

MANEJO DEL PACIENTE CIRRÓTICO EN ATENCIÓN PRIMARIA



Colegio de Médicos de Vigo

Diciembre 2017



IDENTIFICACIÓN Y TRATAMIENTO DE LA CAUSA



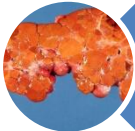
MODIFICACIONES DEL ESTILO DE VIDA



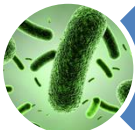
UTILIZACIÓN DE FÁRMACOS EN LA CIRROSIS



PREVENCION DE LA HEMORRAGIA DIGESTIVA



DETECCIÓN PRECOZ DEL HEPATOCARCINOMA



PREVENCIÓN DE LAS INFECCIONES

Expanding consensus in portal hypertension Report of the Baveno VI Consensus Workshop: Stratifying risk and individualizing care for portal hypertension

Roberto de Franchis*, on behalf of the Baveno VI Faculty†

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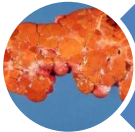
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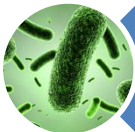
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HEPATOCARCINOMA



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ETIOLOGIA DE LA CIRROSIS HEPATICA

ALCOHOL:

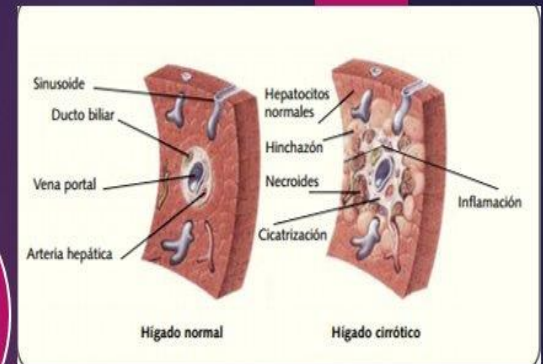
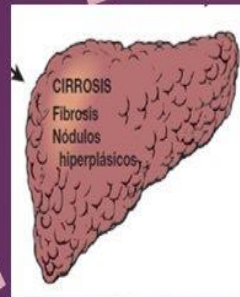
VIRUS
HEPATOTROPOS
HVB, HVC

ESTEATOHEPATITIS
NO ALCOHOLICA

AUTOINMUNE

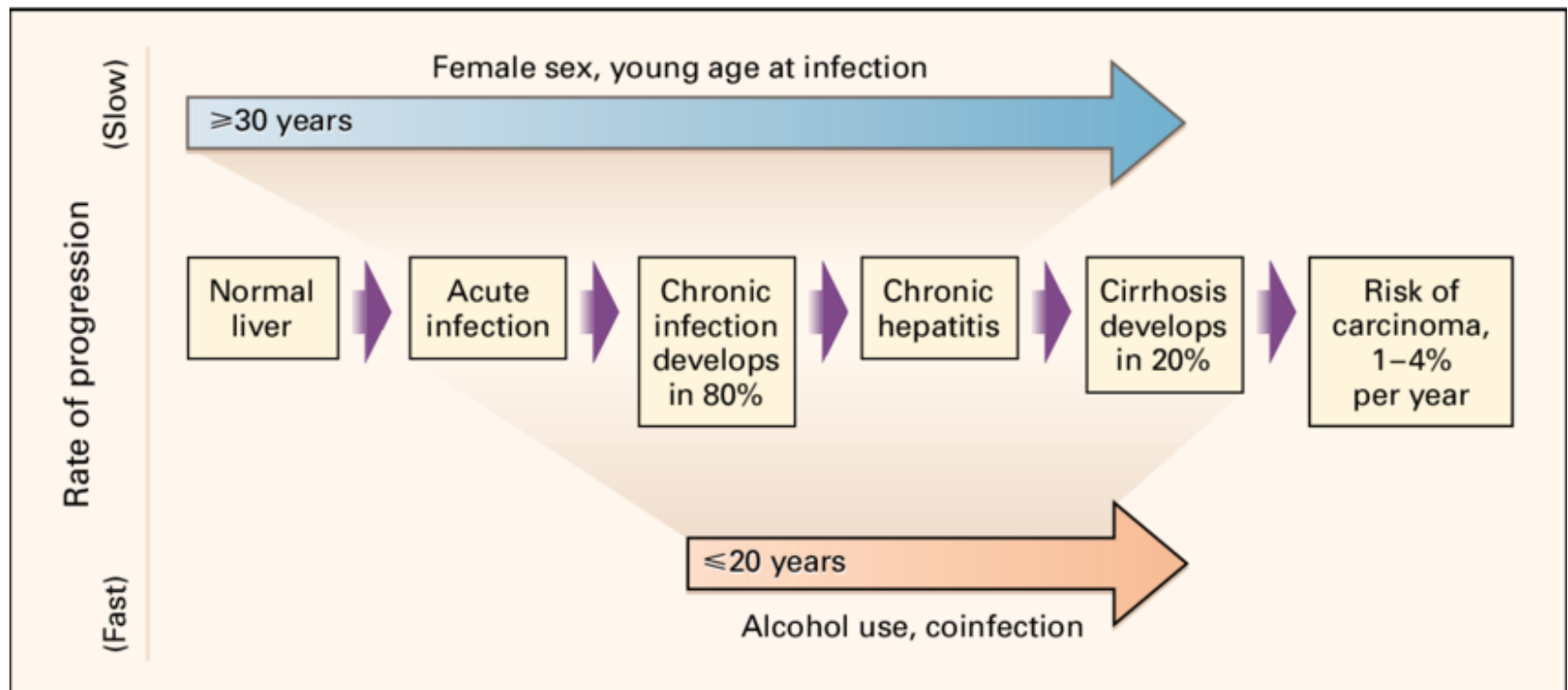
HEMOCROMATOSIS

ENFERMEDAD
DE WILSON



- Otras causas:
- Colestasis prolongadas, intra o extra hepáticas.
 - Obstrucción del flujo de las venas supra hepáticas.
 - Toxinas y agentes terapéuticos.
 - Bypass intestinales.
 - Infecciones.
 - Afectación granulomatosa del hígado.

largo período presintomático donde medidas preventivas pueden frenar la progresión de la enfermedad







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Aetiological treatment of the underlying liver disease may reduce portal hypertension and prevents complications in patients with established cirrhosis (1b;A)

REVIEW ARTICLE

Edward W. Campion, M.D., *Editor*

Treatment of Patients with Cirrhosis

Phillip S. Ge, M.D., and Bruce A. Runyon, M.D.

