HEALTH - RELATED QUALITY OF LIFE & ANXIETY SCORE IN CONTACT OF HEPATITS C PATIENTS

Thesis

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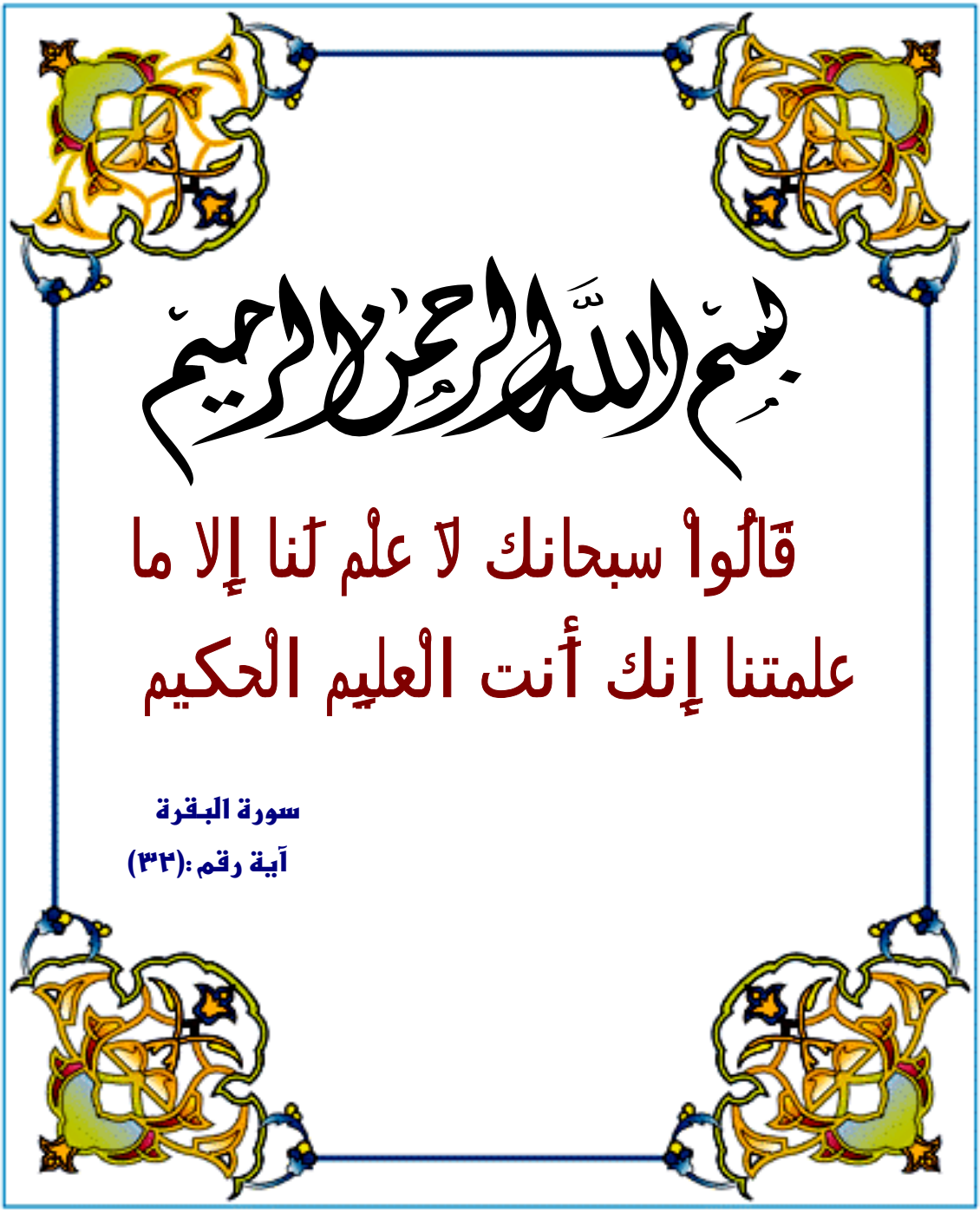
بسم الله الرحمن الرحيم
قَالُواْ سبحانك لاَ علْم لَنا إِلا ما
علمتنا إِنك أَنت الْعلِيم الْحكِيم
سورة البقرة
آية رقم :(٣٢)

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Abstract

Background: Globally, 3-5% of world's population is suffering from hepatitis C virus. Consequently, the family caregiver may be substantially burdened because in addition to financial constraints, the disease could be taxing physically, socially, emotionally.

