Assessment of Anxiety and Coping strategies among Patients with Hepatitis C Virus

Thesis

Submitted for Partial Fulfillment of Master Degree in Nursing Science
(Psychiatric Mental Health Nursing)

By

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✍ Hussein Mohammed

Dedication

This thesis is dedicated to:

The sake of Allah, my Creator and my Master,

My great parents, **Mr. *Mohamed***, *and* **Mrs. *Sanaa,*** *who have always loved me unconditionally and whose good examples have taught me to work hard for the things that I aspire to achieve.*

My dear ***wife, Mai,*** *who leads me through the valley of darkness with light of hope and support, My beloved sisters, who stand by me when things look bleak.*

My beloved ***kid, Darin,*** *who I can't force myself to stop loving. To all my family, the symbol of love and giving.*

My friends, who encourage and support me, All the people in my life who touch my heart, I dedicate this research.

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Abstract

Background: Hepatitis C is known to be the infection of the liver is caused by the hepatitis C virus. Anxiety is a feeling of uneasiness and worry usually appears to be generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. The frequency of anxiety and psychosocial disorders seems to be raised at the patients diagnosed with chronic hepatitis c. **Aim of the study:** This study aimed to assess anxiety and coping pattern and relationship between it among patient with hepatitis C virus. **Research setting:** The study was carried out at Internal Medicine unit of EL-Ahrar governmental public hospital at zagazig sharkia. It is affiliated to the Ministry of Health and Population (MHP). **Subject of the study:** Patients with hepatitis C who have liver cirrhosis and came to the medical unit in El-ahrar hospital for treatment. **Study type:** a descriptive study type was utilized. **Sample type:** It was a convenience sample. **Sample size:** The subject of the present study included 100 patients with hepatitis C who have liver cirrhosis and came to the medical unit in El-ahrar hospital for treatment. **Tools of data collection: Part I:** It deals with socio-demographic characteristics of studied patients with hepatitis C virus who suffers from liver cirrhosis and their history of the disease. **Part II:** This part represents levels of anxiety among studied patients with hepatitis C virus who have liver cirrhosis. **Part III:** This part represents coping patterns among studied patients with hepatitis C virus who have liver cirrhosis. **Part IV:** It illustrated the relationship between socio-demographic characteristics with anxiety and coping patterns it also illustrated the relationship between disease characteristics with anxiety and coping patterns. **Part V:** That part displayed the relationship between anxiety and coping patterns among studied patients with hepatitis C virus who have liver cirrhosis. **Conclusion:** Hepatitis C affects a lot of people around the world and Egypt has the highest rate of hepatitis C in the world. It has a very bad effect in physical and psychological health of the patients. People with hepatitis C usually suffer from sever anxiety because of fearing of death and the pain that they feel from the nature of the disease and the side effect of the medications that they take. Most of the patient in the sample were males and live in rural area the mean age of the studied sample was 48± 4. The patients in the sample was using different coping patterns to cope with anxiety and the pain that result from the disease and its treatment but the majority of these coping patterns where ineffective which can't help the patients to reduce anxiety.

Keywords: Hepatitis C Virus, Anxiety, Coping Patterns.

Introduction

Definition of Hepatitis C : is a contagious, viral liver disease which can cause damage to the liver. most people with hepatitis C do not realize that they have it. The disease spreads by blood-to-blood contact, and primarily by the use of injectable drugs. There are immunizations against hepatitis A and B, but not C. To prevent infection, it is necessary to avoid exposure to the hepatitis C virus (HCV) **(Nelson, 2014).**

Treatment and probably cure is via antiviral drugs and is effective in over 90% of patients. Chronic hepatitis C was frequently treated with injectable interferon, in combination with antiviral oral medications, but now is most often treated with oral antivirals alone. There is no vaccine for hepatitis C **(Lozano, 2012).**

Globally, it is known that as many as 170 million people are known to be infected with hepatitis C virus, which is about three percent of the world's population **(Liang, 2013).**

In the majority of infected cases, hepatitis C virus is a chronic, life-long condition with patients experiencing a bewildering array of symptoms, including trouble sleeping, depression, "brain fog" (short-term memory problems),

decrease appetite, gastrointestinal problems and “interferon rage” (anger that can lead to wild outbursts and violent behaviors and bad attitude) **(Ciria et al., 2013).**

In some patients, hepatitis C may be a mild, short illness that they are able to “clear” within six months of being infected **(Umar et al., 2016).**

The most common risk factors for hepatitis C infection in Egypt are increasing age, a history of PAT, and residing in rural areas. And other common risk factors were related to the health care settings as a history of having blood transfusions, invasive procedures or injections. Community and informal health provider related exposures as circumcision, and cautery were also associated with the transition of hepatitis C infection **(Sarwar et al., 2015)**.

