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**Re: Risk stratification of suffering hepatic encephalopathy in liver cirrhosis patients: novel strategy with novel concerns**

**Comment [LA1]:** Title usually not needed, as this is basically reply to HEP xx

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Keywords:

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Disclosure:

1. Elliot Tapper is the guarantor of this article
2. Conflicts of interest: Neither Drs. Tapper, Su, or Lok not reports pertinent conflicts of interest.

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We thank Dr. Zheng and colleagues for their interest in our study on the risk of hepatic encephalopathy (HE) in a population-based cohort of American veterans.<sup>1</sup> Zheng et al. indicated that our study included few Asians. Given that our model was comprised of markers of liver function (albumin and bilirubin) and clinically significant portal hypertension (use of non-selective beta-blockers) but not race, we have little reason to suspect that the performance of this model will be different in Asians.

Zheng et al. questioned whether the impact of statins is linked to obesity which they posit to be more prevalent in American patients with cirrhosis. Available data suggest the beneficial effect of statins in patients with portal hypertension are related to improvements in vascular endothelial function and decreased inflammatory response to gut bacteria and not cholesterol lowering.<sup>1</sup> Indeed, there are data that statins prevent decompensation in Asian patients with hepatitis B-related cirrhosis.<sup>2</sup>

Zheng et al. posit that hepatitis B may be associated with cognitive changes (which may not have been captured in our dataset).<sup>3</sup> To our knowledge, evidence to support an effect of hepatitis C virus (more prevalent in our cohort) on cognition and brain function is more robust.<sup>4</sup> However, and more importantly, there are no data linking the cerebral effects of either hepatitis B or C virus to development of HE in patients with no cirrhosis or increase the risk of HE in those with cirrhosis.

**References**

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