“...reversal of cirrhosis have been described in patients with alcoholic cirrhosis who abstained from alcohol, patients with HBV infection who underwent antiviral therapy, and patients with nonalcoholic steatohepatitis who underwent bariatric surgery.”

	Compensated Cirrhosis		Decompensated Cirrhosis	
Stage	Stage 1	Stage 2	Stage 3	Stage 4
Clinical	No Varices No Ascites	Varices No Ascites	Ascites +/- Varices	Bleeding +/- Ascites
Death (at 1 Year)	1%	3%	20%	57%



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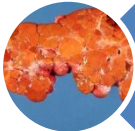
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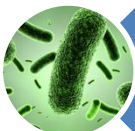
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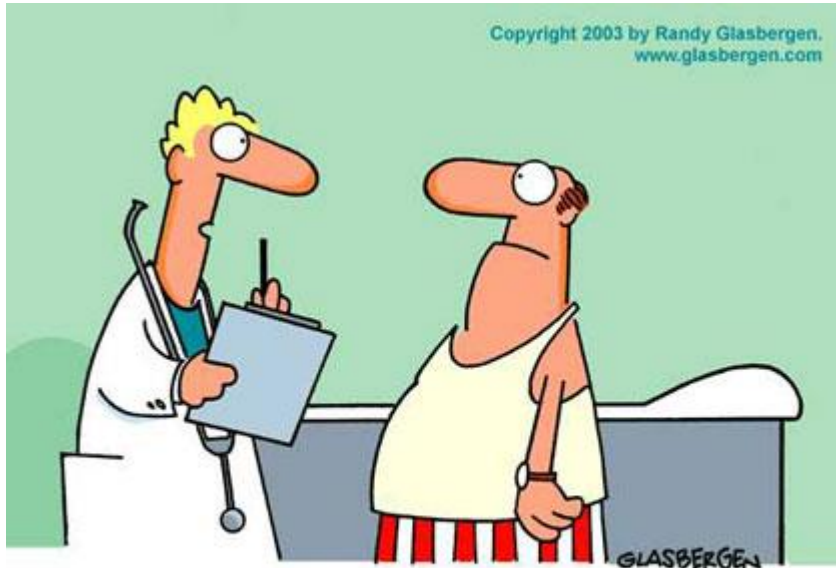
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Obesity worsens the natural history of compensated cirrhosis of all aetiologies (1b;A). A lifestyle modification with diet and exercise decreases body weight and HVPG in cirrhosis with obesity (2b;B).

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**“What fits your busy schedule better, exercising
one hour a day or being dead 24 hours a day?”**

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**Alcohol abstinence should be encouraged in all patients
with cirrhosis irrespective of aetiology (2b;B).**



REVIEW

New Therapeutic Paradigm for Patients With Cirrhosis

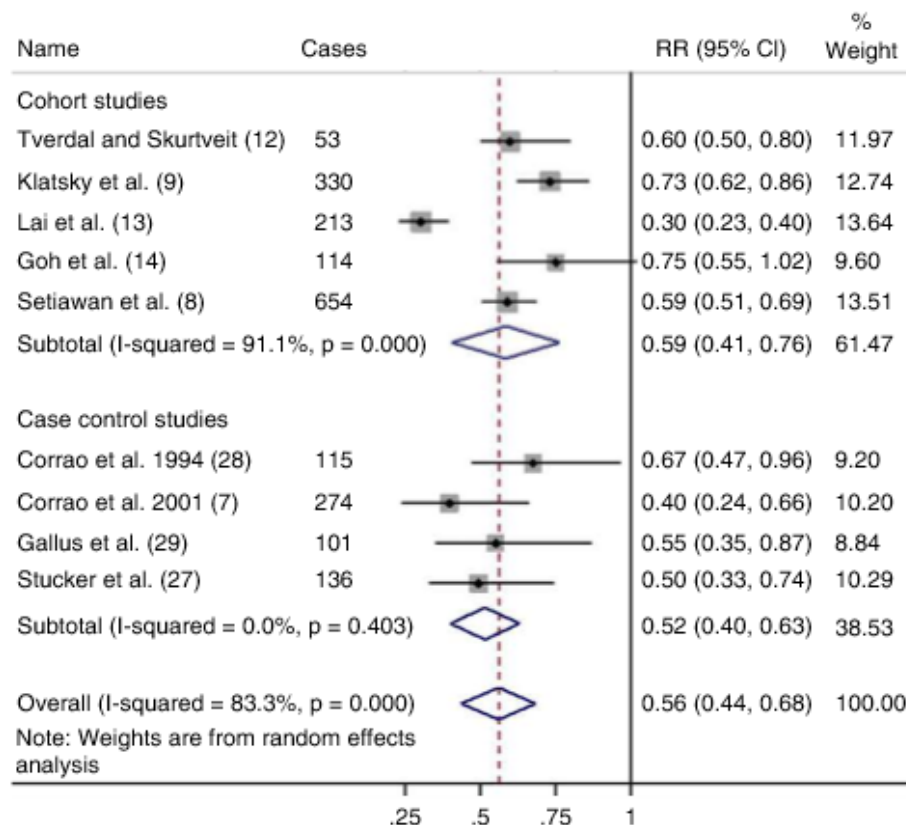
Emmanuel A. Tsochatzis,¹ Jaime Bosch,² and Andrew K. Burroughs¹



“In patients with various etiologies of chronic liver disease, consumption of more than two cups per day was associated with a reduced risk of HCC and of advanced fibrosis”.

