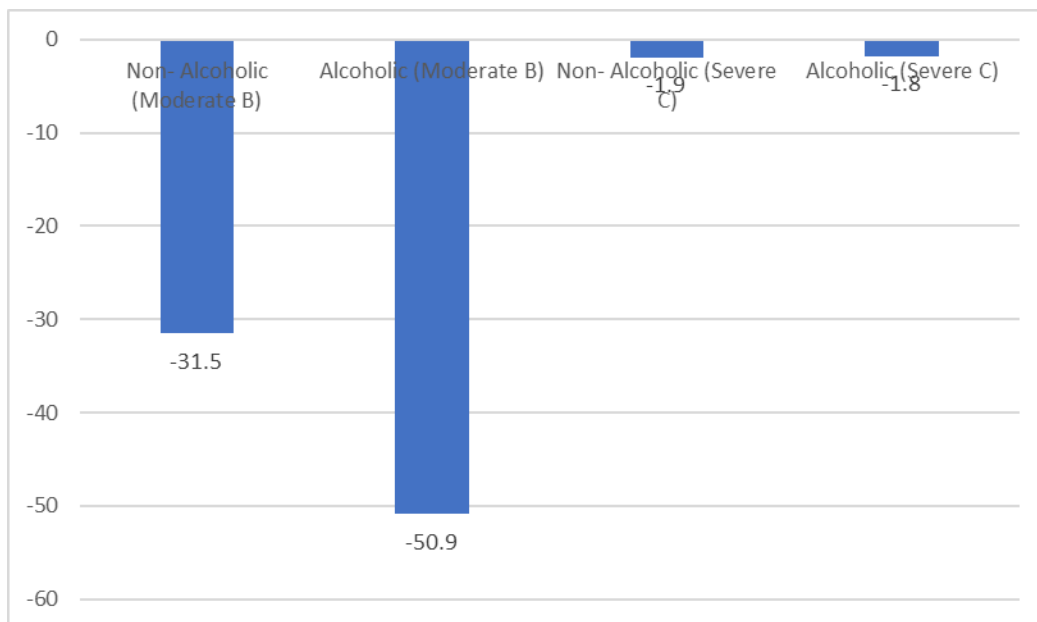
Research variables and indicators

- General information of subjects
- Patient's nutritional status: BMI, SGA, biochemical tests.
- Child-Pugh-Turcotte classification (CPT): A, B or C

III. RESULTS

3.1. Factors related to the nutritional status of patients with cirrhosis

Chart 1 and 2. Diagnosis of malnutrition in accordance with the severity and the etiology of cirrhosis



*p<0.05

In relating the nutritional state of the patients to the severity of the hepatic dysfunction, a greater number of malnourished and of severely malnourished patients was observed by SGA, respectively, in Child-Pugh C (10/14; 1/14, p>0.05) and B (23/47; 0/47, p>0.05)

than in A (14/48; 1/48, p>0.05). Analysis of Alb results showed that there was a greater number of patients with values compatible with mild and moderate and severe malnutrition, respectively, in Child-Pugh C (3/14; 10/14; 1/14, p>0.05) and B (22/47;

14/47; 1/47, $p > 0.05$) and A (21/48, $p < 0.05$ and 1/48; 0/48, $p > 0.05$).

IV. DISCUSSION and CONCLUSION

As result show, the proportion of cirrhotic patients with malnutrition according to SGA in men with 43.62% and in women with 40%, the malnutrition status according to serum Albumin in male with 67% and female with 66.67%. This difference can be explained by the difference in the sex ratio between men and women in different studies, different research subjects, and techniques to assess the nutritional status of collaborators.

Limitation of this study

Authors may consider to expand study model for other developing nations

Acknowledgement

Thank you editors and friends to assist this publication

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