



Magnesium deficiency and minimal hepatic encephalopathy among patients with compensated liver cirrhosis

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Background

- Magnesium (Mg) is an essential intracellular cation
- Correlation between serum level and total body content is poor, since most Mg is intracellular
- Mg deficiency is common in the general population
- Its prevalence among patients with cirrhosis is even higher





Cont. - Background

- Minimal hepatic encephalopathy (MHE) is a subclinical phase of hepatic encephalopathy in which there are no overt symptoms
- Cognitive exams can reveal minor changes in coordination, attention and visual motor function, whereas language and verbal intelligence are usually relatively spared







- To assess the correlation between intracellular and serum Mg levels and MHE
- To assess the benefit of Mg supplements in this population





Methods

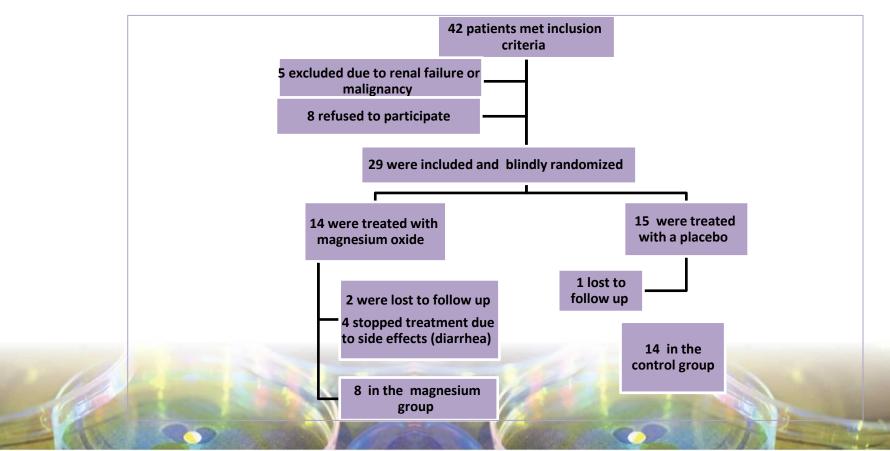
- Outpatients with a diagnosis of compensated liver cirrhosis were enrolled
- Randomized, double-blinded study
- Serum and intracellular magnesium levels were measured
- Cognitive function was assessed by a specialized occupational therapist







 Patients were randomly divided to control (placebo) and interventional (treated with magnesium oxide) arms







Results

- 29 patients met the inclusion criteria
- 65.5% male, 34.5% female

Table 1 (N=29)	
Age (years)	62.8±10.7
DM	48.3%
Hypertension	41.4%
Dislipidemia	31.0%
AF	0.0%
IHD	10.3%
CHF	3.4%
PVD	3.4%
Active smoking	10.3%
HIV	3.4%

<u>Liver disease</u>					
HBV	20.7%				
HCV	34.5%				
PSC/PBC	3.4%				
NAFLD	24.1%				
AUTOIMMUNE					
HEPATITIS	3.4%				
Other	13.8%				





