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Impact of Liver Cirrhosis upon Patient Physical and Social Communication at Baghdad Teaching Hospitals

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ABSTRACT

Objectives: To assess impact of liver cirrhosis up on adult patient's physical and social communication and to find out the relationship between sociodemographic characteristic with physical and social communication.

Methodology: A descriptive study is carried out throughout the present study to physical and social communication for patients with liver cirrhosis who attended the outpatient clinic department of Gastroenterology and Hepatology Teaching Hospital and Baghdad Teaching Hospitals in Baghdad. The study was carried out during the period extended from 28th October 2014 to 15th May, 2015. A purposive (non-probability) sample of (100) patients with liver cirrhosis. Questionnaire form was constructed for purpose of the study and it comprised of three parts. They include 1 demographic characteristics 2 clinical history for patient and family 3 assessment of physical and social communication. Content validity of the questionnaire was determine through a panel of (13) experts. Reliability and validity of questionnaire was determined through test re-test (r= 0.849**) of pilot study. Data was collected by the researcher who interviewed those patients and filled out the constructed questionnaire form. Data were analyzed by using descriptive statistical approach (frequency, percentage and mean of score) and inferential statistical approach (standard deviation and correlation coefficient).

Results: The findings of the paper revealed that (58%) of the study samples were males, and most of them were age group (48-57) years old, (83%) from the sample was married, high percentage of them were intermediate graduate (43%), most of them (33%) were Free job, majority of the study samples (60%) from urban residence, and (49%) were parley sufficient of monthly income classification, highest percentage (50%) had hepatitis B & hepatitis C as past medical history and (48%) of the study sample hadn`t family history for any disease.

Conclusions: Our data indicate that the physical and social communication of patients with liver cirrhosis is high decline in all domains of physical and social communication.

Recommendations: Further studies have to be carried out in order to assess patients' knowledge and attitude regarding physical and social communication.

Keywords: Physical and Social communication; Liver cirrhosis.

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INTRODUCTION

Many patients with chronic condition experience physical activity limitations or suffer symptoms through physical activities. This is concerning given the wealth of evidence demonstrating the importance of a physically active lifestyle in the prevention and management of many chronic diseases.[1] Cirrhosis is the final stage consequence of fibrosis of the hepatic parenchyma, resulting in nodule forming that may lead to changed hepatic function and blood flow. Both fibrosis and cirrhosis are the consequences of a sustained wound-healing response to a chronic liver injury from a range of causes, including viral, autoimmune, medication induced, metabolic and cholestatic diseases. The clinical manifestations of cirrhosis vary differently from without symptoms at all to liver failure, and are determined by both the severity and nature of the underlying liver disease as well as the extent of hepatic fibrosis. Up to (40%) of patients with cirrhosis are asymptomatic and may remain so for long periods, but progressive deterioration leading to death or liver transplantation is typical once complications (such as ascites, variceal hemorrhage or encephalopathy) develop. In such patients there is a (50%) five year mortality, with approximately (70%) of these deaths directly attributable to liver disease, in patients without symptoms cirrhosis can be first suggested during routine examination, although histological analysis may be required to establish the diagnosis.[2]

OBJECTIVES OF THE STUDY

1. To assess of physical and social communication for patients with liver cirrhosis.
2. To find out the relationship between sociodemographic characteristic (age, gender, level of education and marital status) with physical and social communication.

METHODOLOGY

A descriptive study is carried out throughout the present study to assess physical and social communication for patients with liver cirrhosis who attended the outpatient clinic department of Gastroenterology and Hepatology Teaching Hospital and Baghdad Teaching Hospitals in Baghdad. The study was carried out during the period extended from 28th October 2014 to 15th May, 2015. The sample consisted of (100) patients. A questionnaire interview format was designed and developed by the researcher for the purpose of the study; such development was employed through the available literature, clinical background and interview with patients who liver cirrhosis. All the items were measured on scale of (3) indicates that the needed to help as (never).[1,2] some time,[3] always. Rating scale was used to rate the frequency and extension of help needed.[3] The questionnaire consisted of[3] Part I: Demographic Information Sheet. Part II: Clinical history for patient and family. Part III: Physical and social communication. The content validity of the instrument was established through a panel of[13] experts. Test-Coefficients for (23) items of physical and social communication of liver cirrhosis were (r= 0.84**) for the total score of physical and social communication. The data were collected by using the questionnaire structured format through interview technique. Each patient was interviewed personally by the researcher. Throughout each interview explanation of the study was help up with patient in order to accept participation. Each interview took approximately from (15-30) minute and initiated at waiting room. Data were collected between 8.30 am to 1.30 pm. The determination was conducted during the period of February 3th 2015 to the April 5th 2015. The data were analysed through descriptive data analysis and inferential data analysis through the use of statistical package of social sciences (SPSS) version 16.0.

RESULTS

Table 1: Distribution of the study samples by socio-demographic characteristics

Variables	Groups	F	%	Cumulative %
Age Groups (Per years)	18-27 years	18	18.0	18.0
	28-37 years	7	7.0	25.0
	38-47 years	8	8.0	33.0
	48-57 years	42	42.0	75.0
	58-67 years	25	25.0	100.0

Table Cont...

