

Introduction letter by Dr. Rose and Dr. Wong

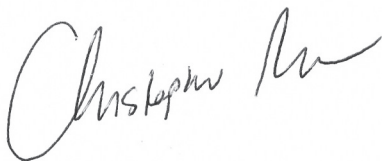
Hepatic Encephalopathy (HE) is a common complication of cirrhosis, involving a spectrum of neurocognitive changes. HE is divided into two categories based on severity: covert HE (CHE) and overt HE (OHE). Affecting 30-40% of patients with cirrhosis^{1,2,3,4}, the significance of OHE is often underappreciated as it is associated with increased rates of hospitalizations and a 43% survival⁵ rate in the first year after the initial episode of OHE. Moreover, recurrent episodes of OHE has been shown to cause persistent and cumulative cognitive impairment⁶ which could impact neurological outcome following liver transplantation. Therefore, accurate monitoring of these patients for episodes of recurrence or progression of HE is important for early identification and rapid initiation of therapy.

The West-Haven Criteria (WHC) is a familiar assessment system used worldwide that divides HE into 4 grades based on the patient's clinical manifestation, as graded by the physician. CHE is defined as grade 0 or 1, whereas grade >2 specifies OHE. The use of the WHC is restricted to clinicians and is subject to variability between users, but has withstood the test of time, and remains a cornerstone of evaluation.

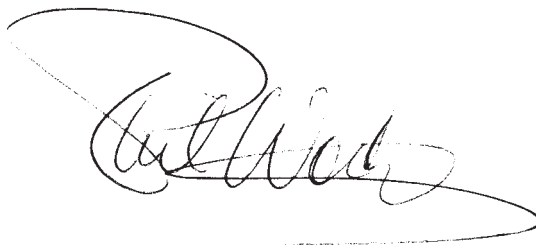
The CHES (Clinical Hepatic Encephalopathy Staging Scale)⁷ tool has been used effectively by clinicians and non-clinicians alike to assess patients with HE. It is a short questionnaire, easy and rapid to administer (<2 minutes usually) in the clinic or at the patients' home by their family, and does not require an expert assessor nor extensive training. The results are scored on a linear scale from 0 to 9 (deep coma), with a score of >3 usually translating to Grade 2 HE (OHE), and the need to contact a medical professional. This tool has shown a strong correlation to other HE indexes (WHC and Glasgow Coma Scale) and may help patients and families decide on when to seek medical attention. The symptom tracker is an equally user friendly clinical tool for families or clinicians to follow patient progress over time and detect improvement or deterioration.

It is our pleasure to provide these tools as handy work-sheets for your patients who require monitoring for HE. Although no "gold standard" test currently exists for assessing these patients, we hope that their ease of use and rapid administration will expedite an accurate diagnosis and timely therapy for your patients.

Sincerely,



Dr. Christopher Rose, PhD



Philip Wong, MD, MSc, FRCPC

¹D'Amico G. Dig Dis Sci 1986

²Coltorti M. Ital J Gastroenterol 1991

³Amodio P. J Hepatol 2001

⁴Romero-Gomez M. Am J Gastroenterol 2001

⁵Bustamante J. J Hepatol. 1999

⁶Bajaj et al. Gastroenterology 2010

⁷Ortiz et al. Aliment Pharmacol Ther. 2007