LIVER CIRRHOSIS AND QUALITY OF LIFE

Dr. Humaira Rahim
(Assistant Professor, Medicine), Quetta

ABSTRACT

This paper is aimed to improve the health quality of life of liver cirrhosis patients. Objectives of this study are to educate the patients, doctors and paramedic staff to provide awareness to cirrhotic patients through “well designed self care educational programs” and treat them earlier in disease. This paper is constructed on the basis of previous available literature on the cirrhotic patients’ treatments. Review of studies on quality of life in patients with liver cirrhosis have shown that there will be marked improvement in the well being and quality of life of cirrhotic patients if addressed in early stages and timely treatment of complications associated with liver cirrhosis both medically and home remedies, along with exercise, dietary modifications, and building proper channel through which treating doctor, associated nurses and paramedical staff should be trained to educate the patient about self care techniques and its application in daily life which will aid in improving their quality of life.

Key words: Liver cirrhosis, Quality of life, Self-care educational program.

INTRODUCTION

Liver cirrhosis is one of the medical problems that reduce the quality of life. Because of the chronic and irreversible nature of the disease, it needs self-care programs to be developed according to patient’s needs and to maintain their independence and sense of well-being. The cost of cirrhosis in terms of human suffering, financial burden, and loss of productive life is devastating. Aim of this paper is to improve the health quality of life of liver cirrhosis patients. The objectives achieved by this study are educating the patients, doctors and paramedic staff through well designed “care educational programs” in order to treat them in earlier stages of disease. This is a review paper based on present literature related to patients of liver cirrhosis and their quality of life and will provide structured design for self care educational program.

IMPACT OF CIRRHOSIS ON QUALITY OF LIFE

Complications such as encephalopathy, ascites, bacterial peritonitis, and frequent bleeding from variceal veins dramatically alter the well being of cirrhotic patients as well as their quality of life. Studies have shown the negative effects of the disease on the patients’ activities, social functioning, and emotional status. Medical practitioners have traditionally focused on organic diseases and their treatment. Patients, however, are concerned with their symptoms, regardless of the presence of organic or non-organic findings. On the other hand, the quality of life is the forefront of patient concern. Because of irreversible nature of disease, current therapies are not yet good and available enough to eradicate the disease; the patients’ care should considerably focus on their quality of life.

IMPORTANT ASPECTS OF QUALITY OF LIFE

Health-related quality of life generally refers to the patients’ perceptions of their physical functioning,
social functioning, role functioning, mental health, vitality, pain, and cognitive functioning. In many cases improvements in health-related quality of life are a natural result of improved clinical outcomes.

MEASURING QUALITY OF LIFE
Patients' perception of their quality of life is also improved when they are empowered by well-designed educational programs. Empowered patients tend to feel more personally capable of positively impacting their outcomes. For patients with chronic conditions, health-related quality of life can improve significantly when they are trained in self-management techniques and empowered with education. Therefore, it could be said that the educational and self-care programs could satisfy many needs of these chronic patients and will empower them to improve their quality of life.

Self-care checklists can be designed in accordance with common problems and the content of educational programs (i.e. nutrition, controlling worry and depression, mouth dryness, pruritus, fatigue, muscular cramps). Each checklist can be tabled for 30 days and included a list of self-care activities related to common problem. Patients can be asked to do a daily review on the checklists and mark self-care activities they will follow. They should be instructed how to complete them. They should also be instructed to return the checklists at the end of each month and new self-care checklists should be given to them for the new month.

Pamphlets, handouts, posters, slides and other media can be used for awareness programs. Patient education can be divided into small sessions during these sessions patient can be taught about remedies to improve their physical and psychological symptoms. Sample is stated as under:

**Session 1:** Nature of the disease, etiology, transmission route, clinical manifestations, diagnosis, management and complications

**Session 2:** Coping strategies in systemic symptoms, fatigue, dry mouth and, pruritus.

**Session 3:** Coping strategies in worry, nutrition, anxiety, relaxation techniques, diet and nutrition

**Session 4:** Muscular cramps, medical therapies.

STEPS TO IMPROVE QUALITY OF LIFE
Medical regimen and its side effects, and relieving factors should be discussed with all patients. Treatment options and early treatment benefits according to the most common problems are discussed one by one:

**PRURITUS:** It is one of irritable and common symptom impairing quality of life in cirrhosis; treatment ranges from self-care to medical therapies. Self care include:
1. Avoid warm moist conditions.
2. Wear light clothes.
3. Keep the environment and bed cool.
4. Take a shower before going to sleep and avoid a lot of soap and detergents and hot bath.
5. Avoid using pruritogens: e.g., tomatoes, meat, etc.
7. Compress instead of itching pruritic area.
8. Medical therapy includes bile salts, rifampicin, and opioid receptor antagonists and antihistamines.

