



# Drug Monitor

ONLINE EDITION

## Ascites Care Falls Short for Some Patients

The quality of care for patients with ascites leaves “room for improvement,” according to a study of 774 VA patients with cirrhosis and ascites.

Only one-third of patients received the care that was recommended. Care targeted at diagnosis was more likely to meet quality standards than was preventive care, despite extensive data that show preventive care improves outcomes in patients with cirrhosis, say researchers from Baylor College of Medicine in Houston, Texas; Saint Louis University in Saint Louis, Missouri; VA Greater Los Angeles Healthcare System in Los Angeles, California; and UCLA in Los

Angeles, California. For example, although nearly all patients received antibiotics for documented spontaneous bacterial peritonitis (SBP), only 30% received antibiotics for secondary prophylaxis of SBP after discharge.

In general, the study revealed a trend toward improved outcomes in patients who met recommended quality indicators (QIs), although the researchers say those findings are preliminary. However, given that the study was observational and retrospective, the researchers say they can't draw strong causal inferences between QIs and some of the predictors or between QIs and outcomes. They found, for instance, that patients with more comorbid conditions received worse care for ascites than did those with

no comorbidities, regardless of the severity of liver disease. This may just mean, the researchers say, that the clinicians were appropriately identifying competing mortality risks and adjusting interventions accordingly.

Patients who saw a gastroenterologist or who were cared for in a teaching-affiliated hospital received higher quality care. Their findings suggest, the researchers say, that specialist involvement as well as focused efforts on preventive care for ascites and for patients with comorbidities can improve the quality of care for patients with cirrhosis and ascites. ●

Source: Kanwal F, Kramer JR, Buchanan P, et al. *Gastroenterology*. 2012;143(1):70-77. doi: 10.1053/j.gastro.2012.03.038.