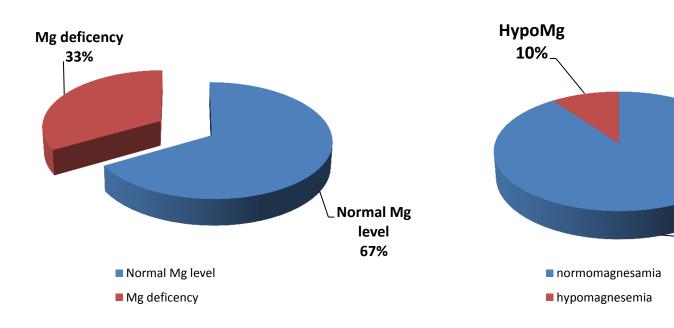
NormoMg

90%

Prevalence of magnesium deficiency among study population

Intracellular magnesium

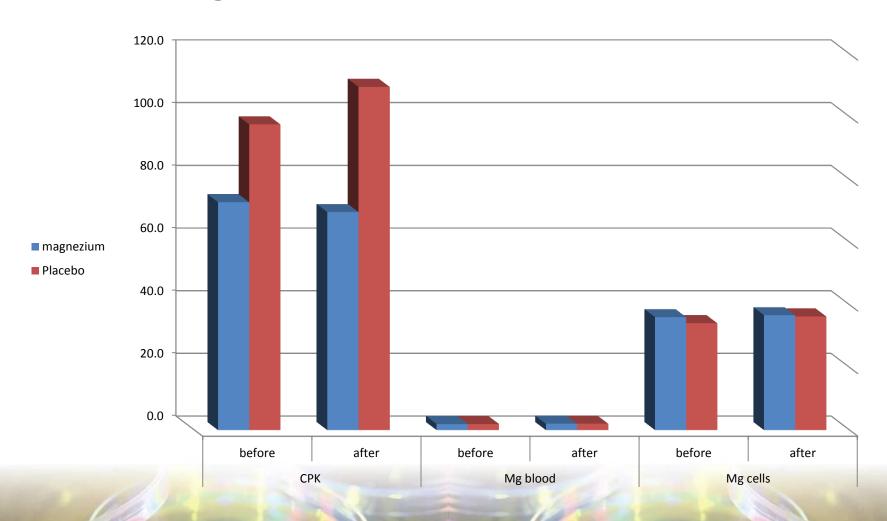
Serum magnesium







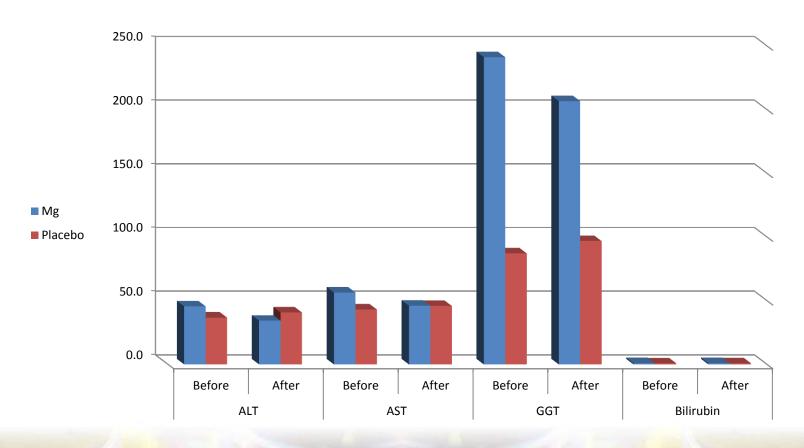
CPK, Mg level before and after treatment







Hepatocellular enzyme levels before and after treatment

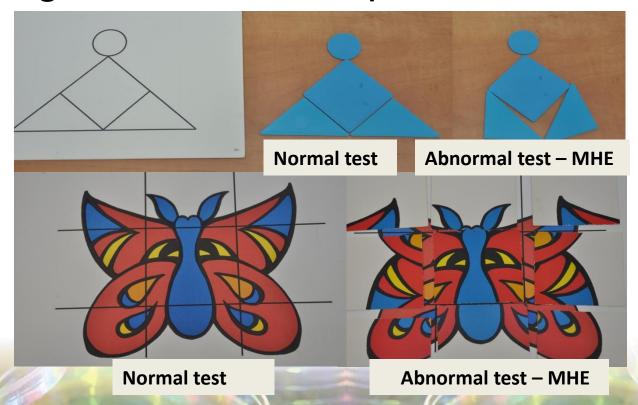








83% of the patients had abnormal cognitive exam compatible with MHE







Initial Mg levels (both intracellular and serum levels) were positively correlated to cognitive performance

					זיכרון לטווח	חשיבה		
LAB before		ציור שעון	כיוון שעון	MOCA	ארוך	מופשטת	פאזל	חזרה
ALTb	Correlation	014	050	030.	115.	265.	104.	383.
	Sig.	959.	848.	910.	659.	305.	691.	129.
ASTb	Correlation	088.	050.	040.	044.	191.	154.	480.
	Sig.	737.	848.	880.	866.	463.	555.	051.
GGTb	Correlation	173	239	226	035	427.	327	227.
	Sig.	506.	356.	383.	895.	087.	200.	380.
CPKb	Correlation	027	126	151	160	252	178	172
	Sig.	918.	631.	564.	540.	328.	494.	509.
amonia b	Correlation	021.	314.	143	122	108	110	164.
	Sig.	937.	219.	585.	642.	681.	676.	528.
Mgblood	Correlation	484	315	082	119.	344.	*589	231
	Sig.	058.	235.	763.	661.	192.	016.	389.
Mgcellsb	Correlation	065	164	323.	215.	038	118.	**628.
	Sig.	805.	530.	206.	408.	886.	652.	007.





Conclusion

- Mg deficiency is common among patients with compensated liver cirrhosis
- We found an association between Mg deficiency and impairment in several cognitive function tests that might indicate involvement of Mg in the pathophysiology of MHE





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