



Quality of Life among Patients with Chronic Hepatitis B Patients

A Descriptive Study to Assess the QOL among chronic Hepatitis B patients

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Abstract: A descriptive cross-sectional survey design was adopted using convenient sampling technique on eighty Chronic Hepatitis B patients who visited to Hepatology OPD of Institute of Liver and Biliary Sciences, New Delhi. The data was collected in time period 23/02/2018 to 03/04/2018. A structured questionnaire was used to collect the data related to demographic and clinical variable. Data for Quality of life of chronic hepatitis B patients was collected by using standardized questionnaire SF-36. The QOL in domain Pain had a maximum mean percent (82.40 percent). The most affected domain was General Health with a minimum mean score of 64.19 percent. In adherence to therapeutic regimen among chronic hepatitis B patients; the domain follow up shows the highest mean percentage 98.37 percent as followed by domain Medication (90.65 percent). The QOL was affected in patients with CHB. Various demographic and clinical factors affect the QOL in these patients.

Index Terms - Quality of life, Chronic Hepatitis B

I. INTRODUCTION

Hepatitis B is a viral infection caused by hepatitis B virus (HBV). HBV affects the liver and can cause both acute and chronic disease. Chronic liver infection with HBV puts people at high risk of death from cirrhosis of the liver and liver cancer. More than 686,000 people die every year due to consequences of hepatitis B. HBV is 50 to 100 times more infectious than HIV. Globally, an estimated 240 million people are chronically infected with HBV. Hepatitis B prevalence is highest in sub-Saharan Africa and East Asia. (WHO report, 2015).

Previous studies clearly demonstrated that patients with chronic hepatitis B are associated with a reduced quality of life on the basis of the generic Short Form 36 (SF-36) or disease specific questionnaire (Chang et al., 2014). The quality of life of Chronic hepatitis patients could be improved by providing them with adequate nursing counseling and intensive education. Educational interventions are applied as a regular portion of the nursing work. It can be delivered in the form of designed activities, including symptoms management, life style instructions, and behavior modification for the benefit of chronic hepatitis patients (Sabah, 2013).

1.1 Conceptual Framework

The author adopted the Wilson and Cleary model, demonstrates a good fit and proved useful in identifying relationships among the health constructs, and predictors of quality of life in the studied disease populations. The model explained between 22.9% and 72% of the variance in overall quality of life.

The model proposes causal linkages between five different types of chronic hepatitis B patients with outcome measurements. These include Characteristic of individual, Biological and physiological variable, Physical symptoms, Functional Status and General Health Perception.

II RESEARCH METHODOLOGY

The primary objective of the present study was to assess the quality of among patients with chronic hepatitis B. For this purpose, quantitative research approach was identified as appropriate for the study and therefore the researcher adopted the quantitative approach.

2.1 Research Design

Cross sectional survey design was used for this study as researcher believed that cross sectional survey design is appropriate for this study.

2.2 Setting and Population

The study was conducted at hepatology OPD of Institute of Liver and Biliary Sciences, New Delhi. In present study population comprises of patients with chronic hepatitis B who attended hepatology OPD, Institute of Liver and Biliary Sciences, New Delhi.

2.3 Sample and sampling technique

Sample consisted of the patients diagnosed with Chronic Hepatitis B for more than 6 months and attending hepatology OPD. The sampling technique used in the study was non probability convenient sampling.

2.4 Sample Size

The sample size of the present study was estimated to be 90. These were the chronic hepatitis B patients who visit OPD of ILBS. Due to exceeding of data collection time only 80 patients were enrolled in the study.

2.5 Tool

There are two tools used in the study, these are as given below:

Tool-I

Structured questionnaire for demographic profile and selected clinical variables. It comprises with three sections.

- Section-I Demographic profile of patient
- Section-II Selected clinical Variables
- Section-III Physical assessment Performa

Tool- II

- The Short Form Survey questionnaire (SF-36) for assessing the quality of life among patients with chronic hepatitis B

2.6 Data Analysis

- Demographic data to be analyzed using frequency and percentage
- Quality of life scores were analyzed by mean, standard deviation and frequency percentage..
- Association of quality of life and selected demographic and clinical variable were analyzed by Independent t test, One Way ANOVA, Post hoc analysis and Karl Pearson's Coefficient of Correlation.

IV. RESULTS AND DISCUSSION

4.1 Results of Descriptive Statics of Study Variables

This section deals with domains of QOL in SF 36, describes Quality of Life (QOL) of Chronic Hepatitis B patients. Description of QOL scores in terms of Mean percentage and standard deviation in each domain of QOL among the Chronic Hepatitis B Patients is represented in Table 1.

