Emotional State and Health Related Quality of Life in Patients with Chronic Hepatitis-C

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Introduction: Chronic hepatitis-C is the most frequent cause of chronic liver disease and liver cancer in the developed world. The estimated prevalence of antibody to hepatitis-C virus (anti-HCV) in Egypt is 15%. Assessment of patients' health related quality of life (HRQOL) and the influence of the health status on the sense of well-being in patients with chronic disease has become an important focus of outcome research with the increasing emphasis on the patient as a focal point of health care.

Objectives: To assess the quality of life, anxiety and depression in patients with chronic hepatitis-C and it's relation to some socio-demographic and clinical factors.

Patients and Method: 50 consecutive adult patients with chronic hepatitis-C attending the Tropical Gastroenterology Department for regular follow-up were assessed by the Health Related Quality of Life Questionnaire for Hepatic patients. Depression and anxiety were measured using the Hospital Anxiety and Depression Scale. The chronicity of hepatitis illness, medical co-morbidity, interferon therapy was assessed.

Results: From the fifty chronic hepatitis-C patients 26% had depression, 40% had anxiety symptoms and (56%) had low scores on the health related quality of life questionnaire. Emotional state affected negatively the quality of life of the patients and age correlated with some domains of QOL. Socio-demographic factors showed that male patients had an older mean age than female patients and were more depressed. Younger patients showed more anxious symptoms than depression. Depression was more frequent among the married group while anxiety was more frequent among the single patients. Occupation seemed to influence the emotional state and also it affected the quality of life functioning level. The presence of a co-morbid medical illness affected the appearance of both depression and anxiety. Recently diagnosed patients with duration less than one year were mostly anxious compared to patients with duration of more than five years who were mostly depressed. Both groups had poor quality of life. Patients who had received interferon therapy showed better scores on the health related quality of life questionnaire.

Conclusion: Quality of life is largely affected in patients with chronic hepatitis-C especially young patients. They show prevalent anxiety and depression with the duration of illness having a great impact on the patient's detected symptoms. Gender, age, marital status, and work affect the differential appearance of depression and anxiety. Depression and anxiety negatively affected the quality of life of those patients.

Keywords: Hepatitis C, quality of life, depression, anixety, interferons

Abbreviations:
HRQOL: Health related quality of life
CHC: Chronic hepatitis-C
QOL: Quality of life
HCV: Hepatitis-C virus
INF: Interferon-alpha
ANOVA: Analysis of variance

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INTRODUCTION

With increasing emphasis on the patient as focal point of health care, preservation of patient functioning and wellbeing is viewed as the principal goal of medical care and is best evaluated by the patient. As a consequence, assessment of patient's HRQOL has become an important focus of outcome research in psychiatry and medicine. HRQOL measurement includes the assessment of somatic symptoms, psychological status, social interactions, physical, cognitive and psychosocial functioning and sense of well being as influenced by the health status.

CHC is one of the most frequent infectious diseases in the world. The estimated prevalence of antibody to hepatitis-C virus (anti HCV) ranges from 15% in Egypt or Cameron to 1.8% in the United States to 0.8% in Germany *(Alter, 1997)*. Since the detection of HCV in 1989, a continually rising number of patients with CHC have been diagnosed *(Mcquillan, 1997)*. The number of people infected with HCV has been estimated to exceed 100 million worldwide. Of these, approximately 70% have CHC and at least 20% have cirrhosis *(Alter, 1999)*.

The mode of transmission is often unclear. Typical acquisition modes as intravenous drugs and transfusion