

## FACTORS AFFECTING THE HEALTH-RELATED QUALITY OF LIFE AMONG PATIENTS WITH CHRONIC LIVER DISEASE SEEN AT THE UP-PGH GASTROENTEROLOGY CLINIC

**POSTER** General Hepatology

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### INTRODUCTION

The biopsychosocial model of disease encourages that physicians not only treat the physical aspect of disease. As the burden of CLD remains to be high, knowing how it impacts health-related quality of life (HRQOL) is important in aligning physician goals and patient expectations. Knowing the factors that affect HRQOL may help individualize management. This study aimed to ascertain the biomedical and psychosocial factors that affect the health-related quality of life of Filipinos with CLD that can be used in the holistic management of CLD.

## METHODS

We conducted a cross-sectional study reviewed and approved by the University of the Philippines Manila Review and Board, involving patients Ethics diagnosed with chronic liver disease seen at the University of the Philippines-Philippine General Hospital Gastroenterology Clinic. Consenting patients answered the Filipino version of SF36 and the CLD Questionnaire. Unpaired t-test was done to compare the SF36 scores of healthy subjects and CLD patients. Univariate and multivariate regression analysis was used to demonstrate the association of demographic and clinical factors to different HRQOL domain scores.

# CONCLUSION

Addressing and alleviating factors that are associated with poor HRQOL of CLD patients must be part of the holistic approach to management of these patients. Using questionnaires such as the SF36 and the CLDQ may help guide clinicians in setting goals for treatment that encompass the biopsychosocial model of disease.

### RESULTS

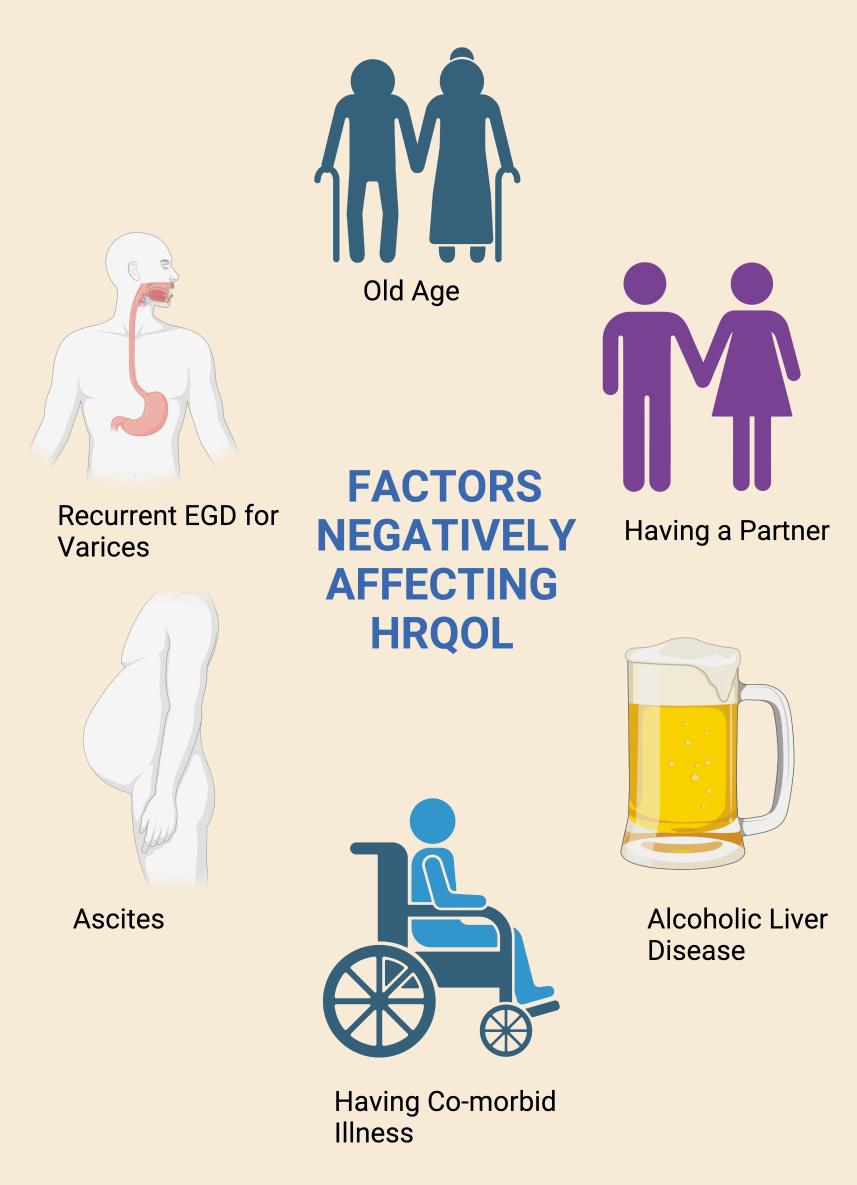
Ninety nine recruited patients were predominantly males (64%) with a mean age of 47 years. Majority of patients (60%) lived in urban areas and were below the poverty line (55%). The most common cause of CLD was HBV (48%) followed by ALD (21%), NAFLD (13%), hepatobiliary TB (11%), schistosomiasis (3%) and HCV (2%). Majority of the patients were cirrhotic (52%). Esophageal varices were present in 41%, with 26 patients undergoing repeated variceal ligation sessions. Ascites was present in 18% of patients. HRQOL among all CLD patients was decreased in all domains of SF36 with physical component score of 45.70 and mental component score of 47.25. The mean CLDQ score was 5.41, with fatigue garnering the lowest score. Factors that were associated with poor HRQOL scores were severity of CLD, etiology, particularly ALD, presence of a partner, presence of ascites, history of variceal bleeding and repeated endoscopic variceal ligation.

Domain	Mean Score Healthy Sample ± SD (n=562, Carandang et al.)	Mean Score CLD <u>patients</u> ± SD (n=99)	P Value
Physical function (PF)	83.07±16.64	67.42±21.65	0.0001
Physical roles (RP)	78.84±20.67	62.06±21.75	0.0001
Bodily pain (BP)	68.09±20.82	60.22±23.42	0.0007
General health (GH)	70.55±17.64	58.08±19.34	0.0001
Vitality (VT)	71.59±15.33	65.97±16.66	0.001
Social roles (SF)	77.80±19.17	67.55±22.77	0.0001
Emotional roles (RE)	79.86±20.72	62.21±22.98	0.0001
Mental health (MH)	80.11±14.82	71.67±17.65	0.0001
Physical Component Score	49.7±10	45.7±6.89	0.0001
Mental Component Score	51.9±10	47.25±8.20	0.0001

Mean SF-36 scores among CLD patients compared to healthy Filipinos

Domain	Mean Score
Abdominal symptoms (AS)	5.56±1.27
Fatigue (FA)	5.11±0.92
Systemic symptoms (SS)	5.62±0.92
Activity (AC)	5.46±1.23
Emotional function (EF)	5.32±1.11
Worry (WO)	5.33±1.30
Mean CLDQ	5.41±0.88

Mean CLDQ scores of patients



Factors that negatively affect the HRQOL of CLD patients

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