Table 1
Description of QOL Scores In Terms of Mean Percentage and Standard Deviation by Domains of QOL
n=80

Domain of QOL	Mean Percentage	Standard deviation	Rank
Pain	82.40	19.23	I
Physical Functioning	79.50	20.86	II
Emotional well- being	73.20	16.64	III
Role limitation due to emotionall problem	71.66	32.73	IV
Energy/fatigue	71.15	16.87	V
Social functioning	70.46	19.71	VI
Role limitation due to physical health	70.0	33.85	VII
General Health	64.19	14.91	VIII
Total	72.82	21.85	

Table 1 shows the Quality of Life of Chronic Hepatitis B patients in terms of percentage and standard deviation of QOL score. Better mean percentage score represents better Quality of Life of the Chronic Hepatitis B patients. The patients had maximum mean percentage of QOL score (82.40 percent) in the domain “Pain”. It can be interpreted that pain was the least affecting factor in terms of QOL of patients with Chronic Hepatitis B. This was followed by domain “Physical Functioning” with a mean percentage of QOL of 79.5 percent and “Emotional well being” with a mean percentage of 73.2; The domain that had maximum adverse effect on QOL was “General Health” with a mean percentage of QOL of 64.19 percent. The mean percentage of total QOL was found to be 72.82 percent. The patients also found to have Role Limitation due to Physical Health as seen by a mean percentage QOL of 70 percent that stood as second most affected domain.

4.2 General health Perception of Chronic Hepatitis B patients

The SF-36 asks the respondents to rate their General Health in five categories namely Excellent, Very good, Good, Fair and Poor. The author does not include this item in calculating the overall QOL scores of the respondents. The findings related to their self rating regarding perception of their General Health are tabulated in table 2.

Table 2
Frequency and Percentage Distribution of Chronic Hepatitis B Patients by Their Perception of General Health Perception
 n= 80

General Health	Frequency (f)	Percentage (%)
Excellent	05	06.25
Very good	49	61.25
Good	21	26.25
Fair	03	03.75
Poor	02	02.50

Data in table 2 shows that 61.25 percent of the patients rated their general health as ‘Very Good’ 23.75 percent rated it as ‘Good’, 6.25 percent rated it as ‘Excellent’, 3.75 percent rated it as ‘Fair’ and 2.5 percent rated as ‘Poor’.

The frequency percentage distribution of Chronic Hepatitis B patients by their General Health Perception is illustrated in figure 1.

Figures and Tables

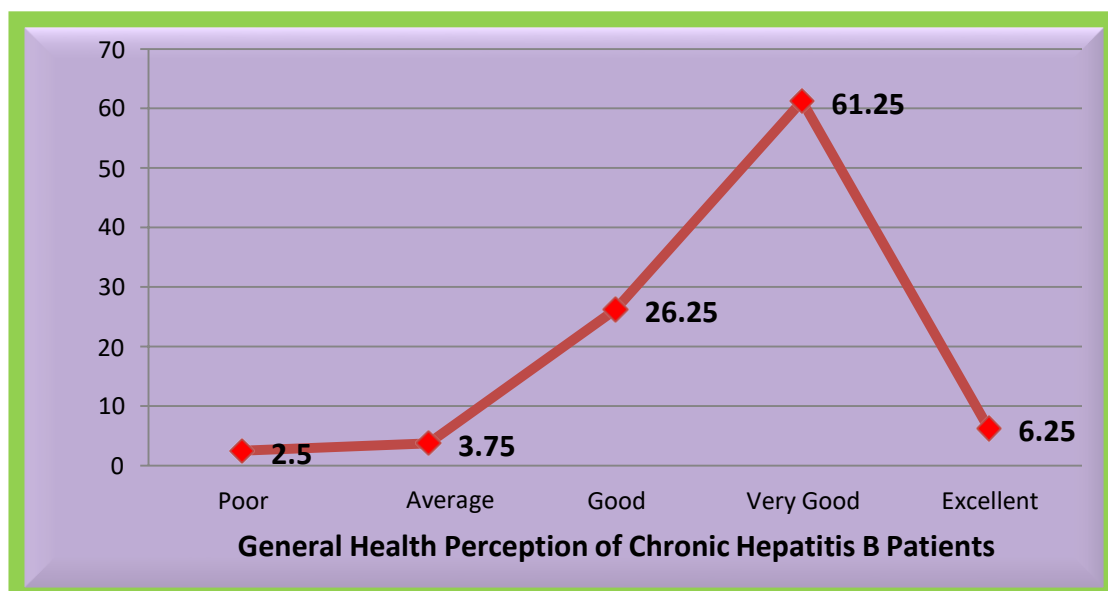


Figure 1. A Line Graph showing the frequency percentage distribution of Chronic Hepatitis B patients by their general health Perception.

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