

# Cirrhosis patients losing muscle mass have a higher death rate

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Medical researchers at the University of Alberta reviewed the medical records of more than 100 patients who had a liver scarring condition and discovered those who were losing muscle were more apt to die while waiting for a liver transplant. These cirrhosis patients were placed at a lower spot on the transplant list because they had a higher functioning liver and were seemingly less sick than others with the same condition, based on scoring systems physicians commonly use today.

Michael Sawyer, the principal investigator in the recently published review, says the results demonstrate [physicians](#) need to consider muscle mass when assessing where a patient with cirrhosis needs to be placed on the [transplant list](#). Muscle mass, which can be seen through [CT images](#) commonly ordered for cirrhosis patients, needs to be considered in conjunction with other factors [doctors](#) currently look at, says Sawyer, who is a researcher in the Department of [Oncology](#) with the Faculty of Medicine & Dentistry and a practising oncologist at the Cross Cancer Institute.

The review conducted by Sawyer and his colleagues was just published in the peer-reviewed journal, *Clinical Gastroenterology and Hepatology*, in the United States. An editorial about this research was also published in the February issue of the journal.

Sawyer and his team studied 112 patients with cirrhosis who were awaiting liver transplants at the University of Alberta Hospital and discovered 40 per cent of them had muscle wasting or low muscle mass.

Cirrhosis is the final phase of chronic liver diseases, characterized by scarring of the liver and poor liver function. Those with low muscle mass lived for about 19 months if they couldn't get a transplant, while those with normal muscle mass lived for about 34 months without a liver transplant.

"Patients with cirrhosis who have low muscle mass are actually more sick than what current scoring systems are telling us and many of them die while waiting on the [liver transplant](#) lists," says Sawyer.

"Patients with low muscle mass will get put on the list thinking they can wait for around three years, but really they can only wait for about one-and-a-half years.

"Those in the medical field have been looking for better methods to assess patients with cirrhosis and this may be that missing piece to the puzzle. If we can combine this measure of muscle mass with the current scoring system, it will provide a better way of predicting survival rates of patients awaiting liver transplants."

The team's research was funded by the Alberta Cancer Foundation, who said the findings will improve care for patients. The study originally looked at the incidence of low [muscle mass](#) in both cirrhosis patients and patients with liver cancer. The liver cancer findings are yet to be published.

"Dr. Sawyer's research is an example of how new knowledge and the understanding of disease is vital to advancing clinical care," says Myka Osinchuk, CEO of the Alberta Cancer Foundation. "It is gratifying to know that Dr. Sawyer and his team have taken this research to another, unexpected level and are challenging the medical field to a new way of thinking."

Sawyer and one of his teammates, Aldo J. Montano-Loza, who works in the Division of Gastroenterology in the Faculty of Medicine & Dentistry, have already received further funding from the American College of Gastroenterology to continue their work.

Sawyer is hopeful this additional way of assessing [cirrhosis](#) patients awaiting transplants will be incorporated into medical practice within the next three to four years.

Provided by University of Alberta

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