

**HEPATITIS B
AASLD GUIDELINES
NOT BEING FOLLOWED**

A study published in *The American Journal of Gastroenterology* has demonstrated “remarkably poor adherence” to guidelines from the American Association for the Study of Liver Diseases (AASLD) for the management of patients with chronic hepatitis B.

Managing patients with chronic hepatitis B is complex owing to the multiple phases in the natural history of HBV infection—not all phases require treatment. For this reason, in 2009 AASLD published practice guidelines for monitoring and treating this disease. Since then, studies have demonstrated a lack of adherence to various areas of the guidelines. “We felt the need to document these gaps in a large academic centre such as ours since they are likely to reflect equivalent and possibly larger gaps in non-academic settings,” explain authors Ruma Rajbhandari, Ying Wu and Raymond Chung.

The researchers reviewed the charts of 962 patients with chronic hepatitis B in Massachusetts General Hospital, Boston, MA, USA, and satellite clinics and health centres. Adherence to the AASLD guidelines was evaluated in five areas; low adherence was particularly noted in three of these areas: liver biopsy, timely hepatocellular carcinoma (HCC) and serum alanine aminotransferase monitoring, and testing for co-infection with hepatitis A virus (HAV), HCV and HIV. For example, 60% of patients did not undergo a clinically warranted liver biopsy—mostly owing to physician rather than patient nonadherence. 45% of patients did not have timely HCC screening. 35%, 24% and 54% of patients were not tested for HAV, HCV and HIV co-infections, respectively.

“Now that we have identified gaps in adherence, our next steps are to figure out how to best address these gaps within our own medical center so as to improve care within our system as well as to inform others of the best means of improving the quality of hepatitis B care,” says Rajbhandari. The authors suggest that increasing physician knowledge, the incorporation of electronic decision support tools and better communication among health-care providers could help to improve adherence to AASLD guidelines and thus enhance the management of these complex patients.

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