

## **Opportunities to Increase Nonselective Beta-Blocker Use in Compensated Advanced Chronic Liver Disease**

Author/s: Jameel Alp

**Background:** Historically, esophagogastroduodenoscopy (EGD) has been the standard for variceal screening in compensated cirrhosis (CC) and advanced chronic liver disease (cACLD). However, recent AASLD and Baveno VII guidelines recommend nonselective beta-blockers (NSBBs) for patients with clinically significant portal hypertension (CSPH), diagnosed using transient elastography (TE) and platelet count, rather than routine EGD. This shift aims to reduce unnecessary procedures, lowering healthcare costs, and minimizing risks such as sedation-related complications, bleeding, and discomfort.

**Methods:** A retrospective review of the endoscopy database at the Minneapolis VA Medical Center included patients with CC or cACLD who underwent EGD for variceal screening between October 2023 and September 2024. CSPH was determined by TE, platelet count, or imaging. We assessed NSBB eligibility and trends in NSBB use before and after the 2020 AASLD guidance.

**Results:** Of 71 patients, 78.7% had CSPH, but only 12.6% were diagnosed using TE and platelet count. Notably, 64.7% were NSBB-eligible, suggesting TE and platelet count alone could have guided management, while only 14% required EGD due to contraindications.

**Conclusion & Future Directions:** Approximately two-thirds of EGDs could have been avoided with proper NSBB initiation based on guidelines. Next, we will collaborate with the hepatology team to implement a standardized decision-making process and develop flowcharts to streamline CSPH diagnosis and NSBB use. This will enhance patient safety, reduce costs, and improve adherence to evidence-based care.