

## Management of Liver Disease in Internal Medicine Wards

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**Background and Aims:** Knowledge on the main characteristics of management of subjects with liver disease admitted to acute medical wards is varied. The purpose of this survey was to identify a picture of this condition in the Internal Medicine wards of the Campania Region.

**Materials and Methods:** We performed an online twelve items survey.

### Table 1: Strengths and Weaknesses in the Management of Liver Disease in Internal Medicine Wards

Strengths	Weaknesses
Biochemical indices use (FIB-4 - MASLD fibrosis score calculator - AST/ALT rate) <b>100 %</b>	Absence of elastography in the department <b>78%</b>
Correct HRS management <b>96%</b>	Use of Animal Naming Test <b>15%</b>
Presence of hepatology outpatient clinic in the hospital for follow-up <b>70%</b>	Limits on autonomy in prescribing DAAs <b>52%</b>

**Results:** 46 replies were recorded. Patients with hepatological morbidity are commonly admitted to Internal Medicine wards and in a third of cases they present in decompensated state. The most common pathology is MASLD, and biochemical indices, such as FIB-4, are correctly used. However, the use of the Baveno criteria for assessing portal hypertension and the Animal Naming Test in the case of covert encephalopathy are less effective. The difficulty of performing elastography on-site remains, therefore this exam is delegated to external centers. The management of the decompensation phase occurs correctly according to guidelines. Approximately half of the departments have a Hepatology outpatient clinic for follow-up, but autonomy in prescribing DAAs remains limited.

**Discussion:** The management of patients with liver disease is increasingly becoming the prerogative of internists. However, there are some limits in the prescriptive autonomy, knowledge of diagnostic criteria and of the elastography.

### References

- De Vincentis A (2021) The multifaceted spectrum of liver cirrhosis in older hospitalised patients: analysis of the REPOSI registry. *Age Ageing* 50: 498-504.

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