The Ministry of Health in Egypt initiated in 2001 broad Infection Control Programs all over the country so, this year was considered as a cut-off year for controlling the infections that is caused by all means of micro-organisms transmission at all health care facilities in the country **(Sandmann et al., 2013)**.

Patients who suffer from chronic virus C had a higher prevalence of psychiatric disorders, as well those who receive antiviral treatment. At least 50% of the

patients who are infected with virus C suffer of a psychiatric disease and the prevalence during life of psychosis, anxiety, impairment of quality of life is significantly higher than healthy subjects **(Shivkumar et al., 2012).**

There are different Various hypotheses that have been formed for explanation of the presence of anxiety and depression symptoms in patients who suffer from hepatitis C **(Gupta et al., 2014).**

Some of these studies associate the higher probability of psychiatric disorders in patients with hepatitis C to the direct effect the virus, the side effect of the medications. And because the patient know that he can infect others and others usually avoid him **(Mohd et al., 2013).**

Significance of the study:

Hepatitis C virus is and will remain a major health problem in Egypt and the entire continent of Africa for some time. This infection of hepatitis C can lead to an acute or silent course of liver disease, progressing from liver impairment and end with cirrhosis and decompensated liver failure or hepatocellular carcinoma in a 20–30-year period. Besides the late clinical squeal of chronic liver disease, such as cirrhosis and hepatocellular carcinoma, a high prevalence of depressive symptom can occur to the patient **(El sayed et al., 2012).**

Hepatitis C has been found to have a negative impact on the psychological status in 44.2% of patients mood, anxiety, and personality disorders are common among hepatitis C patients each occurring in 26% to 34% of patients. Moreover, anxiety is reported to be common among those receiving interferon and it often Fatigue and anhedonia are also frequently occurring side effects of interferon. Anxiety in patients with hepatitis C virus infection influences their health-related quality of life and their adherence to antiviral treatment. So, Lack of Knowledge about psychiatric disorders that happen to hepatitis C virus patients will affect badly on their treatment, and we need to have more knowledge about its impact on the psychiatric health **(Hofmann et al., 2014).**

Aim of the Study

This study aims to assess anxiety and coping patterns and relationship between them among patient with hepatitis C virus.

It was achieved through:

1. Assessing anxiety that hepatitis C patients suffer from.
2. Assessing coping patterns that hepatitis C patients use to cope with anxiety.
3. Assessing the relationship between anxiety and coping patterns in patients with hepatitis C virus.

Research questions:

- What are the levels of anxiety among patients with hepatitis C virus?
- What are the coping patterns used by hepatitis C virus patients to face anxiety?
- What are the relationships between anxiety and coping patterns in patients with hepatitis C virus.

Review of Literature

Assessment of anxiety and coping patterns among patients with hepatitis C virus

Overview of hepatitis C virus:

It is an infectious disease which is caused by the hepatitis C virus (HCV) it primarily affects the liver. During the initial infection people usually have mild or no symptoms. But occasionally a fever, dark urine, abdominal pain, and yellow tinged skin may occur **(Moyer, 2013).**

The virus persists in the liver in about 75% to 85% of those initially infected. Early on chronic infection typically has no symptoms. Through many years however, it usually leads to liver disease and occasionally cirrhosis. Those with cirrhosis usually develop complications such as liver failure, liver cancer, or dilated blood vessels in the esophagus and stomach **(Lam et al., 2010).**

Virus C spread through blood to blood contact like in intravenous drug use; it can also spread from the infected mother to her baby during birth and by the needle stick injuries in healthcare. It's one of five types known of hepatitis viruses like: A, B, C, D and E. we can identify it through blood testing and it helps to look for antibodies to