**FATIGUE:** Significant central fatigue warrants lifestyle changes, which may include rest periods and reduced workload. All patients need to be counseled with regard to maintaining an
appropriate level of activity. Both over and under activity are hazardous to health. So appropriate level of activity should be attempted through the institution of a graded exercise program.

**DRYNESS OF MOUTH:** It is one of the common problems. Following remedies can counteract it.

1. Reduce the dose of diuretics so far possible to reduce dryness of mouth.
2. Eat smaller, more frequent meals to stimulate saliva flow. Small sips of liquids during the day are quite helpful.
3. Minimize time in air-conditioned environments such as offices, supermarkets, airplanes, etc.
4. Use a humidifier at bedtime (target humidity 40-50%) during the fall and winter months when the air is dry to increase nighttime moisture and decrease discomfort.
5. Stop cigarette, cigar and pipe smoking to lessen dryness and your risk for other health problems.
6. Chew sugar-free gum or suck on hard diabetic or sugar-free candies, fruit pits or lemon rinds to activate reflexes that will increase saliva. Look for products containing xylitol, a sweetener that may help prevent dental decay.
7. Try artificial salivas. Use 2-3 squirts in the mouth every hour while awake and at nighttime as needed. Do not spit out any preparation that is safe to swallow to help it last longer.
8. Avoid mouthwashes, fluoride rinses or products containing alcohol or witch hazel that can aggravate oral dryness or burning.
9. Apply vitamin E oil (use liquid or punch hole in capsules) or moisturizing gels to dry or sore parts of the mouth or tongue. Use 2-3 times a day after meals, at bedtime, when talking for long periods, exercising, or any other time your mouth needs long-lasting relief.

**ANXIETY AND DEPRESSION:** Patient can be directed to join special groups of cirrhotic patients where they can share and discuss different techniques to reduce anxiety and depression. Medical therapy includes SSRI and SNRI.

**HEPATIC ENCEPHALOPATHY:** It is a common condition-affecting patient with cirrhosis. It results in impaired quality of life by impairing functional capability of patients like driving, work capability and learning ability resulting in increased dependency on care takers with significant social and economic burden. Ammonia lowering therapies like lactulose, rifaxamin and probiotics reverse hepatic encephalopathy and improve health related quality of life.

**HYPONATREMIA:** Serum sodium less than 130 meq/L is associated with poor outcome of quality of life. Proper dose of diuretics can prevent or decrease incidence of hyponatremia and hence improve symptoms. Vaptans are not cost effective and has adverse side effect profile.

**ASCITES:** It was found to be an independent predictor of poor health related quality of life. It impairs quality of life, predominantly physical symptoms, driven at least partly by gastric symptoms like abdominal pain, indigestion, constipation and eating dysfunction. Treatment with proper dose of diuretics, dietary modification plays important role. Refractory ascites treated with TIPPS have shown marked improvement in symptoms and quality of life according to meta-analyses.
BODY MASS INDEX, DIET AND NUTRITION:
Studies have shown BMI of less than 40 kg/ cm² is associated with impaired quality of life in patient with cirrhosis. Low protein, low fat and high carbohydrate diet is usually recommended. For malnourished patient, nutritionist clinics should be provided to meet individual patient need. Patient should be given diet chart in simple words and local language with pictures.

FINANCIAL SUPPORT

Government must play its role in establishing the financial support programs for the betterment of quality of life of patients of liver cirrhosis. The model for support can be replicated from European Commission framework seven programs under large scale integrating project d-LIVER.

CONCLUSION

The parameters usable for improving the quality of life of cirrhotic patients are educational session, handouts, presentations, nimikins and related literature. The efficacy of the tools can be assessed by providing written pro forma to the patients, which will be filled by the patients on 2 weekly or monthly basis according to the patient convenience and resubmitted. On the basis of outcomes of these proforma the measures and tools can be further improved in achieving the goals. First, it will improve the quality of life and secondly, the measure’s deficiencies can be highlighted and improved in the concerned field.