Gender	Male	58	58.0	58.0
	Female	42	42.0	100.0
Marital status	Single	16	16.0	16.0
	Married	83	83.0	83.0
	Divorced	1	1.0	1.0
Level of Education	Illiterate	15	15.0	15.0
	Read & write	15	15.0	30.0
	Primary graduate	4	4.0	34.0
	Intermediate graduate graduate	43	43.0	77.0
	Secondary graduate	10	10.0	87.0
	Diploma graduate	8	8.0	95.0
	College graduate	4	4.0	99.0
	Master graduate	1	1.0	100.0
Occupation	Employee	21	21.0	21.0
	Free job	33	33.0	54.0
	Housewife	27	27.0	81.0
	Student	7	7.0	88.0
	Retired	12	12.0	100.0
	Total	100	100.0	
Residence	Urban	60	60.0	60.0
	Rural	40	40.0	100.0
Type of house	Property	54	54.0	54.0
	Leasehold	28	28.0	82.0
	Common	18	18.0	100.0
Monthly income	Sufficient	39	39.0	39.0
	Parley sufficient	49	49.0	88.0
	Insufficient	12	12.0	100.0

Table 1 revealed that (58%) of the study samples were males, and most of them were age group (48-57) years old, (83%) from the sample was married, in the high percentage of them were intermediate graduate (43%), most of them (33%) were Free job, majority of the study samples (60%) from urban residence, and (49%) were insufficient monthly income classification.

Table 2: Distribution of patients and family according to liver cirrhosis related to clinical history

1st	Clinical history for patient	F.	Percent	Cumulative %
1	Alcoholic liver disease	18	18.0	18.0
2	Non-alcoholic steatohepatitis	5	5.0	23.0
3	Primary biliary cirrhosis	5	5.0	28.0
4	Hepatitis B & hepatitis C	50	50.0	78.0
5	Cryptogenic	14	14.0	92.0
6	Wilson's disease	6	6.0	98.0
7	Budd-Chiari syndrome	2	2.0	100.0
2nd	Clinical history for family			
1	Hepatitis B & hepatitis C	6	6.0	6.0
2	Wilson's disease	8	8.0	14.0
3	Heart disease	15	15.0	29.0
4	Diabetes mellitus	23	23.0	52.0
5	No have any disease	48	48.0	100.0

Table 2 shows that highest percentage (50%) had hepatitis B & hepatitis C as past medical history and (48%) of the study sample hadn`t family history for any disease.

Table 4 indicated that there is significant between physical and social communication {marital status (r=.236*),} at p <0.01 and there is significant between physical and social communication with level of education (r=-.181) at p <0.05 and there is no relationship between physical and social communication with {gender (r=.103), age (r=-.105).

Table 3: Physical and social communication for patients with liver cirrhosis

Items	Always	Sometime	Never	M.S	Severity
Physical and social communication					
Walk independently	37	56	7	1.7	M
Exercise	0	4	96	2.96	H
Ascending and descending of stairs	1	52	47	2.46	H
Do prayer	2	58	40	2.38	M
Doing housework	0	47	53	2.53	H
Moving from the chair to the bed	59	36	5	1.46	L
Sitting in the chair and movement	58	40	2	1.44	L
Driving a car	0	46	54	2.54	H
Use of general transport	0	45	55	2.55	H
Travel	0	45	55	2.7	H
Use the phone	32	53	15	1.83	M
Use the laptop	5	50	45	2.4	H
Use internet to connect with others	1	36	63	2.62	H
Financial Management	17	47	36	2.19	M
Recognition	24	61	15	1.91	M
Watching TV and listening to radio	77	20	3	1.26	L
The use of electronic games of amusement	9	43	48	2.39	L
leisure activities e.g. Hunting	0	0	100	3	H
Participating in race running	0	0	100	3	H
Participate in races boxing	0	0	100	3	H
Play of football	0	7	93	2.93	H
Shopping	0	25	75	2.75	H
Visit relatives and friends	0	24	76	2.76	H

M.s = mean of score (1-1.69 = low, 1.7-2.39 = moderate, 2.4-3 = high)

Table 3 shows that the mean of score are high on items (2,3,4,8,9,10,12,13,18,19.20.21,22,23), moderate on items (1,4,11,14,15) and low on the remaining items.

Table 4: Correlation coefficient among (gender, age, level of education, marital status,) with physical and social communication

Correlations	Gender	Age	Education	Marital
Gender	1	.314**	-.163-	-.037-
Age	.314**	1	-.311**	-.052-
Level of education	-.163-	-.311**	1	.069
Marital status	-.037-	-.052-	.069	1
Physical & social	.120	-.105-	-.181-	.236*

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

DISCUSSION

Throughout the course of the data the of the present study, the findings show the most of the study samples are males (58%) while the remainder females, and the present study demonstrate that forty two percent of the study samples at age between (48-57) years old, majority of them are married, (49%) of them a insufficient monthly income classification. The findings agree with.[4] to assess Frequency of poor quality of life and predictors of health related quality of life in cirrhosis. Total of 273 participants were recruited in the study; among them 155 (57%) were males;

mean age of participants was 49 years (SD ± 11 years); among them majority of study participants *i.e.* 184 (67.5%) belonged to age group of 40–60 years.