Systematic review with meta-analysis: coffee consumption and the risk of cirrhosis

O. J. Kennedy*, P. Roderick*, R. Buchanan*, J. A. Fallowfield†, P. C. Hayes† & J. Parkes*



“In conclusion, this meta-analysis shows that an increase in daily coffee consumption of two cups is associated with a near halving of the risk of cirrhosis.”



Cigarette smoking has specific deleterious effects, and is associated with more severe fibrosis in patients with CHC, primary biliary and NASH.



Daily cannabis use is associated with more severe steatosis and fibrosis in CHC.



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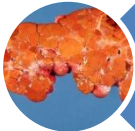
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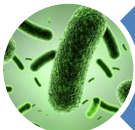
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UTILIZACIÓN DE FÁRMACOS EN LA CIRROSIS

Review article: prescribing medications in patients with cirrhosis – a practical guide

J. H. Lewis & J. G. Stine

Conclusions

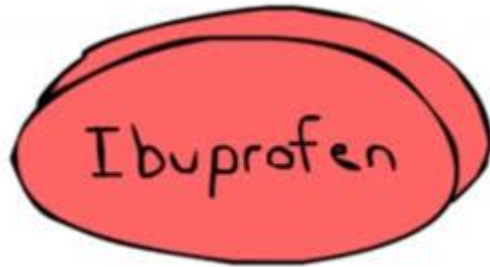
Most drugs can be used safely in cirrhosis, including those that are potentially hepatotoxic, but lower doses or reduced dosing frequency is often recommended, due to altered PKs. Drugs that can precipitate renal failure, gastrointestinal bleeding, SBP and encephalopathy should be identified and avoided.

COX2
codeína
ibuprofeno
metamizol
paracetamol
tramadol



- ✓ **Bien tolerado y mejor perfil terapéutico**
- ✓ **Dosis máxima 4 g al día**
- ✓ **Alcoholismo crónico máximo 2 g al día**

PERMITIDO



➤ Alteración de la función renal

➤ Tóxico gástrico intestinal y actividad antiplaquetaria

➤ Riesgo de hepatotoxicidad

DESACONSEJADOS

A photograph of two elderly women with joyful expressions, their arms raised in celebration. They are surrounded by a dense sea of balloons in shades of blue, green, white, and grey. The woman on the left is wearing a blue floral dress and has her mouth open in a shout or laugh. The woman on the right is also wearing a blue floral dress and has her arms spread wide. The background is filled with balloons, creating a festive and celebratory atmosphere.

[illegible]

✓ **Mantiene efectos adversos renales**

✓ Efeitos adversos CV

✓ Menos efectos adversos

✓ Mantiene efectos adversos renales

✓ Efectos adversos CV

DESACONSEJADO

CELEBREX
celecoxib
R_x 200mg o.d. in OA

Metamizol

Metamizol

500 mg



- **Metamizol** se vende bajo distintos nombres comerciales. Lee las indicaciones de la envoltura.

**4 NIÑOS LATINOS
MURIERON ULTIMAMENTE
EN TEXAS Y CALIFORNIA
COMO CONSECUENCIA
DE HABER CONSUMIDO
METAMIZOL.**

- Los medicamentos que contienen **Metamizol** pueden ser muy peligrosos y, en los Estados Unidos, su venta no está permitida para consumo humano.
- Los medicamentos que contienen **Metamizol** pueden producir: **Agranulocytosis, Neutropenia, Leukopenia**, tres enfermedades muy graves, que acaban con los glóbulos blancos de la sangre.
- Perder los glóbulos blancos de la sangre puede causar **terribles infecciones**.
- Los Hispanos consumimos varios medicamentos que contienen **Metamizol** y todos ellos son ¡**muy peligrosos!**
- Los más conocidos son: Neo-Melubrina, Nolotil, Novalgina, Dorflex, Novalcina.

