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## Predictors of mortality in patients with liver cirrhosis admitted at Intensive Care Unit at Cardinal Santos Medical Center, Philippines: A retrospective cross-sectional analytical study

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Cirrhotic patients who need critical care support show high morbidity and mortality rates compared with other critically ill patients. Their prognosis is influenced by both the severity of the underlying hepatic disease and the worsening of extra-hepatic organ function. Patients with cirrhosis are admitted at the Intensive Care Unit (ICU) for complications of portal hypertension culminating in multiple organ failure in a large portion of patients. The objective of the study is to identify predictors of mortality of patients with cirrhosis admitted to ICU of Cardinal Santos Medical Center and to compare these predictors to that established liver specific (Child-Pugh Score, MELD and MELD-Na) prognostic models. A total of 51 cirrhotic patients were admitted from June 1, 2009 to June 30, 2015. The results are presented as Mean Standard Deviations and confidence intervals of 95% for quantitative variables and as percentages for categorical variables. It was found that hepatitis B is the most common cause of cirrhosis. Although Child-Pugh score indicates the severity of underlying liver disease, it cannot be considered as the best tool for predicting mortality. Among patients admitted at the ICU, encephalopathy is a complication involving low survival. Among the clinical parameters, the use of mechanical ventilator; the need for inotropic support; and the need for renal replacement therapy are associated with increased mortality. Among the laboratory parameters, lower venous pH and bicarbonate values are significantly associated with mortality. Hence, the prognosis for cirrhotic patients admitted to the ICU is poor.

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## Gastroesophageal reflux disease (GERD) care pathway: Indian expert panel recommendations

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Gastroesophageal reflux disease (GERD) is defined as symptoms or complications resulting from the reflux of gastric contents repeatedly into the esophagus or beyond (into the oral cavity, larynx or lung). GERD is one of the most common diseases encountered not just by gastroenterologists but by primary-care physicians, consulting physicians, and other specialists. This presentation presents consensus recommendations to identify the best therapeutic options in GERD which were collectively formulated by an expert panel consisting of experts from various disciplines (gastroenterologists, physicians, cardiologists and diabetologists) across India. The expert panel provided recommendations for various aspects of GERD including the importance of lifestyle modifications (weight loss, smoking cessation, limited intake of tea, coffee, restricted fatty and spicy food intake, avoiding larger meals and avoiding meals at late night); recommendations for appropriate use of PPIs in the treatment of GERD (consumption of PPIs 30-60 min prior to breakfast, maintaining treatment for a period of 8 weeks). The panel suggests adequate use of step up and step down of PPIs to avoid over use of the medication in patients. Adequate duration of treatment (8 weeks in most cases) is important. Adequate treatment of GERD should be able to achieve this objective, but no pharmaceutical agent can fully correct the multiple mechanisms involved, like motor dysfunction, weak sphincter, acid pocket, night-time regurgitation responsible for acid reflux into the esophagus. Acid suppression remains the most effective way to relieve symptoms and to promote healing of esophagitis in patients with GERD. Addition of proper adjuvant therapy may be required depending on pathogenesis.

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