Preface

HE or not HE? That is Frequently the Question

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Editor

Hepatic encephalopathy (HE) is a frequent clinical challenge for gastroenterologists in that the diagnosis is often unclear and the approved therapies are often inadequate and may have side effects that affect compliance. Clearly, HE has a negative impact on the patient’s quality of life and that of their caregivers. In this issue of *Clinics in Liver Disease*, our authors provide a comprehensive update of the newest data in HE with a focus on diagnostics, therapeutics, and the clinical implications of HE for our patients. We start with new methods of testing and brain imaging: Drs Edula, Nikolaos, and Pyrsopoulos review new and innovative ways to make diagnoses of HE, which is critical particularly in the early or covert phases. It has also been unclear what to do when we find covert or minimal encephalopathy. Drs Basu and Shah review the clinical and neurologic manifestations of covert HE, and the treatment options are reviewed by Dr Flamm and Drs Henderson and Herrera, including the controversy as to whether this should be treated.

Dietary restriction has been a controversial area in HE; protein restriction, which used to be the standard, has clearly been debunked as a treatment modality as discussed in Dr Abdelsayed’s article on nutrition and HE. This is augmented by an in-depth look at the role of sarcopenia, and frailty, which is reviewed in an excellent article by Drs Lucero and Verna, looking at the impact of protein restriction, malnourishment, and its resultant muscle wasting on HE and its management. Ammonia has been long recognized as a marker for encephalopathy; however, the difficulties in interpreting ammonia levels have cast questions on its absolute role. The difficulties in measuring ammonia, the role of measuring ammonia, and its role in pathogenesis are reviewed by Drs Parekh and Balart, and novel agents that are currently approved or in testing to lower ammonia are discussed by Drs Rahimi and Rockey. The cornerstones of treatment of our most significant clinical problems, overt encephalopathy and the encephalopathy in acute hepatic failure, are discussed in excellent articles by Dr Sussman and Drs Kodali and McGuire, respectively.
Finally, the vexing questions about legal and ethical responsibilities for patients with HE, in particular, their ability to drive, are discussed in Dr Vierling’s fascinating review of the legal implications, including the state regulations on reporting of HE, both for ability to operate a motor vehicle and for other legal responsibilities. Overall, this issue of Clinics in Liver Disease takes an old problem and views it in a new light with the new diagnostic approaches, new understanding of pathogenesis, as well as new and emerging therapeutics, which I am certain will enhance our readers’ clinical knowledge and their management of this challenging clinical problem.

Many people need to be acknowledged in the production of this issue. First, I am thankful to my authors, who have produced what I think is top-flight material throughout, giving new views to every topic. I would like to thank the publisher, and in particular, Meredith Clinton, without whose ongoing support and holding me to task on timelines, this probably never would have been done. I am sorry for all the times that I was late. Last, and most importantly, I would like to thank my family: my children, Bella, Jake, Dylan, Jacqueline, and Peyton, and my lovely wife, Sarah. Though my love for you makes it hard to leave each day to go to work, it also inspires me to try to do great things.

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