


Case Study: Patient with alcohol use disorder and altered mental status

Meet Tori



Age: 67

Sex: Female

Medical history

- History of alcohol use disorder
- Has not consumed alcohol within the last 2 years
- Altered mental status following a gastric infection

Clinical observation

- Patient appears disoriented and confused with a resting tremor

Hypothetical patient.

Is Tori at risk for cirrhosis?

☐ Yes ☐ Need more information

Initial screening

Fibrosis-4 index (FIB-4)

Based on Tori’s age and lab values from routine blood work, her FIB-4 score was 3.5

With a FIB-4 score of 3.5, should Tori be referred to a specialist?

☐ Yes ☐ Need more information

Specialist visit

Specialist confirmed cirrhosis via physical exam and elastography

Does Tori need additional screening for hepatic encephalopathy (HE)?

☐ Yes, Tori should be screened for HE ☐ No, Tori should receive immediate cirrhosis care

Cirrhosis and decompensation

Considerations for an HE diagnosis

Assessment for HE signs and symptoms should be performed routinely, especially in patients with cirrhosis with a previous episode or risk factors, and should consider the following steps<sup>5-7</sup>:

- Gather patient history
- Perform a physical examination
- Rule out similar conditions
- Identify and address precipitant factors
- Assess for malnutrition

Is there sufficient evidence that Tori has overt HE (OHE)?

☐ Yes ☐ Need more information

OHE is often recurrent, requiring proactive monitoring and management<sup>5,6</sup>

Tori’s management plan<sup>6</sup>



Resolve precipitating factor (ie, gastric infection)





Initiate XIFAXAN® (rifaximin) and lactulose to reduce the risk of OHE recurrence

INDICATION

XIFAXAN® (rifaximin) 550 mg tablets are indicated for the reduction in risk of overt hepatic encephalopathy (HE) recurrence in adults.

[Click here to learn more about XIFAXAN](#)

IMPORTANT SAFETY INFORMATION

- XIFAXAN is contraindicated in patients with a hypersensitivity to rifaximin, rifamycin antimicrobial agents, or any of the components in XIFAXAN. Hypersensitivity reactions have included exfoliative dermatitis, angioneurotic edema, and anaphylaxis.
- Clostridium difficile*-associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including XIFAXAN, and may range in severity from mild diarrhea to fatal colitis. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued.
- There is an increased systemic exposure in patients with severe (Child-Pugh Class C) hepatic impairment. Caution should be exercised when administering XIFAXAN to these patients.
- Caution should be exercised when concomitant use of XIFAXAN and P-glycoprotein (P-gp) and/or OATPs inhibitors is needed. Concomitant administration of cyclosporine, an inhibitor of P-gp and OATPs, significantly increased the systemic exposure of rifaximin. In patients with hepatic impairment, a potential additive effect of reduced metabolism and concomitant P-gp inhibitors may further increase the systemic exposure to rifaximin.
- In clinical studies, the most common adverse reactions for XIFAXAN (alone or in combination with lactulose) were:
  - HE (≥10%): Peripheral edema (17%), constipation (16%), nausea (15%), fatigue (14%), insomnia (14%), ascites (13%), dizziness (13%), urinary tract infection (12%), anemia (10%), and pruritus (10%)
- INR changes have been reported in patients receiving rifaximin and warfarin concomitantly. Monitor INR and prothrombin time. Dose adjustment of warfarin may be required.
- XIFAXAN may cause fetal harm. Advise pregnant women of the potential risk to a fetus.

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at 1-800-321-4576 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Please [click here](#) for full Prescribing Information.