Supplementary information for

Real-world evidence of long-term survival and healthcare resource use in patients with hepatic encephalopathy receiving rifaximin- α treatment: a retrospective observational extension study with long term follow-up (IMPRESS II)

Richard J Aspinall, Mark Hudson, Stephen D Ryder, Paul Richardson, Elizabeth Farrington, Mark
Wright, Robert T Przemioslo, Francisco Perez, Melanie Kent, Roland Henrar, Joe Hickey, and Debbie L
Shawcross

Supplementary Table 1. Number of patients previously receiving a liver transplant prior to initiating treatment with rifaximin

Received a livertransplant pre-rifaximininitiation	n (%=127)
Yes	2 (2%)
No	125 (98%)
Not recorded	11

Supplementary Table 2. Summary of treatment discontinuations

0-5 years, excluding death and liver transplant (n, %=26)

Reasons for treatment discontinuation	1-5 years (n, %=52)	
Death	40 (77%)	-
Encephalopathyresolved	1 (2%)	6 (23%)
Moved to end of life care	1 (2%)	4 (15%)
Clinical improvement	3 (6%)	4 (15%)
Liver Transplant	3 (6%)	-
Course completed	1 (2%)	3 (12%)
GP decision	1 (2%)	3 (12%)
Alcohol abuse	-	1 (4%)
No improvement in symptoms	-	1 (4%)
Prescribing issue	1 (2%)	1 (4%)
Rash	-	1 (4%)
Treatmentinterruption	1 (2%)	1 (4%)
Consultant decision	-	1 (4%)
Not recorded	8	13
Key: GP – general practitioner.		

Supplementary Table 3. Concomitant administration of laxatives and enemas between 1–5 years post-index

	number of	N courses prescribed
Medications**	patients (%=98*)	
Lactulose	41 (42%)	44
Movicol	4 (4%)	4
Senna	7 (7%)	7
Macrogol	2 (2%)	2
Sodium picosulphate	1 (1%)	1
Docusate	6 (6%)	6
Laxido	2 (2%)	3
Other laxative	1 (1%)	1
Phosphate enema	5 (5%)	12
Not recorded	52 (53%)	

^{*}total n is the number of patients that survived past 12 months

^{**}categories are not mutually exclusive

Supplementary Table 4. Hospital resource use 1–2 and 2–5 years post-RFX initiation

	Resource timeline			
	1-2 years	2-5 years		
Total liver-related admissions/visits recorded				
ED visits	44	40		
Inpatient admissions	76	115		
ICU admissions	3	0		
Outpatient visits	265	444		
Total all-cause admissions/visits recorded				
ED visits	68	87		
Inpatient admissions	131	176		
ICU admissions	3	2		
Outpatient visits	381	742		
Liver-related resource use per patient per year -				
median (range)	n=98	n=78		
ED visits	0 (0-11.4)	0 (0–17.8)		
Inpatient admissions	0 (0–10.0)	0 (0–17.8)		
ICU admissions	0 (0-1.0)	0 (0–0.0)		
Outpatient visits	2.4 (0-13.3)	2.2 (0-27.4)		
All-cause resource use per patient per year - median (ra	ange)			
ED visits	0 (0-12.2)	0 (0-17.8)		
Inpatient admissions	0 (0-11.6)	0.3 (0-17.8)		
ICU admissions	0 (0-1.0)	0 (0–0.6)		
Outpatient visits	3.0 (0-22.9)	3.1 (0-28.4)		
ED – discharge/transfer destination after admission				
(liver-related admissions)	(n, % n=44)	(n, % n=40)		
Inpatient admission	34 (77%)	38 (95%)		
ICU admission	1 (2%)	0 (0%)		
Discharged home	9 (20%)	2 (5%)		
ED – discharge/transfer destination after admission				
(all-cause admissions)	(n events, % n=68)	(n events, % n=87)		
Inpatient admission	49 (72%)	57 (66%)		
ICU admission	1 (1%)	1 (1%)		
Discharged home	18 (26%)	29 (33%)		
Inpatient admission – discharge/transfer destination				
(liver-related admissions)	(n events, % n=76)	(n events, % n=115)		
Discharged home	72 (95%)	108 (94%)		
ICU admission	1 (1%)	0 (0%)		
Patient died	3 (4%)	7 (6%)		
Inpatient admission – discharge/transfer destination	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
(all-cause admissions)	(n events, % n=131)	(n events, % n=176)		
Discharged home	122 (93%)	167 (95%)		
ICU admission	2 (2%)	1 (1%)		
Patient died	7 (5%)	8 (5%)		
Key: ED – emergency department, ICU – intensive care unit.				