**November 6, 2018 AHD Objectives**

NASH/ASH:

1. Describe the spectrum of alcoholic liver disease from fatty liver to hepatocellular carcinoma.
2. Describe the clinical syndrome of alcoholic hepatitis including presentation, physical exam

findings, and laboratory values.

1. Describe how to use the Maddrey Discriminant Function score, its limitations, and how to use the Lille score.
2. Know the major contraindications to steroids for alcoholic hepatitis.

Dysphagia:

1. Compare motility, functional, and anatomic dysphagia. Define them, list some causes, and describe how a patient might experience them.
2. Understand the appropriate differential diagnosis and evaluation of odynophagia.
3. When is upper endoscopy warranted in patients with GERD?
4. How is EE diagnosed and what is the treatment?
5. How can achalasia be treated?
6. Understand the indications for screening for Barett’s esophagus and its treatment options.

Complications of cirrhosis

1. Describe the initial laboratory evaluation for ascites to determine its cause.
2. Describe the first line treatment for ascites due to portal hypertension and cirrhosis.
3. Describe the indication and recommended dosage for albumin after large volume paracentesis.
4. Know the laboratory definition for SBP and the recommended treatments (IV and po).
5. Know the indications for SBP prophylaxis in the hospital setting and lifelong.
6. Describe five precipitants for new or worsening hepatic encephalopathy.
7. Know the medication that may be added for patient whose encephalopathy is refractory to lactulose monotherapy.
8. Describe the appropriate endoscopic screening for esophageal varices and management based on size.
9. Describe the appropriate treatment for acute variceal bleeding including bleeding that is refractory to standard endoscopic treatment.
10. Define hepatorenal syndrome (including type 1 and type 2) and its pathophysiology.
11. Describe the current treatment strategy for type 1 hepatorenal syndrome.
12. Define hepatopulmonary syndrome, hepatic hydrothorax, and portopulmonary hypertension