Objective: the aim of this study was to determine the health related quality of life in contacts of hepatitis C patients and to ascertain contact's perception and concerns about current and future life with hepatitis C patient and to investigate relationship between anxiety and depression among contacts.

Methodology: It was cross sectional study conducted over 191 contacts of hepatitis C patient, participants recruited from three hepatology centers in Cairo and Kafr-Elsheikh and one tropical hospital in Gharbia. and The participants' characteristics questionnaire, knowledge and attitude questionnaire, Beck Depression Inventory and General Anxiety Disorder seven score were used.

Results: Most of contacts experienced mild to moderate anxiety with/without mild depression, several factors show statistically significant association with contact anxiety including age, marital status and knowledge about prevention, HRQL found to be higher in the physical section (HRQL index = 84.1 $\pm$ 18.1), on the other hand the mental health, bodily pain, social role functioning and vitality are moderately affected (HRQOL index = 76.1 $\pm$ 23.1, 75.3 $\pm$ 21.4, 707 $\pm$ 19.4 and 63.6 $\pm$ 16.9 correspondingly).

Conclusion and Recommendation: the diagnosis of Hepatitis C had profound impact on contact's health and well being, it was evident that better disease knowledge could further helped them. One of the challenging roles of family physician is to screen for anxiety, depression and lower HRQoL than population norm.

Key words: Health related quality of life, hepatitis C, caregiver, contacts, anxiety, Depression, knowledge.

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List Of Abbreviation

ADLS	Activities of daily living
AIDS	Acquired Immune Deficiency syndrome
ALT	Alanine Amino Transferase
CDC	Center for disease control and prevention.
CHF	Congestive Heart Failure
COPE	Creativity, Optimism Planning and Expert Information study.
CLD	Chronic liver disease.
COPD	Chronic obstructive pulmonary disease.
CRF	Chronic Renal Failure
DHSS	Department of Health and social services
DSM III	Diagnostic and Statistical Manual of Mental Disorder 3rd Edition.
EDHS	Egypt demographic and Health Survey.
EIA	Enzyme Immuno Assays
ELISA	Enzyme-Linked Immune Sorbent assay
GAD	Generalized Anxiety disorder
GSP	Gastro-intestinal specific anxiety.
HBV	Hepatitis B virus
H CV	Hepatitis C virus
HCVP	Hepatitis C Patients
HIV	Human Immuno deficiency virus
HRQoL	Health related quality of life
IADLS	Instrumental Activities of daily living
IBS	Irritable Bowel syndrome

MC.S	Mental component summary
MOHE	Ministry of higher education and scientific Research
MOHP	Ministry of health and Population.
MSM	Men who have sex with men
OTC	Over the counter.
P	P value
PAT	Parenteral antischistosomal treatment
PCS	Physical component summary.
PLWH	People living with HIV.
PLWHA	People living with HIV/AIDS
QoL	Quality of life
RNA	Ribonucleic acid.
S D	Standard deviation.
SF 36	Short form 36.
SPSS	Statistical Package for social sciences.
STDS	Sexually transmitted diseases
S V R	Sustained viral response.
U S	United states
USA	United states of America.
W H O	World health organization.
WHoQoL	The world Health organization Quality of life assessment.

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INTRODUCTION

About 150 million people are chronically infected with HCV. More than 350,000 people are estimated to die from HCV-related liver diseases each year **(WHO, 2012).** Hepatitis C prevalence is higher in some countries in Africa and Asia. Egypt has the highest prevalence for HCV, ranging from 6% to more than 40% among regions and demographic groups **(Lehman and Wilson, 2009).**

Depression and anxiety disorders affect the functioning of the individual, resulting in not only enormous emotional suffering and a diminished quality of life, but also alienation and stigma. This burden extends further into the community and society as a whole, having far-reaching economic and social consequences. They can also complicate existing physical disorders, as patients suffering from mental disorders may have poor compliance rates and may fail to adhere to their treatment schedules (**WHO, 2002)**.

