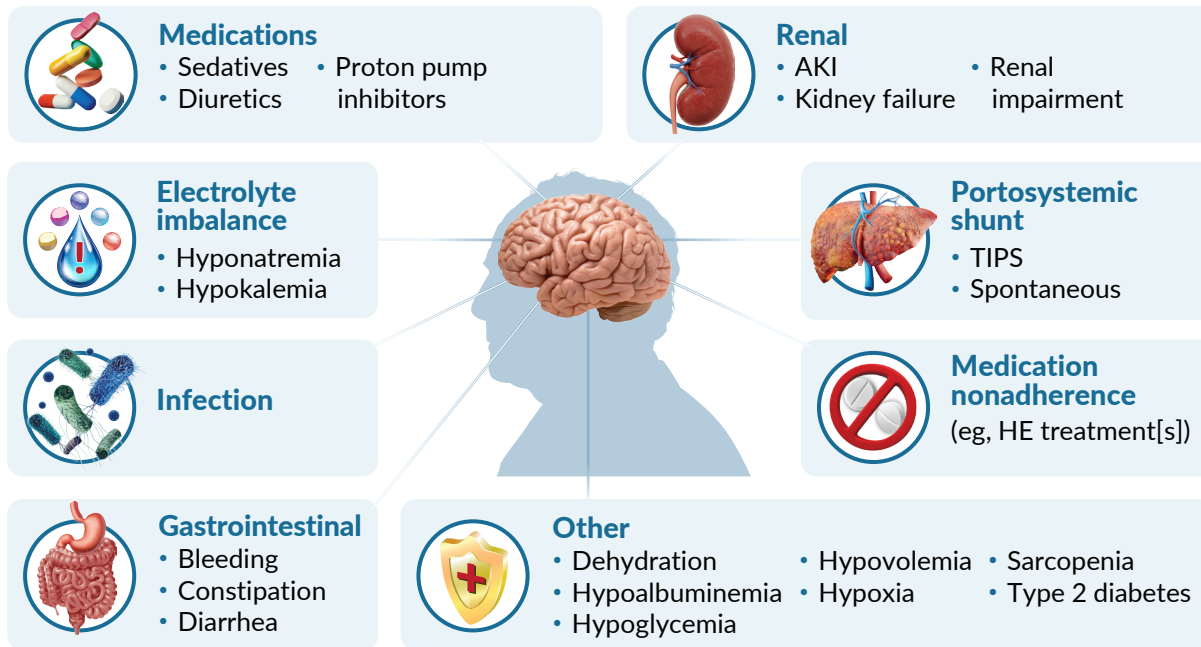


# HE Risk Factors

## Hepatic encephalopathy (HE)<sup>1</sup>

- Brain dysfunction caused by liver insufficiency and/or portosystemic shunting
- Frequent complication of cirrhosis; overt HE is classified as a decompensating event

## Common Precipitating Factors<sup>2-7</sup>



## Clinical Impact of Precipitating Factors



The **number** of HE precipitating factors as well as **AKI** and **infection** have been associated with **death** or **liver transplantation**<sup>5</sup>



Up to **90%** of patients would be expected to recover from episodic **overt HE** if **precipitating factors are identified and corrected**<sup>1,8,9</sup>



**AASLD, ACG, and EASL** guidelines **strongly recommend identification and treatment** of the **precipitating factor** in patients with overt HE<sup>1,9,10</sup>

## Pharmacologic Considerations<sup>2</sup>



**Lactulose** | 15 to 45 mL (titrated to achieve 2-3 BMs/day)

**Rifaximin 550 mg BID (± lactulose)** | For reduction in risk of overt HE recurrence

AASLD = American Association for the Study of Liver Diseases; ACG = American College of Gastroenterology; AKI = acute kidney injury; BID = twice daily; BM = bowel movement; EASL = European Association for the Study of the Liver; HE = hepatic encephalopathy; TIPS = transjugular intrahepatic portosystemic shunt.

1. Vilstrup H, et al. *Hepatology*. 2014;60(2):715-735. 2. Specialty Networks. <https://conta.cc/3HKiFhL>. Accessed November 13, 2025. 3. Bellafante D, et al. *J Clin Med*. 2023;12(3):1187. 4. Amodio P, et al. *J Clin Med*. 2023;10(2):341. 5. Rudler M, et al. *United European Gastroenterol J*. 2025;13(5):738-749. 6. Vidal-Cevallos P, et al. *Ann Hepatol*. 2022;27(6):100757. 7. Bajaj JS, et al. *Aliment Pharmacol Ther*. 2010;31(9):1012-1017. 8. Strauss E, et al. *Hepatogastroenterology*. 1992;39(6):542-545. 9. European Association for the Study of the Liver. *J Hepatol*. 2022;77(3):807-824. 10. Bajaj JS, et al. *Am J Gastroenterol*. 2026;121(3):588-618.