

CLINICAL RESEARCH

Factors influencing health-related quality of life in chronic liver disease

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Supported by Thailand Research Fund

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Received: 2006-10-21 Accepted: 2006-11-23

Key words: Health-related quality of life; Cirrhosis; Chronic hepatitis; Short-form 36; Chronic liver disease questionnaire

Sobhonslidsuk A, Silpakit C, Kongsakon R, Satitpornkul P, Sripetch C, Khanthavit A. Factors influencing health-related quality of life in chronic liver disease. *World J Gastroenterol* 2006; 12(48): 7786-7791

<http://www.wjgnet.com/1007-9327/12/7786.asp>

Abstract

AIM: To investigate the factors contributing to health-related quality of life (HRQL) in chronic liver disease (CLD).

METHODS: Patients with CLD and age- and sex-matched normal subjects performed the validated Thai versions of the short-form 36 (SF-36) by health survey and chronic liver disease questionnaire (CLDQ). Stepwise multiple regression analysis was used to assess the impact of disease severity, demography, causes of CLD, socioeconomic factors, and self-rating health perception on HRQL.

RESULTS: Two-hundred and fifty patients with CLD and fifty normal subjects were enrolled into the study. Mean age and the numbers of low educated, unemployed, blue-collar career and poor health perception increased significantly from chronic hepatitis to Child's Classes A to B to C. Advanced stage of CLD was related to deterioration of HRQL. Increasing age and female reduced physical health area. Low socioeconomic factors and financial burden affected multiple areas of HRQL. In overall, the positive impact of self-rating health perception on HRQL was consistently showed.

CONCLUSION: Advanced stages of chronic liver disease, old age, female sex, low socioeconomic status and financial burden are important factors reducing HRQL. Good health perception improves HRQL regardless of stages of liver disease.

INTRODUCTION

In 1947, the World Health Organization expanded the definition of health to include in addition to the absence of disease, a complete state of physical, mental and social well-being^[1]. Health-related quality of life (HRQL) emerges as a tool for measuring outcome from the patient's viewpoint, incorporating social, psychological, physiological and physical functioning^[1,2]. Combined using generic and disease-specific instruments can provide more accurate assessment of both the global aspects and the specific features of HRQL of a specific condition^[1]. The assessment of HRQL has been done in gastrointestinal diseases and chronic liver disease (CLD)^[3-7]. It has been reported that the presence of CLD reduce HRQL and the deterioration of HRQL is apparent while the severity of disease increases^[8-13]. Furthermore, demographic factors such as age and gender, alcohol, co-morbid illness, disease awareness and psychological status can affect HRQL in CLD^[8-15]. However, a recent study showed that active psychiatric illness and medical co-morbidities, but not severity of liver disease, were determinants of HRQL reduction^[16]. Previous researches of HRQL in normal and chronic medical conditions showed that socioeconomic and demographic factors can influence HRQL^[17-20]. The contribution of socioeconomic factors and health perception to HRQL was not known in CLD. Self-rating patient health perception is one of the strongest predictors of mortality^[21]. HRQL in CLD may be improved by changing patient health perception if there is a relationship between health perception and HRQL. The impact of marital status on HRQL is our interest because its significance had never been studied in CLD^[8-13]. Our assumption was that married couple would have more psychosocial and emotional support than single, unmarried