✓ **Efectos adversos
hematológicos
(agranulocytosis, anemia
aplásica)**

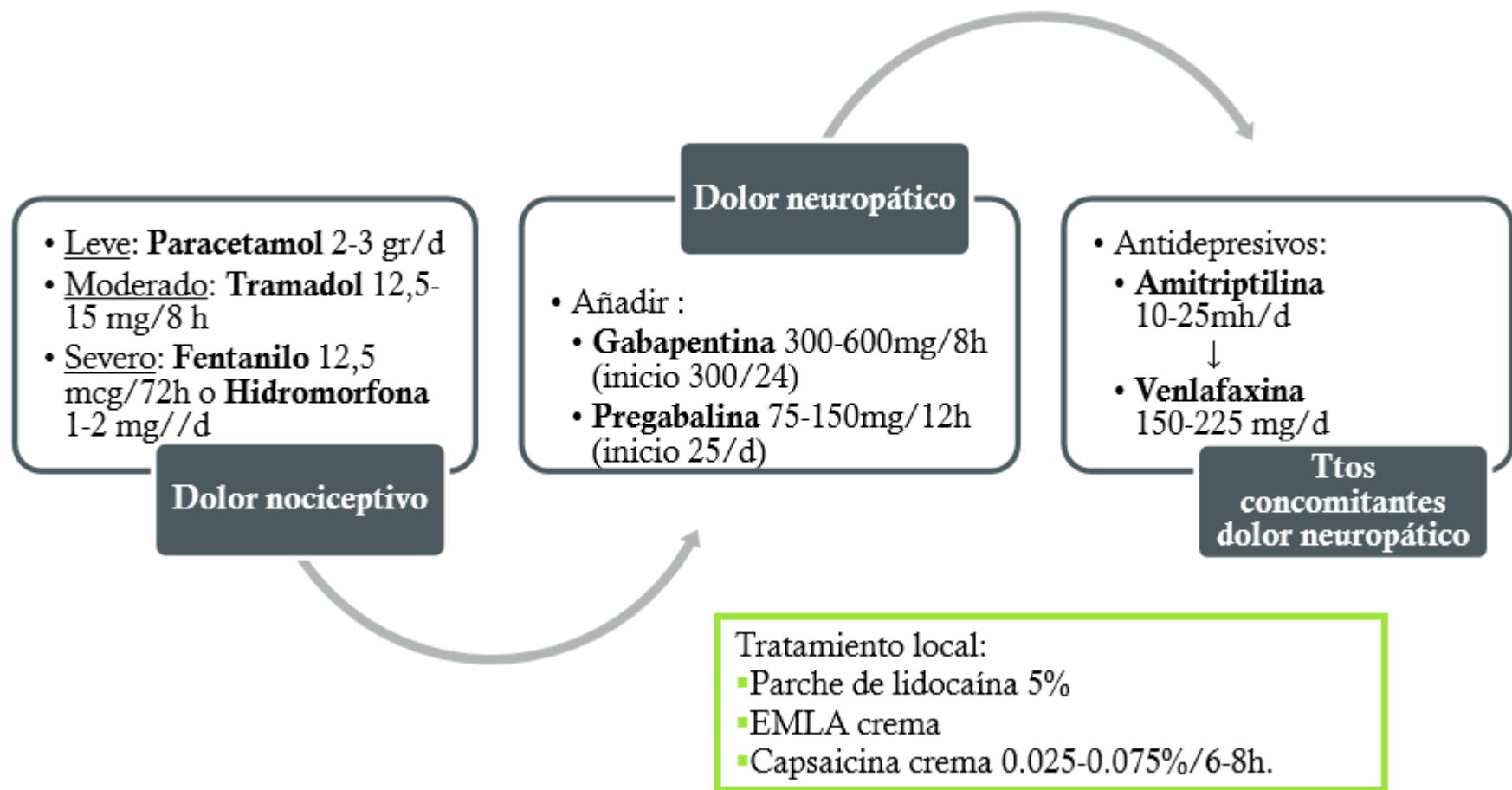
DESACONSEJADO

• **Inhibidor de las
prostaglandinas**



- ✓ **Posibilidad precipitar EH**
- ✓ **Evitar: Meperidina, Morfina**
- ✓ **Usar preferentemente:
Tramadol, Fentanilo e
Hidromorfona**

PERMITIDO





- ✓ **Disminución riesgo cardiovascular**
- ✓ **Utilizar dosis bajas (efecto antiagregante)**

PERMITIDO

STATINS?

Cons

- ✓ Riesgo hepatotóxicidad

Pros

- ✓ Disminución riesgo CV
- ✓ Mejoría disfunción sinusoidal
- ✓ Disminución presión portal
- ✓ Protección infecciones(?)
- ✓ Papel protector HCC (?)

PERMITIDO



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The clinical use of statins is promising and should be evaluated in further phase III studies (1b;A).



✓ Evitar en pacientes con riesgo de encefalopatía hepática

✓ Benzodiazepinas : Usar vida media corta (lorazepam, oxazepam, bromazepam)

✓ Otras posibilidades : Hidroxicina, trazodona

PERMITIDO



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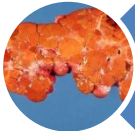
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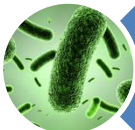
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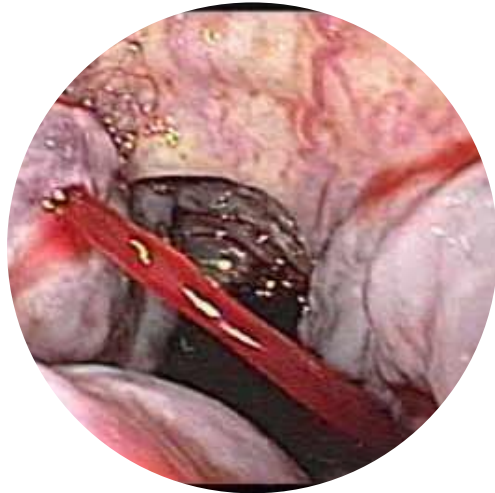
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- Patients with a liver stiffness <20 kPa and with a platelet count >150,000 have a very low risk of having varices requiring treatment, and can avoid screening endoscopy (1b;A).
- These patients can be followed up by yearly repetition of TE and platelet count (5;D).
- If liver stiffness increases or platelet count declines, these patients should undergo screening esophagogastroduodenoscopy (5;D).

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**SIN
VARICES**

There is no indication, at this time, to use beta blockers to prevent the formation of varices (1b;A).



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**Varices
pequeñas sin
estigmas de
riesgo**



Patients with small varices without signs of increased risk may be treated with NSBB to prevent bleeding (1b;A). Further studies are required to confirm their benefit.



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**Varices
pequeñas
con estigmas
de riesgo**



Patients with small varices with red wale marks or Child-Pugh C class have an increased risk of bleeding (1b;A) and should be treated with non-selective beta blockers (NSBB) (5;D).