This finding can be supported by another study. They present that of (31.3%) of sample in their study at 41-60 years old.[5]

Our findings about gender are similar to those reported that. 305 patients, 126 (41.3%) were females and 179 (58.7%) were males. The mean age of the patients was 40.67 (± 14.39) (Mean ± (Standard Deviation) (M ± SD) years. The age range was between 18 and 71 years.[6]

This findings can be supported by another study who reported that study the findings ofthat around two thirds of the study subjects were males and their ages ranged between 40 to less than 60 years old with a mean age of 54.9 + 9.88.[7]

This findings were in good agreement with that obtained by other researcher who stated in their study about "CT esophagography: Non-invasive screening and grading of esophageal varies in cirrhosis" who found that three quarter of the subjects were male and their mean age was 56.84 ± 7.52 years.[8]

Another study entitled "esophageal varices in patients with liver cirrhosis" reported that the male: female ratio was 1.9:1 with mean age 51.6±10.2 and 55.4±10.6.[9]

These result were similar to those result obtained by other researcher who stated that thirty three percent of the study samples are intermediate graduates as level of education.[10]

Thirty three percent of the study samples are free job and the majority of the study samples (60%) from urban residential areas.

The findings of the study sample shows that highest percentage (50%) had hepatitis B & hepatitis C in the past of medical history and (48%) of the study sample hadn`t family history of any disease.

These findings were in good agreement with that obtained by other researcher who stated the most common etiologic factors for cirrhosis was hepatitis B & C.[11]

This result agrees with that of the other researcher who reported that most common causes of liver cirrhosis in united states is Hepatitis C (26%),Alcoholic liver disease (21%), Hepatitis C plus alcoholic liver disease (15%) and hepatitis B ,which maybe coincident with hepatitis (15%).[12]

The mean of the score of the Physical and social communication in table (3) for liver cirrhosis patient are high in item (Exercise), item (Ascending and descending of stairs), item (Doing housework), item (Driving car), item (Use of general transport), item (Use internet to connect with others), item (Use internet to connect with others), item (leisure activities), item (Participating in race running), item (Participate in races boxing), item (Play of football), item (Shopping), item (Visit relatives and friends), moderate and low in remaining items.

The finding of the study agree with who reported significant differences between PBC cases and controls with respect to participation in sports, physical exercises (Jogging or running p=0.03, Other exercises p= 0.019).[13]

This finding is in accordance with stated highest scores found on the categories of social activities, like alertness, emotional behaviour, movement, sleep/comfort, house management, and recreation and pastimes. These are all items that are expected to be affected in cognitive disorders.[14]

Another study which conforms to the finding of the present study who stated that Patients with liver cirrhosis also suffer from consequences, which will reduce their HRQOL, particularly on the physical domain area for their difficulty to maintain daily work and life.[15]

The finding of the study agree with who reported thatthese results demonstrated that as whole populations, people with the chronic liver disease are experiencing a greater functional difficulty in those areas of daily living represented by each PHAQ domain, than the comparator population activity domain ($p<0.001$).[16]

The findings agree with who statedon the other hand, individuals who were deteriorate on neuropsychological tests that involve quickly processing information in an efficient and accurate manner reported a greater decline in IADLs (*e.g.,* managing finances, shopping).[17]

The findings of the study sample indicated that there nosignificant between physical and social communication with age.

It has been notices with changes in the cells, body tissues, and body organ system that tend to have an effect on body structure and function. Elderly people have chronic condition and associated function and cognitive limitations that require assistance with Activities of Daily Living (ADL) Today, more Assisted Living Facilities (ALF) are needed due to the number of healthier older people

is increasing and with improved health care.[18]

The findings of the study sample indicated that there is significant at level $p<0.01$ between physical and social communication with marital status, marital status may be considered partial effects on physical activities, especially female in home management, responsibilities toward family and husband to available all needed for them this increase over load on individual's through life. There is negative moderate relationship between activities of daily livings with level of education

This means whenever person increasing education level leading to decrease physical and social communication needed help and opposite low level of education increased need help with physical activities, education level play role in promote physical activities and social communication.

CONCLUSIONS

Our data indicate that patients with liver cirrhosis experienced is high decline in all aspect of physical and social communication

Recommendations

1. Further studies have to be carried out in order to assess patients' knowledge and attitude regarding personal care.
2. Replication of the study on a larger probability sample selected from different geographical areas in Iraq is recommended to obtain more generalizable data.
3. Regular follow up with specialized digestive clinics and increase their confidence in managing of hepatic cirrhosis.
4. Encourage patients to participate in group teaching stress management activities.

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