

**Letter to Editor**

# The Health-Related Quality of Life in Patients with Cirrhosis: One of Our Priorities

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**Letter to Editor**

In the last decades we are witnessing an amazing progress in the diagnosis and treatment of patients with liver diseases, especially in the fields of liver transplantation, prevention and treatment of complications of cirrhosis, and antiviral treatment.

However, until recently little attention has been paid to Health-Related Quality of Life (HRQoL) in these patients. HRQoL, understood as the perception the persons have of their own health [1], should be as important as the traditional clinical targets, mainly mortality, hospitalization, incidence of complications and resources consumption. Despite the relatively little interest of many researchers in HRQoL, it is now generally accepted that to address, keep and improve HRQoL should be one of the main aims of any health intervention [2,3].

Currently, there is a trend to assess HRQoL taking into account the "satisfaction with life" of a person from his/her individual perspective. This perception can therefore change significantly from one patient to another, according to their scale of values and expectations and even in the same person throughout life [4-6].

In the traditional health care system exclusively based on the biomedical model with a paternalistic attitude, HRQoL have no or little space, patients are directed according to generally established patterns, and have little capacity to decide if this model make them feel better or even "more satisfied with their life's". Therefore, there is a growing trend to move from this traditional impersonal model to a new individualized paradigm where the person's priorities are the mainstay of health care [7-9].

The assessment of the perception that the patients with chronic diseases have about their HRQoL presents important difficulties and limitation because it's multifactorial nature. This problem is especially relevant in the setting of patients with cirrhosis. Indeed, the complex interplay between different internal factors, such as the

disease itself, alcoholism, viral infection, comorbidities or sarcopenia and the concurrence of other external factors, such as demographic or environmental variables, economic status, or familial and social support, make the analysis of HRQoL more challenging in patients with advanced liver disease [10,11].

Although HRQoL should be a priority of all health care professionals, nurses represent a key piece in healthcare processes and have shown great interest and sensitivity in improving HRQoL in patients with liver diseases.

The patient with advanced chronic liver disease requires complex care at the time of diagnosis and during decompensation of the disease. The progression of liver failure and portal hypertension, complications of cirrhosis and frequent hospitalizations, increase the needs of these patients and are main causes of deterioration in their HRQoL. Although there are currently available different and sophisticated treatment options that allow prolongation of life, the question is whether this increase in life expectancy implies an improvement in HRQoL, or if, on the contrary, polypharmacy and aggressive treatments make it live longer but in worse conditions. In the last years, the nurses of the hepatology units and outpatients offices (pre and post-transplantation, viral hepatitis, cirrhosis...), are assuming a role as an integrating agent capable of promoting a holistic conception of the patient, providing a global and coordinated attention beyond the liver disease [12].

Of course, nurses need to know and to be skilled in the techniques associated with the most advanced treatments of patients with liver disease. However, if our main aim is to contribute to improve the HRQoL of these patients, the technical skills should be added a large body of human knowledge and qualities, which include as a care target the precise assessment of patients' perception of their own needs and which priorities they have in their individual HRQoL.

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