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**Varices
grandes**

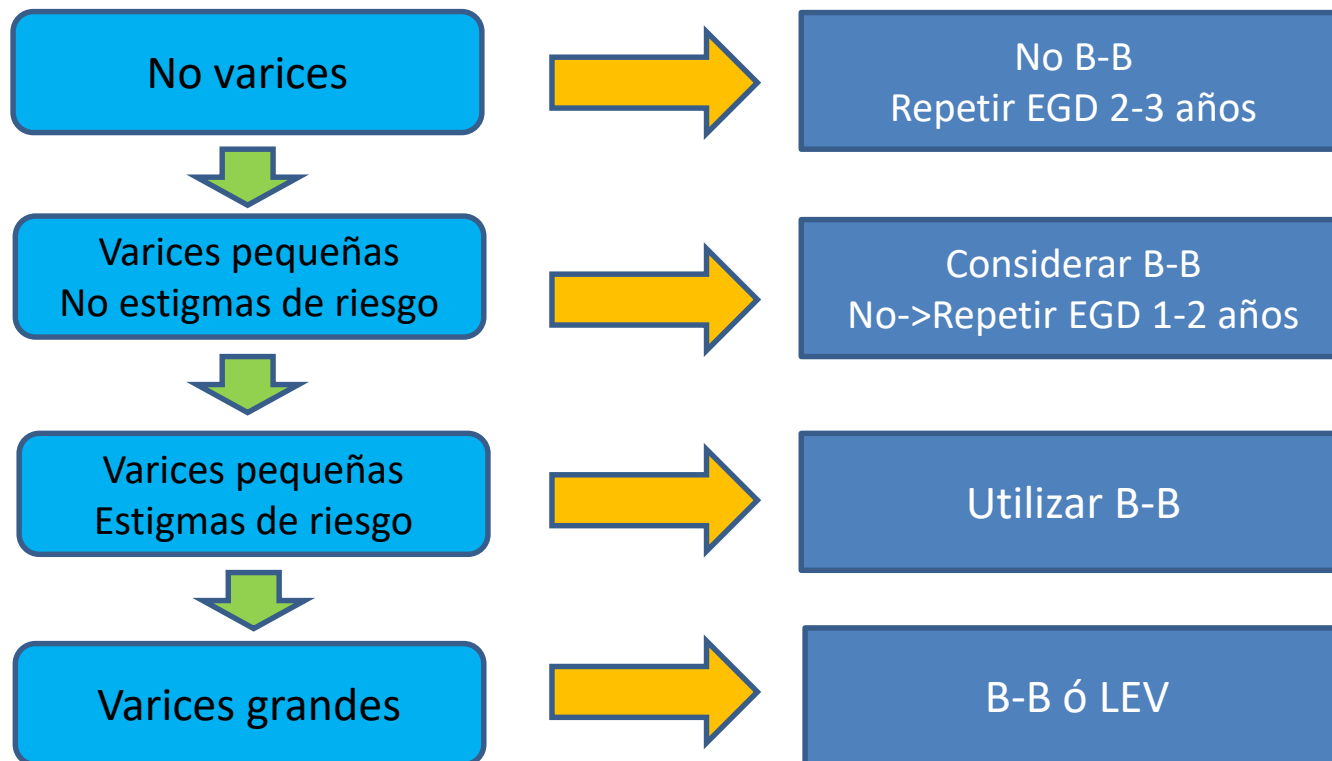


Either NSBB or endoscopic band ligation is recommended for the prevention of the first variceal bleeding of medium or large varices (1a;A).

The choice of treatment should be based on local resources and expertise, patient preference and characteristics, contraindications and adverse events (5;D).



