



Evaluation of Quality of Life in Adult Patients after One Year Liver Transplantation in Argentinian Center

**José Gabriel Cervantes, Rodrigo Antonio Gasque, Magalí Chahdi Beltrame,
Emilio Gastón Quiñonez, Francisco Juan Mattera**

*Department of Hepato Pancreatic Biliary Surgery & Liver Transplantation.
Hospital El Cruce. Buenos Aires, Argentina*

Disclosure Statement of Financial Interest

“We, (Cervantes José Gabriel, Gasque Rodrigo Antonio, Chahdi Beltrame Magalí, Quiñonez Emilio Gastón and Mattera Francisco Juan) DO NOT have a financial interest/arrangement or affiliation with one or more organizations which could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation”



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Introduction



The objective of liver transplant (LT) is not only to obtain long survival rate, but also to achieve an excellent quality of life (QOL).



The purpose of our study is to assess the various aspects of QOL of receptors undergoing LT after 1 year of transplantation and to identify potential factors that might be associated with impaired QOL.



Retrospective analysis including LT between 2013 to 2021.
The Liver Disease Quality of Life questionnaire (LDQOL 1.0).
111 items distributed within 20 scales.

Results

89 patients (39 women and 50 men).

The mean age was 52.5 years.

On average, the patients had to wait 360 days before undergoing LT.

The vast majority (93%) had moderate to severe liver disease: 46% Child-Pugh B and 47% Child-Pugh C.

Hepatitis C virus (22.5%), alcohol (22.5%) and autoimmune cirrhosis (22.5%).

Table 1. Sample Characteristics

Gender, n (%)	
Female	39 (43.8%)
Male	50 (56.2%)
Age year, mean (SD)	52.5 (12.5)
Child-Pugh class, n (%)	
A	6 (6.7%)
B	41 (46%)
C	42 (47%)
Etiology, n (%)	
HCV	20 (22.5%)
EtOH	20 (22.5%)
Autoimmune	20 (22.5%)
PBC	13 (14.6%)
NASH	6 (6.7%)
CEP	3 (3.3%)
Cryptogenic	2 (2.2%)
Other	5 (5.6%)
Marital status, n (%)	
Single	31 (34.8%)
Married	42 (47.2%)
Separated/Divorced	16 (18%)
Education level, n (%)	
Primary school or less	28 (31.5%)
Some high school	24 (26.9%)
High school diploma	19 (21.3%)
Vocational school	8 (8.9%)
College degree	10 (11.2%)
Employment, n (%)	
Working full-time	12 (13.5%)
Working part-time	22 (24.7%)
Unemployed	3 (3.4%)
Retired	17 (19.1%)
Pensioner	24 (26.9%)
In school	2 (2.2%)
Homemaker	8 (8.9%)
None of the above	1 (1.1%)

Results

The mean of scaling successes was 83,69%.

The scales who scored higher means range from 89-90% were:

- Effects of liver disease**
- Stigma of liver disease**
- Role limitations physical**
- Role limitations emotional**
- Loneliness scales**

Table 2. LDQOL questionnaire results.

LDQOL 1.0 domains	Mean Score	Range	SD	Mean (%)
SF-36				
General health perceptions	17.38	7 -25	3,58	69.52
Physical functioning	25.95	12 -30	3,97	86.53
Role limitations-physical	7.22	4 -8	1,28	90.25
Role limitations-emotional	5.43	3 -6	1,04	90.66
Bodily pain	8.73	2 -11	2,19	79.36
Energy/fatigue	17.41	5 -24	4,34	72.58
Emotional well-being	22.98	11 -30	4,48	76.6
Social functioning	9.55	3 -11	1,81	86.81
Liver disease-targeted				
Symptoms of liver disease	86,14	28-102	15,39	84.45
Effects of liver disease	51,77	19-58	8,15	89.25
Concentration	29,75	8-35	5,61	85
Memory	24,93	9-30	4,62	83.1
Quality of social interaction	21,06	11-25	3,05	84.28
Health distress	16,66	4-20	3,75	83.3
Sexual functioning	9,35	3-11	1,92	85.09
Sexual problems	13,68	4-17	3,50	80.47
Sleep	24,31	14-30	3,79	81.03
Loneliness	22,68	6-25	3,26	90.72
Hopelessness	17,05	4-20	2,99	85.3
Stigma of Liver disease	26,86	12-30	4,67	89.53

Conclusion



Child-Pugh classification only was associated with impact on body pain, emotional well-being, memory, and stigma of liver disease scales ($p \leq 0,05$).



Statistical significance was found between MELD score and energy/fatigue, emotional well-being, liver disease symptoms, effects of liver disease and hopelessness scales ($p \leq 0,05$).



The results on QOL in LT recipients after 1 year are similar to the normal population, except for body pain, energy and emotional well-being scales which are reduced.