

P- 90 EFFECT OF THE DELIVERY OF WRITTEN INFORMATION ON DISEASE-RELATED KNOWLEDGE IN PATIENTS WITH CIRRHOSIS AND ASSOCIATED FACTORS

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Introduction and Objectives: In chronic pathologies, such as cirrhosis, information is essential for disease acceptance, adherence to treatment and prevention of complications. This study aimed to determine whether written information in patients with cirrhosis has an effect on the level of knowledge and treatment adherence and to evaluate possible factors associated with disease-related knowledge in cirrhosis.

Materials and Methods: Longitudinal, analytical study. Adult outpatients with cirrhosis were included in July-December 2021. Self-completed survey with demographic, clinical information, disease-related knowledge with "Cirrhosis Knowledge Questionnaire" (1 - 7 points) and treatment adherence with Morisky-Green-Levine scale (Low, Medium, High) were assessed. History of complications and hospitalizations in the last two years were obtained from clinical records. Patients were provided with an educational brochure and after four months, the disease-related knowledge and treatment adherence were re-evaluated. Comparative analysis was performed with T Student or ANOVA. Multiple linear regression models were assessed to identify possible associated factors (p < 0.05).

Results: We included 104 patients, 53% men, the median age of 64 years, and 80% of them with middle or higher education. The most frequent etiologies of cirrhosis were alcohol (27%) and non-alcoholic steatohepatitis (26%). The median level of disease-related knowledge was 3 (RIC 2 - 5). Forty-three percent of the patients answered >50% of the answers correctly. Bivariate and multivariate analyses of the disease-related knowledge are described in Table 1. Disease-related knowledge levels increased after delivery of written information at the 4-month follow-up (3.21 vs. 3.96; p=0.0007), but treatment adherence did not.

Conclusions: Less than half of the patients answered > 50% of disease-related knowledge correctly. Higher educational levels, history of hospitalization and complications due to cirrhosis were associated with a higher disease-related knowledge level score. The provision of written information is associated with an increase in disease-related knowledge levels in patients with cirrhosis.

Table 1. Bivariate analysis

BIVARIATE ANALYSIS Variable	N°	Disease-related knowledge (mean)	CI 95%	p value
Gender				
Female	49	2.9	2.3 - 3.4	0.069
Male	55	3.6	3.1 - 4.1	
Marital status				0.038
Married/couple	63	3.2	NA	
Single	19	4.2		
	21	2.7		

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BIVARIATE ANALYSIS Variable	N°	Disease-related knowledge (mean)	CI 95%	p value
Separated/widowed/divorced				
Educational level				0.004
Elemental	21	2.3	NA	
High school	47	3.1		
University/Postgraduate	36	4		
Living with:				0.942
Alone	11	3.2	NA	
Couple	26	3.1		
Family	67	3.3		
Current employment status				0.188
Active work	36	3.6	NA	
Unemployed	11	2.4		
Housework/Retired	57	3.2		
Comorbidities				0.410
With comorbidities	27	0.0	2.2 - 3.8	
Without comorbidities	77	3.3	2.9 - 3.8	
Years of disease				0.516
≤ 1 year	31	3.2	NA	
1 - 5 years	36	3.0		
≥ 5 years	34	3.5		
Treatment adherence				0.354
Low	29	3.1	NA	
Media	51	3.1		
High	40	3.7		
Hospitalizations due to cirrhosis in the last 2 years		2.5		0.005
No	35	3.6	2.0 - 3.1	
Yes	68		3.2 - 4.1	
Complications due to cirrhosis in the last 2 years				0.002
No	26	2.3	1.5 - 3.1	
Yes	78	3.6	3.2 - 4.0	
MULTIVARIATE ANALYSIS				
Variable	Coef.	Standard Error	CI 95%	p value
Gender male	0.239	0.356	-0.467 - 0.946	0.503
Marital status^Y				
Single	0.224	0.484	-0.737 - 1.18	0.644
Separated/widowed/divorced	-0.563	0.440	-1.439 - 0.311	0.204
Educational level^E				
High school	0.224	0.484	-0.234 - 1.612	0.142
University/Postgraduate	-0.563	0.440	0.516 - 2.516	0.003
Hospitalizations due to cirrhosis in the last 2 years	0.839	0.373	0.098 - 1.581	0.027
Complications due to cirrhosis in the last 2 years	0.901	0.412	0.081 - 1.721	0.031

For bivariate analysis, T Student or ANOVA was used depending on the number of variables. For multivariate analysis, a linear regression model was used (r-squared 0.250).

^YReference category marital status: married

^EReference category educational level: elementary

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P- 91 CHANGES IN EARLY VISUAL PERCEPTION IN PATIENTS WITH MINIMAL HEPATIC ENCEPHALOPATHY

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