Recomendaciones: Profilaxis Primaria



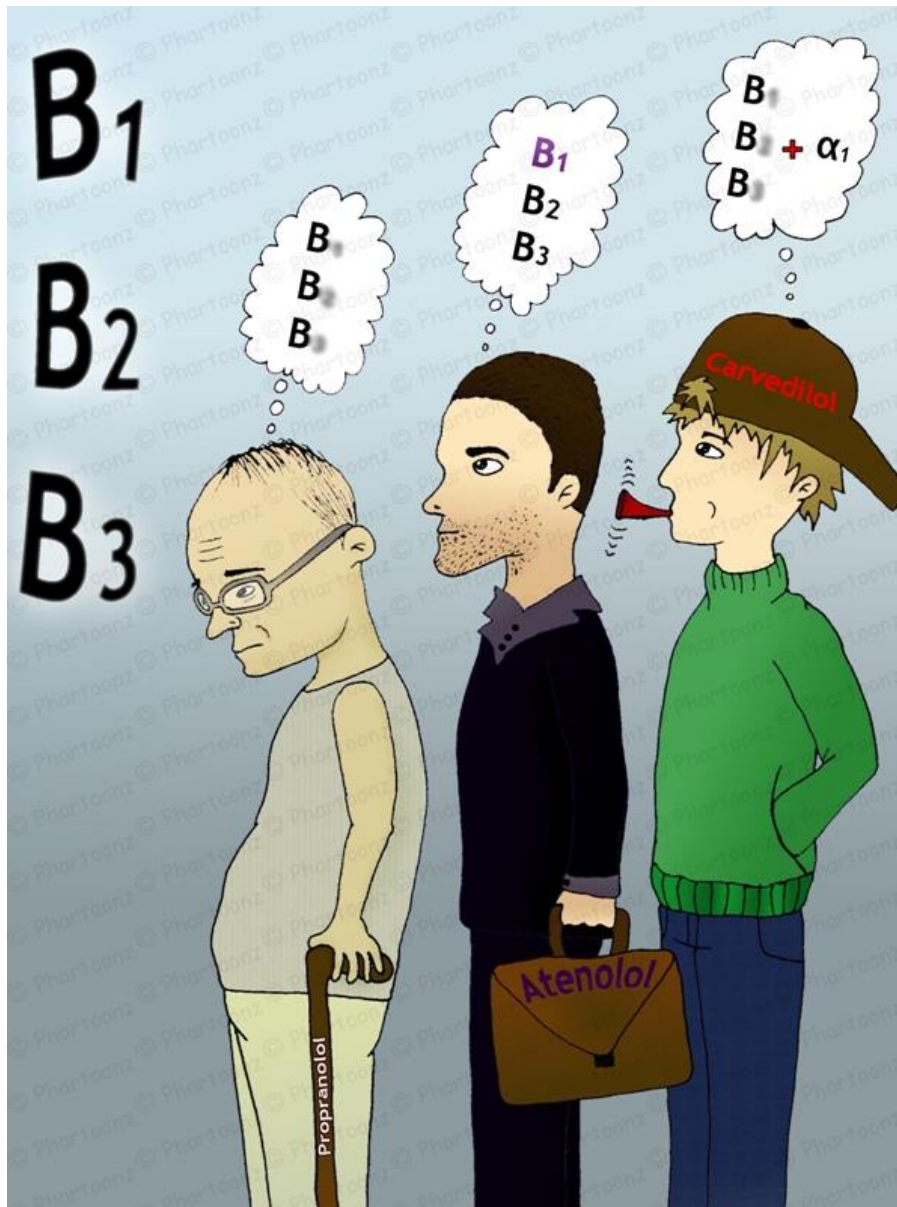


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Traditional NSBB (propranolol, nadolol) (1a;A) and carvedilol (1b;A) are valid first line treatments. Carvedilol is more effective than traditional NSBB in reducing HVPg (1a;A) but has not been adequately compared head-to-head to traditional NSBB in clinical trials.

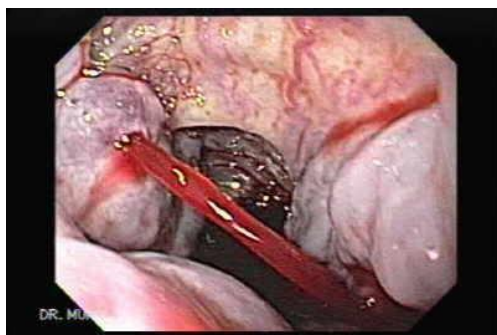


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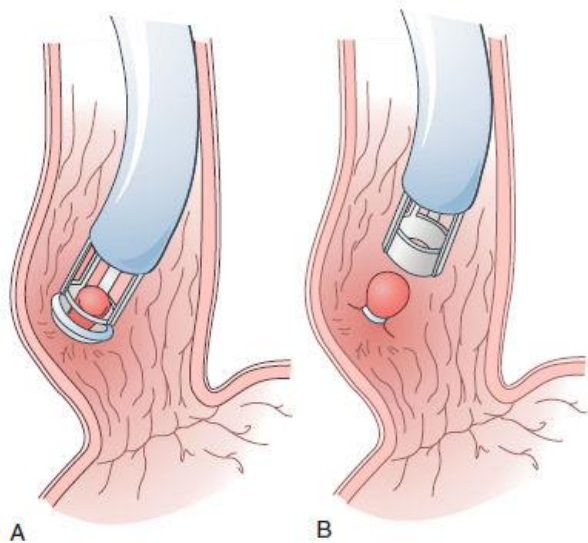
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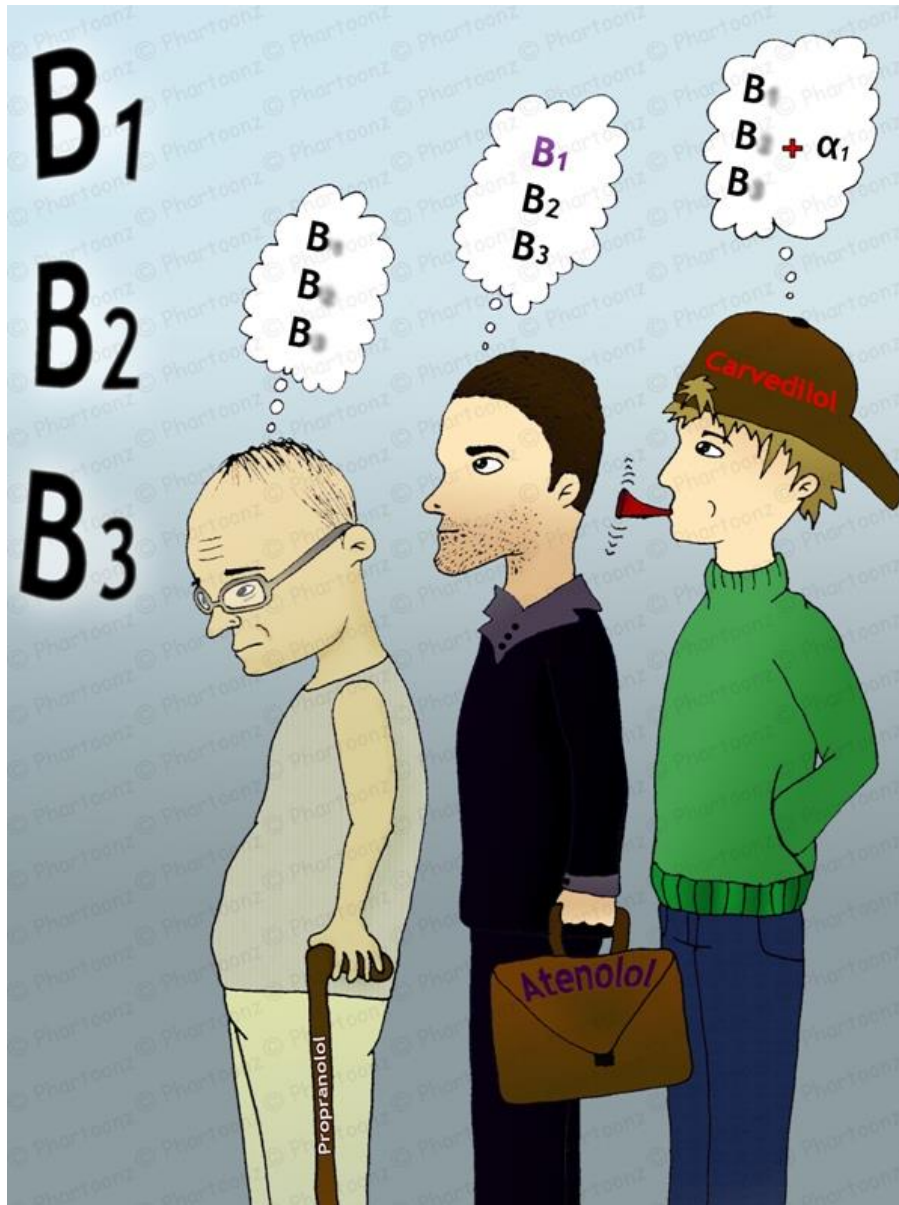
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First line therapy for all patients is the combination of NSBB (propranolol or nadolol) + EVL (1a;A).
EVL should not be used as monotherapy unless there is intolerance/ contraindications to NSBB (1a;A).



