

Quality of Life of Patients with Chronic Liver Disease

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Abstract: ***Introduction:** Quality of life has an important status in patient management suffering from chronic liver disease. Patient with chronic liver disease suffer from fatigue, loss of self esteem, inability to function at work, anxiety, depression and other emotional problem that profoundly decreases their quality of life and well being. The QOL assessment provides valuable information regarding the specific areas of deficit, which require greater attention by the health care workers. The knowledge of the specific areas of deficit helps in setting goals for psycho-social therapies and rehabilitation. **Aims & Objective:** To assess the quality of life of patients with Chronic liver disease. **Materials& Methods:** A descriptive design was carried out at the Gastro ward of Sir Sunder Lal Hospital BHU.. The study included 30 patients suffering from chronic liver disease at the previously mentioned settings. Tools of the study involved a structured questionnaire Fact Ga tool (version-4), (David Cella et al) to assess the quality of life for chronic liver disease patients. **Results:** The quality of life of chronic liver disease patient was poor assessed on the parts of physical, social, emotional, functional wellbeing and other additional domains, where as QOL is more poor in emotional and functional wellbeing, in comparison to physical and social wellbeing. There was no any significant association between related demographical variables (like sex domicile type of family marital status) and chronic liver disease. **Conclusion:** Health care personnel should be given an opportunity to update their knowledge regarding CLD. Nurses need to be aware, that providing education or conducting health related teaching service are an important aspect of their nursing service.*

Keywords: Chronic, Liver disease, Patients, quality of life, nursing.

1. Introduction

The term 'quality of life' has first been used after World War II, to describe the effect of material welfare on individuals' lives. However, QOL is often simplified in the medical field to a description of a person's health status, often referred to as health-related QOL .

Health-related QOL focuses on the effects of a disease or health conditions on the daily functioning of individuals (Wiklund, 2002), with special attention for their physical and mental health (Mooney, 2007).

In contrast, generic or overall QOL encompasses the patient's satisfaction with life in general, not solely in relation to disease-related limitations on functioning.

Recently quality of life (QOL) has become the principal goal of medical care because of the increasing emphasis on the patients as focal point of health care, patients functioning preservation and well being hence forth measurement of patients quality is receiving attention in medical research. Quality of life (QOL) is a subjective multidimensional concept which includes functional status, emotional and social well being as well as general health (Om prakash, 2012).

Quality of life (QOL) should not be confused with the concept of standard of living, which is based primarily on income. A healthy lifestyle leads to a better quality of life. Quality of life has an important status in patient management suffering from chronic liver disease (Bader, 2007). Recently health related quality of life has gained importance as an outcome measure in clinical and epidemiological studies and has become a key component in

the evaluation of therapeutic interventions in hepatology (Winfried et al, 2004).

Chronic means "of long duration" Liver means "the large gland situated in the right upper area of abdominal cavity" which chief function is bile secretion, maintain blood composition and regulate metabolic process (Barbara et al, 2009). Whereas disease means "any departure from normal functions of liver" so chronic liver disease is long duration illness of large gland in which liver function is disturbed In many patients, long term heavy drinking leads to chronic liver disease, liver failure and even death (Anantharaju, 2003). Globally cirrhosis/chronic liver disease caused by many entities, is responsible for major mortality and morbidity. Chronic liver disease is one of the common condition for which individual are hospitalized (Om prakash, 2012).

It is a broad concept incorporating an individual's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship with the environmental conditions (World Health Organization, 1998). Chronic liver disease is the major problem in India which affects the quality of Life of individual. The rationale behind undertaking this particular research topic is to provide more accurate assessment both the global aspects and the specific features of quality of life of a specific condition. And secondly the demographic factors such as age, sex, marital status, educational status, socioeconomic condition, occupation, category, disease awareness and psychological status of patient suffering from chronic liver disease. Lastly, because there are maximum number of people comes in Sir Sunder Lal hospital are suffering from chronic liver disease and having poor quality of life. There are no systematic studies from Uttar Pradesh, India that have assessed the quality of life in chronic liver disease and its

relationship with other co morbid illness. So, it's crucial to study the quality of life for patients suffering from chronic liver disease.