In day-to-day practice, family physicians are likely to see patients who serve as caregivers. In fact, one study of patients in a family practice demonstrated that 21 percent of the patients had caregiving responsibilities for persons with chronic medical conditions **(Andolsek et al., 1988)**.

The caregiver role can be stressful, and identifying these patients can give the family physician opportunities to help patients cope with the challenges of the caregiver role. Family physicians have a systematic approach for assessing the degree

of caregiver burden in these patients. Because caregivers are at increased risk for depression and anxiety, screening should be done to exclude the presence of either disorder. If there are problems, family physicians should provide practical counseling about common caregiving stresses and about resources that benefit caregivers. Helping the caregiver learn strategies for coping with difficulties may help reduce some of the stress the caregiver is experiencing. **(Parks & Noveilli, 2000)**

Research has uncovered the enormous physiological, psychological, and financial costs associated with informal care giving. Informal caregivers have increased stress and depression, **(Clyburnet al., 2000 and Pinquart & Sorenson, 2003a)** worsened social and family life, **(Cameron et al., 2002)** physical illness **(Vitaliano et al., 2003)**, increased feelings of burden **(Dunkin & Anderson-Hanley, 1998)** and decreased quality of life **(Rees et al., 2001 and Argimon et al., 2004)**

Informal caregivers have been shown to be less likely to be employed and more likely to miss days of work and to quit or to retire early. **(Levine et al., 2000 and Ho et al., 2005)** Equally important, the emotional and physical health of family caregivers has been shown to correlate with the health and successful rehabilitation of those with chronic illness. **(Han & Haley, 1999**).

Across more than 20 studies published in the past decade, there was consistent evidence that caregiving placed family members at risk for depression. **(Mittleman et al., 1995; Zanetti**

et al., 1996; Buckwalter et al., 1999 and Deimling et al., 2001) In fact, caregivers had higher rates of depression than the general population **(Jackson & Cleary, 1995).** Multiple studies have shown that the incidence of depression in caregivers is high, ranging from 18 to 47 percent, and caregivers who are depressed experience higher degrees of burden **(Lawton et al., 1991).**

Caregiver burden, which is the negative impact of caregiving on the caregiver's life, has been associated with depressive symptoms **(Wight, 2000 and Land et al., 2003)** and suicidal ideation. **(Rosengard & Folkman, 1997).** The consequences of a high caregiver burden include an increased risk of the need to place the family member in a long-term care facility as well as increased use of formal in-home services **(Brown et al., 1990).** The societal and economic benefits of reducing the amount of caregiver burden are evident **(Livingston et al., 1996).**

AIM OF THE WORK

To define the effect of being a contact to patient of hepatitis C on the health related quality of life in contacts, and to define the benefits of availability of adequate and accessible information for contacts of hepatitis C patients to help them and the physicians in the management process of hepatitis C patients attending outpatient clinic of hepatology centers with lower impacts on the contacts health status.

Objectives:

1- To Determine the HRQoL in contact of HCV Patient.

2- To Asses contact Perception and concern About HCV patient`s life.

3- To investigate relation between anxiety and depression of contact.

HEPATITIS C INFECTION

Epidemiology:

Hepatitis C prevalence is higher in some countries in Africa and Asia. Egypt has the highest prevalence for HCV, ranging from 6% to more than 40% among regions and demographic groups **(Lehman and Wilson, 2009).** There is a hypothesis that the high prevalence is linked to a -discontinued mass-treatment campaign for schistosomiasis, which is endemic in that country **(El-Zanaty and Way, 2009).**

About 150 million people are chronically infected with HCV. More than 350,000 people are estimated to die from HCV-related liver diseases each year **(WHO, 2012).**

In developed countries the incidence is lower, In the United States, the overall prevalence has been estimated at 1.8% or 3.9 million people, with 2.7 million chronically infected. In developing countries, HCV appears to be related to medical procedures, vaccinations, and parenteral drug use. Since 1989, the incidence of acute HCV has declined by about 80% in the United States due to screening of blood products, but the overall prevalence of chronic HCV has not decreased significantly. At least 60% of HCV is now due to illicit drug use **(Richard, 2006).**

Hepatitis C virus (HCV) infection is the most common chronic blood borne infection in the United States; an estimated 3.2 million