

NON-SELECTIVE BETA BLOCKER AS AN EFFECT MODIFIER IN THE ASSOCIATION OF MEAN ARTERIAL PRESSURE AND OUTCOMES AMONG DECOMPENSATED CIRRHOTIC PATIENTS

Julienne Antoinette E. Rivera, MD; Jade D. Jamias, MD, FPCP, FPSG, FPSDE
Division of Internal Medicine, National Kidney and Transplant Institute

ABSTRACT

OBJECTIVES: The primary objective of this study was to determine whether beta blocker use is an effect modifier in the association of mean arterial pressure (MAP) as a predictor of 28-day mortality among decompensated cirrhotics.

METHODS: This was a single-center cross sectional study analysis which compared the prognosis and MAP of decompensated cirrhotic patients on beta blockers (BB-group) to those who were not maintained on beta blockers (non-BB group). The primary endpoints were 28-day in hospital mortality, 1-year mortality and duration of hospital stay.

RESULTS: A total of 135 decompensated cirrhotic patients were included. Mean age of 59.91 ± 13.61 years, and 57% were male. The etiology of cirrhosis was alcoholism (24%), chronic hepatitis (37%), and NAFLD (23%). Sixty percent of the patients had CTP C cirrhosis. Overall 28-day mortality of decompensated cirrhotic patients was 34.07% (95% CI 26.14% to 42.72%). Non-BB group had a significantly higher mortality at 43.75% (versus 25.35%, $p = 0.030$). Length of hospital stay is a median of 5 days, reaching up to 56 days. BB group was 56.3% less likely to die within 28 days ($p = 0.026$). CTP C patients are 20 times more likely to expire within 28 days. CTP C cirrhosis was shown to be a significant predictor of 28-day in-hospital mortality.

CONCLUSION: In conclusion, beta-blocker use is an effect modifier in the association of mean arterial pressure as a predictor of 28-day in hospital mortality among decompensated cirrhotic patients.