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## Life Quality of Patients with Viral Hepatitis and Cirrhosis

### ABSTRACT

The WHO-100 questionnaire helps on researching the quality of life the of hepatitis and cirrhosis patients.

**Research objective:** to assess the quality of life (QoL) of chronic viral hepatitis (CHV) and cirrhosis (C) patients.

Due to the questionnaire there were examined 15 patients with CHV and C.

It is stated that chronic viral hepatitis reduces the quality of life on spiritual sphere, and the quality of life of cirrhosis patients were lower on all spheres (physical, mental, social and spiritual).

Therefore, rehabilitation activities must be not only medical, but also of psychological and sociocultural orientation. The "WHOQoL-100" questionnaire can be used as additional tool for estimating severity and also effectiveness of carried out medical and rehabilitation activities.

**Keywords:** quality of life, the WHOQoL-100 questionnaire, chronic viral hepatitis, cirrhosis.

### INTRODUCTION

Quality of life is evaluation category of past, generally characterizing parameters of all components of its life: life opportunity, life-sustaining activity and standard of living (instruments, recourses and environment) – in relation to some objective or subjective standard [3]. The quality of life index takes into account the following rates: health and education situation, lifetime, local employment, its purchasing ability and access to politics [2]. In 2004 the President of the Russian Federation defined the quality of life as objective criterion of social and economic development of the Russian Federation. After years the top public officials made a speech repeatedly emphasizing the importance of targeting social and economic politics to improve the quality of life. The quality of life is determined first of all by opportunities of a human being (or society) to realize the life processes by life potentials. The second factor is process-productive characteristics of life in relation to people's needs, interests, values and goals. The third factor of quality of life is external opportunities, that is, environment, objects and subjects properties. It must be a kind of the vital functions of the first direction could certainly be carried out, and functions of the second would have a significant probability of achieving purposes for people

who want to do it and are willing to make for it essential efforts [4].

**Research objective:** to assess the quality of life (QoL) of chronic hepatitis viruses (CHV) and cirrhosis (C) patients.

#### **MATERIAL AND METHODS**

There was used the "WHOQL-100" questionnaire – multidimensional tool allowing to get both the respondent's assessment of quality of life in general and private estimates on certain spheres and subspheres of its life as a method of research.

Due to the questionnaire there were examined 15 patients with CHV and C. Diagnose of CHV was confirmed by discovering HBsAg, a-HBcor IgG, a-HDV, a-HCV and polymerase chain reaction method. Disease duration from the moment of diagnosis identification ranged from 6 months to 6 years. Diagnose of cirrhosis was confirmed by EGDS and Abdominal ultrasound. There were used nonparametric test of Manna-Whitney for comparison of mean score between groups. Distinction were considered statistically significant at  $p < 0.05$ .

#### **RESULTS AND DISCUSSIONS**

It is stated due to the following research that the quality of life the patients with cirrhosis was lower than the patients with hepatitis viruses according to both dimensions of spheres of the WHOQoL-100 questionnaire and total integral estimation. Subjective assessment and quality of life of cirrhosis patients were lower than the patients with hepatitis viruses by 4 point ( $p < 0.05$ ).

As it shown in Fig.1, decrease dimensions of quality of life was recorded at the level of physical wellbeing which includes misery and discomfort, vitality, energy and weariness, sleep and relaxation ( $p < 0.05$ ). The decrease dimensions of QoL in this sphere are caused by weight of a current and existence of complications which considerably deteriorate physical condition of the patients.

Accentuated decrease dimensions of QL was recorded at the level of physiological weightiness the patients with cirrhosis which includes good vibes, thinking, educability, recollection, concentration, self-concept, appearance estimation, bad emotions (Fig.2). Such decrease is caused by an acute organism intoxication which occurs by lack of blood purification. Thereby the patient's vital potential decreases.

Decrease dimensions of QoL was observed at the level of the independence of CDLD patients, which includes degree of movement, capability to carry out daily routine, dependence on medicine and capability for work (Fig.3).

Differences were also observed in dimensions of sphere of social relationship of

respondents, including internal assessment of personal relationship and practical social support, and sexual activity (Fig.4). Diagnosis of cirrhosis, informing the patient and his relatives about disease severity and its outcome impact on character of personal relations, leading to emotional alienation of patients, incomprehension and support of relatives, but sometimes to making the break.

Dimensions of spiritual sphere (relation to religion and private persuasion) of QoL of cirrhosis patients were higher by 1.4 points than those GV and AG patients (Fig.5). We think that the higher patient's severity the more they turn to religion.

Total integral estimation of QoL of cirrhosis patients was lower by 1.7 points than the patients with GV ( $p < 0,05$ ).

We figure out the mean group estimation of QoL of cirrhosis and hepatitis viruses patients. Especially the lower group estimation of QoL of hepatitis viruses patients were by the following subspheres as vitality, energy, weariness, appearance estimation, dependence on medicine, capability for work, spirituality, religion, personal persuasion (Tab. 2).

The patients with cirrhosis have the lowest group estimation ("the worst" score) in sphere of dependence on drugs. Rating scale "worse" was by the following subspheres: misery and discomfort, vitality, energy, weariness, good vibes, thinking, learning, memory and concentration, self-estimation, appearance estimation, capability for carrying out daily routine, capability for work, personal relations, sexual activity, environment, medical and social support, possibilities for getting new information, transport, spiritual, religion, personal persuasion.

## CONCLUSION

The chronic viral hepatitis and cirrhosis significantly reduce the quality of life of patients not only in physical and physiological well-being and social relations, relations to environment and independence level. Therefore, rehabilitation activities must be not only medical, but also psychological and sociocultural orientation. The "WHOQoL-100" questionnaire can be used as additional tool for estimating severity and also effectiveness of carried out medical and rehabilitation activities.

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