Recomendaciones: Profilaxis Secundaria



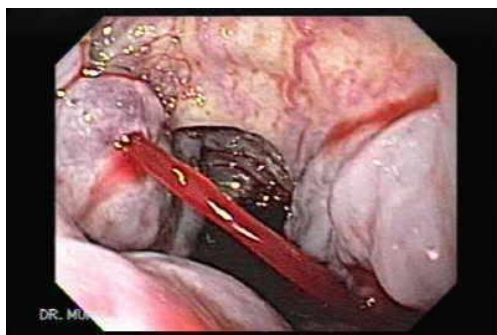


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- Because carvedilol has not been compared to current standard of care, its use cannot be recommended in the prevention of rebleeding (5;D).





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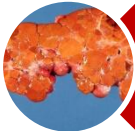
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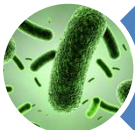
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DETECCIÓN PRECOZ DEL HEPATOCARCINOMA

Conferencia de consenso

Diagnóstico y tratamiento del carcinoma hepatocelular. Actualización del documento de consenso de la AEEH, SEOM, SERAM, SERVEI y SETH[☆]



Alejandro Forner^{a,b}, María Reig^{a,b}, María Varela^c, Marta Burrel^d, Jaime Feliu^e, Javier Briceño^f, Javier Sastre^g, Luis Martí-Bonmati^h, Josep María Llovet^{a,b,i}, José Ignacio Bilbao^j, Bruno Sangro^{b,k}, Fernando Pardo^l, Carmen Ayuso^d, Concepció Bru^d, Josep Tabernero^m y Jordi Bruix^{a,b,*}

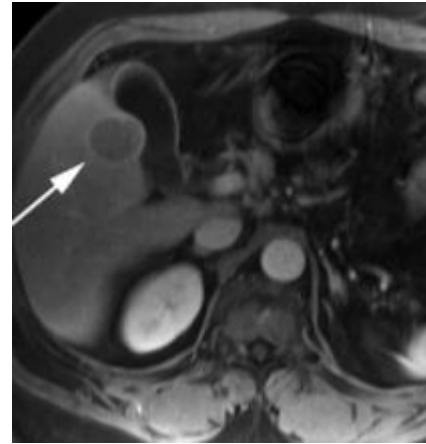
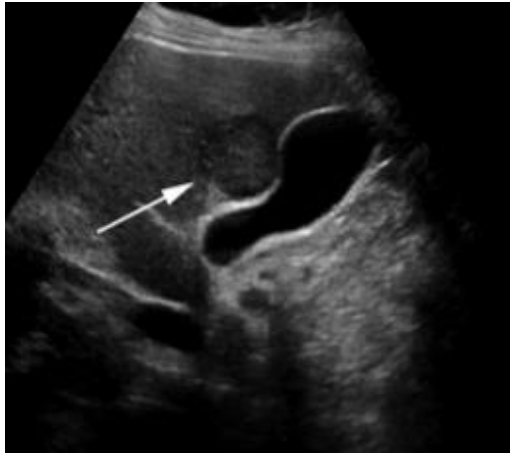
Recomendaciones:

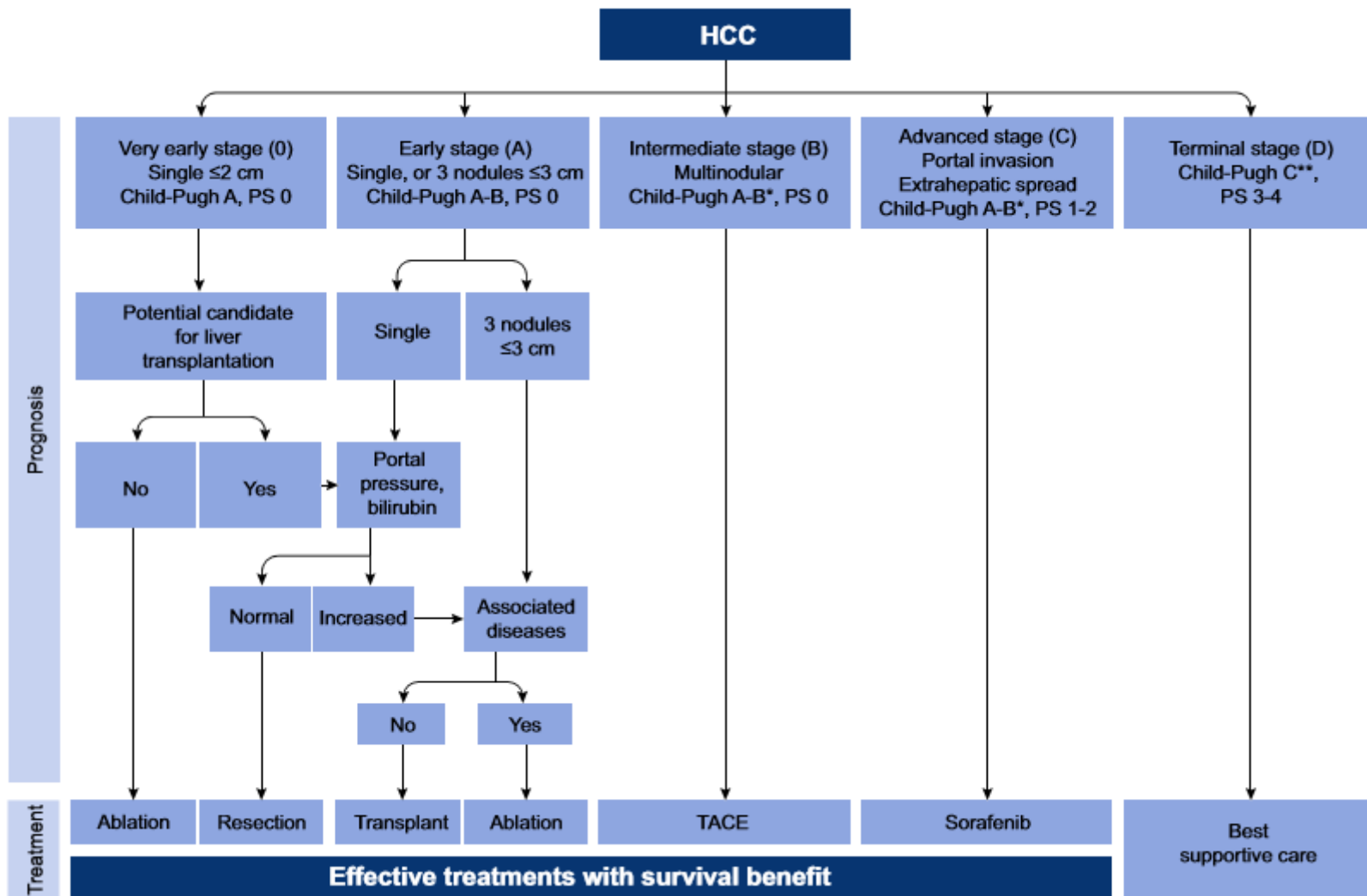
4.- Los pacientes afectos de cirrosis hepática deben ser considerados para participar en programas de cribado (evidencia 1B, recomendación 1A/B).

5.- La técnica de cribado más adecuada es la ecografía abdominal realizada por personal experto (evidencia 2B, recomendación 1B).

6.- No se recomienda el uso de AFP como técnica de cribado (evidencia 3D, recomendación 2B).

7.- La ecografía abdominal de cribado se debe realizar cada 6 meses. El intervalo de cribado no necesita ser acortado en pacientes con mayor riesgo de desarrollar CHC (evidencia 2B, recomendación 2B).







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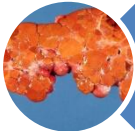
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Get Vaccinated

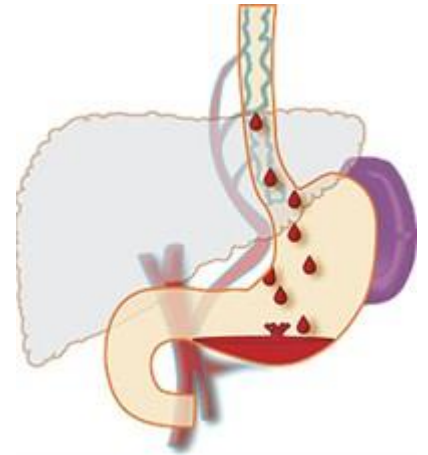
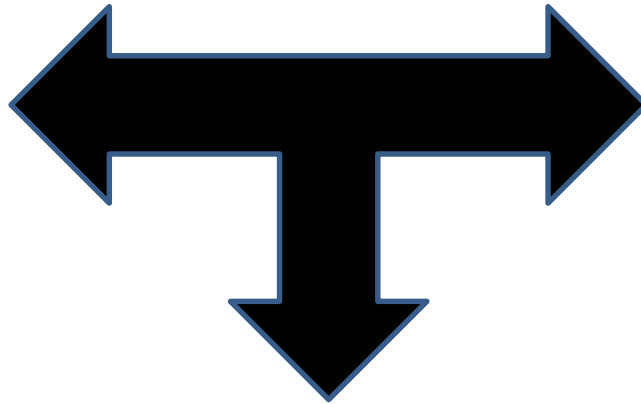
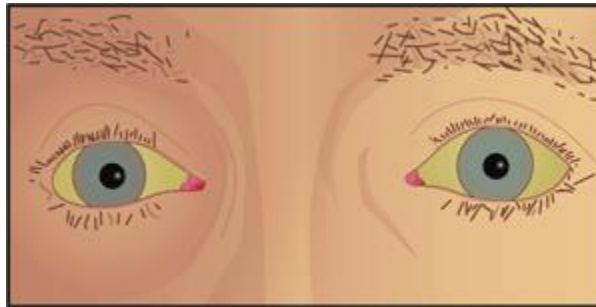


HEPATITIS B, HEPATITIS A

GRIPE

NEUMOCOCO

MENINGOCOCO





Thomas E. Starzl MD PhD

11 March 1926 - 4 March 2017



“1,000 Years, 1,000 People: Ranking the Men and Women Who Shaped the Millennium,”

Dr. Starzl 213th on its list of the 1,000 people having the greatest influence on the world in the preceding 1,000 years.