CONCEPTUAL FRAME WORK

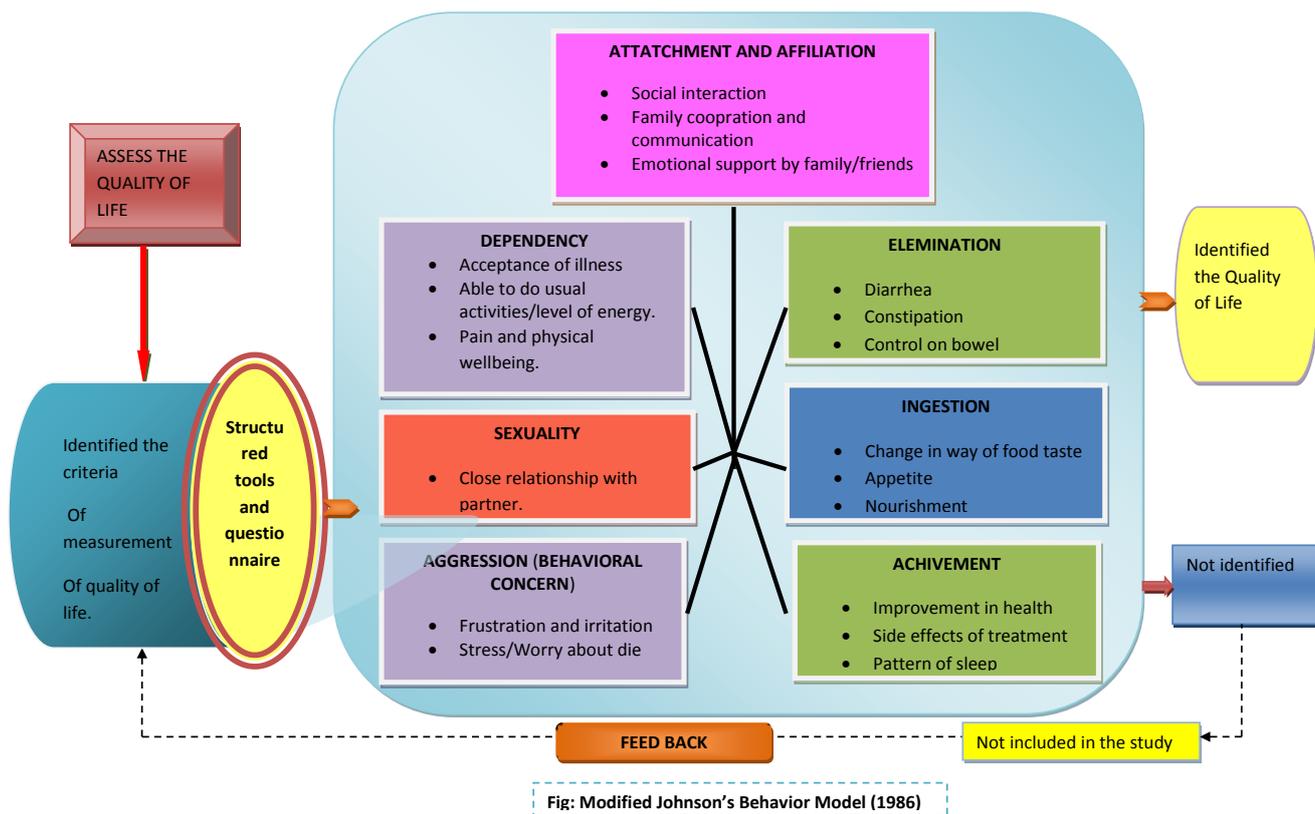


Fig: Modified Johnson's Behavior Model (1986)

Aims & Objectives

This study aims to assess quality of life of patients with Chronic liver disease.

2. Materials and Methods

Research design

A descriptive design was used in the conduction of this study.

Setting

The study was carried out at Gastroenterology ward of Sir Sunder Lal Hospital, BHU, Varanasi.

Sampling

The sample comprised of 30 male and female patients with chronic liver disease admitted in gastroenterology ward of Sir Sunder Lal Hospital BHU Varanasi. Purposive sampling technique was used to select the samples. The criteria of the study inclusion; who has diagnosed Chronic liver disease by the Consultant and admitted in Gastroenterology Ward, Sir Sunder Lal Hospital, BHU, Varanasi, Patient age between 15 to 65 years, Who are ready to participate in study and gave informed consent, both male and female patient of chronic liver disease are included, those accompanied by a care giver, conscious patients. Patients and care givers were given a short orientation by the researcher to explain the aim and nature of the study. The studied patients and their care givers were informed that the study is harmless; all the gathered data were treated confidentially and used for research purpose only.

Data collection Methods

The final tool used in this study consists of two sections:

Section A: Demographic variables

To collect baseline data which consist of ten items namely, age, sex, domicile, categories, educational qualification, religion, occupation, marital status, family type and income.

