

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 | | | | |
| Married/couple | 63 | 3.2 | NA | 0.038 |
| 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 | | | | |
| Elemental | 21 | 2.3 | NA | 0.004 |
| High school | 47 | 3.1 | | |
| University/Postgraduate | 36 | 4 | | |
| Living with: | | | | |
| Alone | 11 | 3.2 | NA | 0.942 |
| Couple | 26 | 3.1 | | |
| Family | 67 | 3.3 | | |
| Current employment status | | | | |
| Active work | 36 | 3.6 | NA | 0.188 |
| Unemployed | 11 | 2.4 | | |
| Housework/Retired | 57 | 3.2 | | |
| Comorbidities | | | | |
| With comorbidities | 27 | 0.0 | 2.2 – 3.8 | 0.410 |
| Without comorbidities | 77 | 3.3 | 2.9 – 3.8 | |
| Years of disease | | | | |
| ≤ 1 year | 31 | 3.2 | NA | 0.516 |
| 1 – 5 years | 36 | 3.0 | | |
| ≥ 5 years | 34 | 3.5 | | |
| Treatment adherence | | | | |
| Low | 29 | 3.1 | NA | 0.354 |
| Media | 51 | 3.1 | | |
| High | 40 | 3.7 | | |
| Hospitalizations due to cirrhosis in the last 2 years | | | | |
| No | 35 | 3.6 | 2.0 - 3.1 | 0.005 |
| Yes | 68 | | 3.2 - 4.1 | |
| Complications due to cirrhosis in the last 2 years | | | | |
| No | 26 | 2.3 | 1.5 - 3.1 | 0.002 |
| 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

<https://doi.org/10.1016/j.aohep.2023.100981>

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

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Introduction and Objectives: Minimal Hepatic Encephalopathy (MHE) is characterized by very subtle cognitive changes that are diagnosed with the Psychometric hepatic encephalopathy score (PHES) and critical flickering frequency (CFF). Patients with MHE are slower in attention tests evaluated with visual cognitive evocative potentials, which are late indicators. However, it is unknown whether there is also slowness in automatic responses of early visual perception, such as those of stationary visual potential P100. This study aimed to detect early visual changes in patients with minimal hepatic encephalopathy

Materials and Methods: Cirrhotic patients who went to the Liver Clinic of the Gastroenterology Service of the Mexican General Hospital "Eduardo Liceaga" were included. The PHES, CFF test was applied and the electroencephalogram (EEG) was recorded while repeated visual stimuli were presented to obtain the stationary visual potential P100.

Results: 89 patients with hepatic cirrhosis participated in 54 women (60.7%) with 53 ± 7.9 years of age and 8.3 ± 3.4 years of schooling. Fifty-seven patients (64.0%) and 64 FCP-positive (71.9%) were PHES-positive. MHE (PHES and CFF positive) was detected in 53 patients (59.6%). 29 MHE patients and 10 patients with cirrhosis agreed to do the perceptual tests. P100 latency of the visual potential was quantified lower in patients with MHD 113 ± 9 milliseconds than in cirrhotic 94 ± 14 milliseconds.

Conclusions: Patients with MHE showed slowness in early perceptual processes that preceded cognitive processes.

<https://doi.org/10.1016/j.aohep.2023.100982>

P- 93 INTERVENTIONS AND CLINICAL OUTCOMES IN PATIENTS EXCLUDED FROM PRE-LIVER TRANSPLANT EVALUATION IN A SINGLE CENTER EXPERIENCE

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Introduction and Objectives: Liver transplantation is the best treatment option for patients with end-stage liver disease of any etiology. The success of the clinical intervention depends on the proper selection of the donor and the recipient. Biopsychosocial determinants influence the rate of post-transplant complications and mortality. This study aimed to identify interventions and clinical outcomes

in patients excluded from pre-liver transplant evaluation with a clinical indication for liver transplantation between January 2019 and December 2021 in a single-center experience in Bogotá.

Materials and Methods: A cross-sectional study of patients >18 years old with a clinical indication for liver transplantation that was not suitable during the social work and psychology assessment for pre-liver transplant evaluation between January 2019 to December 2021.

Results: Between January 2019 to December 2022, 565 patients were considered candidates for pre-liver transplant evaluation. Of these, 122 patients were included in our study because they were excluded from evaluation by psychology and social work. 58.2% (n=71) were men, 77% (n=94) belonged to the private health system, 38.5% (n=47) had a primary education level, 34.4% (n=42) were unemployed, and the median monthly income was \$250 USD (IQR 200 - 487 USD). 32.5% (n=37) become included in the pre-liver transplant study after some intervention. The activation of the extended family network showed a statistically significant difference in its frequency between the groups included and those not included in the pre-transplant study (p=0.011).

Conclusions: Interventions by the multidisciplinary liver transplantation support group allow access to pre-transplant evaluation, admission to the waiting list and transplantation to patients initially excluded for different reasons that can be modified with these tools.

<https://doi.org/10.1016/j.aohep.2023.100983>

P- 97 CHARACTERIZATION OF PATIENTS INFECTED WITH HEPATITIS C IN 2 REFERENCE CENTERS IN PARAGUAY, FROM APRIL 2000 TO SEPTEMBER 2021

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Introduction and Objectives: The actual situation of HCV infection in Paraguay is not clearly known. There are few published works in relation to the characteristics of this disease in this country. This study aimed to describe patients with HCV infection and their clinical and epidemiological characteristics.

Materials and Methods: Observational, cross-sectional, retrospective, descriptive design. Patients from the Department of Gastroenterology and Digestive Endoscopy from April 2011 to September 2021 and patients from a private reference center from April 2000 to September 2021 were included.

Results: We identified 92 patients with positive Anti-HCV; 53 had positive RNA PCR and sufficient data. 58.5% (31) were male. The median age was 48 years. 42% (22) were foreigners. 42% (22) had no identified risk factor, and 34% (18) had some transfusion history. 33% (17) were in the cirrhotic stage at the time of diagnosis; of these: 80% (12) were Child A, 20% (3) were stage B and the mean MELD was 10.3. Of the 53 patients, 44 (83%) had documented HCV genotype. The distribution by genotypes was: Genotype 1: 24 (55%) (1a: 23%; 1b: 21%); Genotype 3: 9 (20%); Genotype 2: 8 (18%) and Genotype 4: 3 (7%). Five patients (9.4%) had extrahepatic manifestations, two with lichen planus, two others with seronegative arthritis, one with Sjögren's syndrome and two patients with HIV-HCV coinfection (3.8%).

Conclusions: This work offers data limited to the experience of two centers. Larger population studies are needed to determine whether this preliminary information reflects the situation of the Paraguayan population.

<https://doi.org/10.1016/j.aohep.2023.100984>