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<https://reachmd.com/programs/cme/Minimal-Hepatic-Encephalopathy-Hiding-in-Plain-Sight/39787/>

Released: 12/11/2025

Valid until: 12/11/2026

Time needed to complete: 55m

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Minimal Hepatic Encephalopathy: Hiding in Plain Sight?

Announcer:

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Dr. Jesudian:

This is CE on ReachMD, and I'm Dr. Arun Jesudian. Here with me today is Dr. Nancy Reau.

Nancy, what are the signs that clinicians need to look for to suspect minimal hepatic encephalopathy?

Dr. Reau:

Yeah, minimal hepatic encephalopathy by definition is a little sneaky, and it's going to be a spectrum, right? So sometimes you really have very few clues, and you need to do formal psychiatric testing in order to demonstrate if someone has minimal hepatic encephalopathy.

On the other hand, there are people who are truly affected; it's just a little more subtle, and that's where we're going to concentrate. That means that things that usually are no big deal are a little bit harder. So you can't remember how to get into your phone. You're a little confused about coming up with your address, and this is kind of where those mind games or Sudoku or some of the things where you have to challenge yourself a little bit more and if you're struggling, that's important.

In the hospital or in the office, we'll often ask pretty easy questions, and that's not going to be good enough for minimal encephalopathy. You really need to get a little bit harder, challenging the brain, making it stay on task and concentrating. And when there's a breakdown then you know you might have HE.

Dr. Jesudian:

Yeah, I agree. It can be so difficult to pick up at the bedside. And this minimal hepatic encephalopathy falls within what we call covert hepatic encephalopathy, which is different from overt hepatic encephalopathy. If you look at the scoring systems like the West Haven criteria, you'll see that patients with overt hepatic encephalopathy have grades 2, 3, and 4. That's really obvious for us to pick up. We'll see asterixis or disorientation or even coma in the severe form. And this minimal or covert is so challenging for the reasons you laid out.

I try and ask my patients about brain fogginess and about if they're functioning at their job the way they normally do. Although it's not perfect, have you ever used the animal naming test?

Dr. Reau:

All the time. And we tell them to vary. Don't just name animals, think about things you can find in your kitchen or favorite restaurants. People learn things. It's the same thing with the Stroop Test. Once you figure it out, if you do it over and over and over again, there's going to be a little bit of pattern recognition. So taking it up a notch to make that brain work is really going to be important.

Dr. Jesudian:

Yeah, so how many of one category of items they can name can give us a tip-off of if they're impaired. But yes, maybe not asking the same one every time so they're not practiced at it.

Do you find that caregivers are helpful at identifying minimal or covert hepatic encephalopathy in patients?

Dr. Reau:

I do, I think, especially when you tell them that subtle behavioral changes can be a sign. We also try to release them so that they don't feel like they're tattling on their loved one. When I talk to my patient in front of me, I'm like, listen, it's really important to get feedback from your family. They're not trying to be mean. They're really trying to find something at a time when we can intervene so that you have better quality of life, so you have better functioning. They're not just saying, "Oh, look, I'm frustrated. You're not your normal self." That means that you need to call your doctor, talk about what we might be able to change so that you have a better functioning status.

Dr. Jesudian:

Well, and I think it's helpful to talk to them about quality of life and how this even covert hepatic encephalopathy can impact their quality of life. So us identifying it and thinking about treatment can really help how they're feeling and maybe how they even really relate to their family and loved ones.

Dr. Reau:

Absolutely. There's a lot of overlap between depression, being overwhelmed, side effects of medication. So even if a conversation about minimal encephalopathy turns out not to be encephalopathy, it doesn't mean that it's—you know, it's like a practice, right? So it wasn't ME this time, but maybe next time it will be minimal encephalopathy, and you now have the freedom to talk to your caregivers and your providers about how you're feeling and what's going on and what changes might be able to be made.

Dr. Jesudian:

That's an important point. So if you take one thing away, raise your index of suspicion for hepatic encephalopathy and don't ignore the subtle clues.

Well, I think we nailed it. Thanks so much, and we'll see you next time.

Announcer:

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