Section B: Structured interview schedule to Quality of life of chronic liver disease-

The FACT- Ga tool (version-4), (David Cella et al) tools consist of 45 items to assess the Quality of Life of Chronic Liver Disease patients. The items were develop to cover 5 different areas namely: Physical well beings (7 items), Social/family well beings (7items), Emotional well beings (6 items), Functional well beings (7 items), Additional concern (18 items). Each items had score and it was under the heading '0' Not at all, '1' A little bit, '2' Some what, '3' Quite a bit, '4' very much.

Administrative Design

An official permission was obtained from the medical superintendent of Sir Sunder Lal Hospital, BHU of each study setting. An oral approval to carry out the study was obtained from each Patients and his/her accompanying caregiver as well.

Data Analysis

The collected data were revised, coded, tabulated and statistically analyzed by using number and percentage distribution. Chi-square test, mean and standard deviation were used to estimate the statistical significance difference

between variables of the study.

3. Results

Table 1a: Frequency and percentage distribution of subjects according to demographic. N=30

Variables	Patients with chronic liver disease	
	Frequency	Percentage
Age in years		
15-25	02	06.7
26-35	04	13.3
36-45	08	26.7
46-55	11	36.6
56-65	05	16.3
Sex		
Male	22	73.3
Female	08	26.7
Educational status of patients		
Illiterate	7	23.3
Primary	2	06.7
Middle	3	10.0
High school	4	13.3
Intermediate/diploma	5	16.7
Graduation	6	20.0
Post graduation	3	10.0
Domicile		
Rural	21	70.0
Urban	09	30.0
Religion		
Hindu	30	100.0
Marital status		
Married	27	90.0
Unmarried	02	6.7
Widow	01	3.3

Table (1a) shows that, number and percentage distribution of the studied patients according to demographic variable. It was found that, most of the 11 (36.6%) were in the age group of 46-55 years. 22 (73.3%) of the subjects were male and educational status of subjects 7 (23.3%) were illiterate, 21(70.0%) subjects belongs to rural area. All patients belong to Hindu religion. 27 (90.0%) were married.

Table 1b: Frequency and percentage distribution of subjects according to demographic variables. N=30

Variables	Patients with chronic liver disease	
	Frequency	Percentage
Type of family		
Nuclear family	14	46.7
Joint family	16	53.3
Family income		
<5000	02	6.7
5001-10,000	12	40.0
10,001-15,000	09	30.0
15,001-20,000	02	6.7
20,001-25,000	05	16.7
Cause of liver disease		
Alcoholic	08	26.7

Liver abscess	08	26.7
Viral c	01	3.3
Autoimmune	03	10.0
Others	10	33.3
Occupational status		
Employed	8	26.7
Farmer	4	13.3
Gov. Job	3	10.0
Labour	5	16.7
Retired	3	10.0
Student	2	6.7
Unemployed	5	16.7

Table. 1b shows that, most of the subjects 16 (53.3%) were belonging to joint family. 12(40.0%) subjects were having family income up to 5001-10,000. Regarding causes of liver disease, 33.3% of patient have other causes like HBV, HDV and 8(26.7%) due to both alcoholic and liver abscess. Majority of Participants 8(26.7%) were employed.

Table 2: Association between selected demographic variable and chronic liver disease

Quality of life N==30					
Variable	Mean	Std. Deviation	t Value	df	p
SEX					
Male	82.40	10.63	-0.895	28	0.379 NS
Female	86.25	9.68			
DOMICILE					
Rural	83.52	9.36	0.072	28	0.943 NS
Urban	83.22	13.04			
TYPE OF FAMILY					
Nuclear	84.50	7.76	0.521	28	0.607 NS
Joint family	82.50	12.38			
MARITAL STATUS					
Married	82.29	9.55	-2.590	28	0.013 NS
Unmarried	1.01	10.61			

NS= Not Significant

Table no. 2 reveals that there is no significant association between selected demographic variable like sex, domicile, type of family, marital status with chronic liver disease.

Table 3: Assessment of quality of life of chronic liver disease, N=30

Measure	Mean	Std. Deviation	Range
Physical wellbeing	15.77	04.75	19(6-25)
Social wellbeing	16.47	04.70	21(4-25)
Emotional wellbeing	10.83	04.09	13(4-17)
Functional wellbeing	10.87	02.98	14(5-19)
Additional wellbeing	29.50	05.04	25(17-42)
Total quality of life	83.43	10.36	43(65-108)

Table no.3 shows that quality of life is better in additional concerns than physical or social wellbeing and poor in emotional and functional wellbeing.

