Single Technology Appraisal (STA)

Rifaximin for maintaining remission from episodes of hepatic encephalopathy

Comments submitted on behalf of members of BASL (British Association for the Study of the Liver)

1. Impact of rifaximin therapy on quality of life for the patients and their carers:
Anecdotal, but we do have positive reports from both patients and carers
2. Impact of rifaximin therapy on admissions to hospital:
Although we have small numbers so far, and in some patients it is too early to comment on this, we have noted a reduction in admissions of between 50 - 70% approximately in patients commenced on rifaximin over the last year. For example, one patient who had had 10 admissions in the preceding year has only had 3 admissions this year.
We believe that so far, in carefully selected patients, there is a noticeable improvement in many cases once on Rifaximin. Therefore we would value it being funded appropriately.
[redacted]

We have been using Rifaximin in patients with overt hepatic encephalopathy for many years. Our use has progressively increased with the clinical benefit in quality of life for the majority of patients and their families. We have audited our practice and demonstrated a reduction in emergency admissions in 25 patients who we were able to follow up for a year after commencing Rifaximin. This has been of immense benefit to our patients
[redacted]

We are a busy regional non transplant unit. I do not think rifaximin should be first line but has an important role in a selected group of patients with difficult to control/manage hepatic encephalopathy and has been a miracle drug in a few selected group of patients in both preventing readmissions, getting out of hospital and improving quality of life. All prescriptions have been hepatology consultant initiated. Experience attached.
[redacted]

Rifaximin is clearly helpful to some of my patients with chronic encephalopathy but my evidence is anecdotal. I have seen a reduction in hospital readmissions with its use and also clear improvement in quality of life.
[redacted]

BASL comments continued…

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We are based [redacted] in North Wales. About 3 years ago we tried Rifaxamin in 2 patients with excellent results.
Dose was 400mgs tds as was before Targaxan was launched so was ordered from overseas.
First patient was an elderly lady but usually independent with decompensated liver disease. Ascites and recurrent encephalopathy were her main problems and she was in hospital for long periods where she would then pick up infections too. As soon as we started the Rifaxamin she was home within the week and we were able to only admit for paracentesis management. She and her family were thrilled with the drug as it restored her mental state back to normal and allowed her to go home which she was desperate for. This allowed her to have a great quality of life for the next 18 months before she passed away and reduced amount of time in hospital.
Second was a gentleman also with decompensated liver disease but the encephalopathy was his main problem. He would often end up being admitted as an emergency after being found collapsed at home by neighbour or family when they visited. This caused him and his family great distress. We added Rifaxamin and he too improved dramatically and was able to go home quickly. He had no further episodes which he was happy about seeing as he lived alone. He was transplanted about 8 months later.
Both of these were also taking lactulose regularly and were compliant with medication but adding in the Rifaxamin allowed them both to have a dramatic improvement in quality of life. They both lived alone so safety was also a priority.
[redacted]

Although patients with chronic incapacitating encephalopathy are relatively infrequent I certainly have current experience with two patients in whom rifaximin has been critical in keeping them out of hospital and less dependent on family carers.
From my limited perspective, it is a valuable additional medication, especially if lactulose or other conventional approaches have failed.
[redacted]

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