Table 4: To correlation between selected demographic variables and quality of life of chronic liver disease patients. N=30

Variables	Quality of life FACT-G scale					
	Physical well being	Social	Emotional	Functional	Additional	Total quality of life
Age	-0.071	-0.096	-0.260	0.006	-0.324	-0.334
Educational status	-0.139	0.308	-0.241	0.130	-0.291	-0.123
Domicile	0.251	-0.160	-0.208	0.030	0.037	-0.014
Marital status	0.088	-0.116	0.254	-0.104	0.156	0.134
Types of family	-0.233	-0.223	0.194	0.208	-0.054	-0.098
Cause of liver disease	0.230	0.205	-0.003	-0.246	0.357	0.300

The data presented in **Table 4** shows that there is no significant difference found in overall total quality of life in physical, social, emotional, functional domains and additional concerns.

4. Discussion

Quality of life in chronic liver disease is increasingly recognized as a clinically important health measure. The present study aims to assess quality of life of patients with Chronic liver disease. Majority of participants 36.6% were in age group of 46-55years. 3/4th Participants were male and most of the participant were married and illiterate. Majority of the 33.3% causes of chronic liver disease of patient have other causes like HBV, HDV. This findings supported by Jolanta et al (2006) is reported that, the highest rate of chronic liver disease in participants were in age group of >60 years and majority of participants were male. The majority of causes of disease were viral B and/or C cirrhosis and alcoholic cirrhosis.

The Association between the Quality of Life of Chronic Liver Disease and demographic variables

The findings of the study showed that no significant association between the quality of life of chronic liver disease and selected demographic variables like age, sex, education, marital status, type of family occupation, income of family. The above findings is supported by Gao et al (2012) who reported that there was no significant difference between the group of healthy control and chronic liver disease on age, gender, marital status and educational level.

Assessment of Quality of life in chronic liver disease Patients

From the findings of the study showed that there is statistically no significant difference was found in overall quality of life in physical wellbeing, social wellbeing, emotional wellbeing, functional wellbeing and items related to additional wellbeing. The study is showed that quality of life is poorer in the emotional and functional wellbeing in comparison to other physical, social and additional wellbeing.

The above findings are supported by Gritti et al (2013), which reveals that, there is no significant difference between general health perception scores of PLT subjects resulted significant lower than those of Chronic Liver Disease both at self and parental report. No other significant difference in other related quality of life domains (physical health, mental health, social functioning, role functioning, general health perception) were found between groups. The above findings are also supported by Om Prakash et al (2012) which reveals the frequency of poor health related quality of life determine

by chronic liver disease questionnaire score is high in patient with liver cirrhosis.

Correlation between selected demographic variables and quality of life of chronic liver disease patients

The findings of the study showed that statistically significant difference was not found in overall quality of life social, emotional, functional, physical and additional well beings with demographic variables like age, sex, educational status, domicile, marital status, type of family and causes of liver disease. The above finding are also supported by Winfried et al (2004) conducted a study determinants of health related Quality of life in patients with chronic liver disease, in division of Gastroenterology and hepatology, which reveals that no significant correlation were noted between generic and disease specific health measures and socio-demographic variables (age, sex, social, class or life style etc.)

5. Conclusion

The quality of life of chronic liver disease patient was poor assessed on the parts of physical, social, emotional, functional wellbeing and other additional domains, where as QOL is more poor in emotional and functional wellbeing, in comparison to physical and social wellbeing.

6. Recommendations

This study recommended that emphasize the importance of assessing the quality of life of the chronic illness specially the patient with chronic liver disease and their care givers & provide appropriate intervention to enhance quality of life of the chronic liver disease & their care givers according to their actual needs & problems. A similar study can be conducted on a larger sample.

7. Implication of the Study

The findings of the present study have several implications in the field of the nursing education, nursing administration and nursing research.

Nursing Education

Health care personnel should be given an opportunity to update their knowledge regarding CLD. Nurses should participate CLD related seminars, group discussions, conferences and workshops so they can get the additional knowledge and skill about it.

Nursing Administration

Administrative support is essential for the reduction in case of the CLD and its cure, treatment and in research studies for the patient wellbeing. All necessary facility and

infrastructure to CLD related activities and involve large number of the nurses in the programme. Hospital should develop a central health education cell where self learning materials, leaflets, pamphlets and health education materials are available for catering the public and patient. The department should be adequately staffed and readily available whenever needed. A separate budget should be provided in each hospital in develop health teaching material and make them assessable to needy.

Nursing Research

Nursing personnel and students should be encouraged to conduct study and research related to quality of life of chronic liver disease patients and scholarship or financial support should be given for such research work. Various studies have been conducted by nurses from developed countries in helping to improve the quality of life of chronic liver disease patients. In Indian setting very few research studies have been conducted in this area. Therefore various interventions to assess the quality of life of chronic liver disease patients can be considered to be emerging area for nursing research.

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