https://doi.org/10.22516/25007440.1224

Commentary on "Information Needs of Patients with Cirrhosis of the Liver and Quality of Life"

Deydania Gimna Pastor-Baraco.[1*]

OPEN ACCESS

Citation:
Pastor-Baraco DG. Commentary on "Information Needs of Patients with Cirrhosis of the Liver and Quality of Life". Revista. colomb. Gastroenterol. 2024;39(4):514-515.
https://doi.org/10.22516/25007440.1224

[1] Professional School of Human Medicine, Universidad Privada San Juan Bautista. Lima, Peru.

***Correspondencia:** Deydania Gimna Pastor-Baraco.
deydania.pastor@upsjb.edu.pe

Received: 31/05/2024
Accepted: 19/11/2024

Dear Editor,

After reviewing with great interest the recent article by Yepes-Barreto and colleagues (2024)[1], which highlights the prioritized information needs of patients with cirrhosis and the actual use of certain support services to estimate their relationship with quality of life using the SF-36 version 2 survey, I would like to offer some observations and constructive suggestions.

Firstly, the SF-36 version 2 scale is a generic, non-disease-specific questionnaire applied to collective groups to outline a health status profile[2]. However, there are specific instruments tailored to certain pathologies, such as the Chronic Liver Disease Questionnaire (CLDQ). The CLDQ is the first disease-specific tool designed to evaluate health-related quality of life (HRQoL) in relation to the progression or severity of chronic liver disease, such as cirrhosis, using coherent, comprehensible, and concise questions[3]. The CLDQ has undergone transcultural adaptation and validation in various languages, including Spanish, demonstrating its feasibility, reproducibility, ease of adaptation, and fairness[4]. A study by Janani and colleagues (2018) demonstrated that disease severity and related complications impact HRQoL[5]. Consequently, the combination of a generic scale with a disease-specific tool is sometimes used to address and detect significant clinical changes resulting from interventions[6].

Secondly, the study by Yepes-Barreto and colleagues (2024) used telephone interviews, which pose a higher likelihood of response bias, particularly among patients with lower educational levels[7] and those over the age of 75[8].

Thirdly, the same study identified the selection of three support services by patients based on their preferences. However, a more precise assessment of support needs in patients with cirrhosis is available through the first Support Needs Assessment Tool for Cirrhosis (SNAC). This 39-item, disease-specific instrument measures the type and extent of perceived support needs, promoting patient-centered care and facilitating timely referrals to various multidisciplinary support services[9].

In conclusion, the study by Yepes-Barreto and colleagues (2024) offers valuable insights into the information needs and support services for patients with liver cirrhosis. However, the inclusion of more specific assessment tools, such as the CLDQ and SNAC, along with data collection methods that minimize bias, could significantly enhance the quality and applicability of the findings. I commend the authors for their efforts and hope these observations prove useful for future research in this important field.

© 2024 Asociación Colombiana de Gastroenterología

REFERENCES

1. Yepes Barreto IJ, Londoño Múnera JP, Mejía Montoya PA. Necesidades de información de los pacientes con cirrosis hepática y calidad de vida. Rev Colomb Gastroenterol. 2024;39(1):14-28. https://doi.org/10.22516/25007440.1062
2. Ware JE, Sherbourne CD. The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. Med Care. 1992;30(6):473-83.
3. Younossi Z, Guyatt G, Kiwi M, Boparai N, King D. Development of a disease specific questionnaire to measure health related quality of life in patients with chronic liver disease. Gut. 1999;45(2):295-300. https://doi.org/10.1136/gut.45.2.295
4. Ferrer M, Córdoba J, Garin O, Olivé G, Flavià M, Vargas V, et al. Validity of the Spanish version of the Chronic Liver Disease Questionnaire (CLDQ) as a standard outcome for quality of life assessment. Liver Transpl. 2006;12(1):95-104. https://doi.org/10.1002/lt.20551
5. Janani K, Jain M, Vargese J, Srinivasan V, Harika K, Michael T, et al. Health-related quality of life in liver cirrhosis patients using SF-36 and CLDQ questionnaires. Clin Exp Hepatol. 2018;4(4):232-9. https://doi.org/10.5114/ceh.2018.80124
6. Measuring Disease: A Review of Disease-specific Quality of Life Measurement Scales (second edition). Qual Life Res. 2003;12(8):1147-8. https://doi.org/10.1023/A:1026178023718
7. McHorney CA, Kosinski M, Ware JEJ. Comparisons of the Costs and Quality of Norms for the SF-36 Health Survey Collected by Mail Versus Telephone Interview: Results From a National Survey. Med Care. 1994;32(6):551.
8. Perkins JJ, Sanson-Fisher RW. An Examination of Self- and Telephone-Administered Modes of Administration for the Australian SF-36. J Clin Epidemiol. 1998;51(11):969-73. https://doi.org/10.1016/S0895-4356(98)00088-2
9. Valery PC, Bernardes CM, Stuart KA, Hartel GF, McPhail SM, Skoien R, et al. Development and Evaluation of the Supportive Needs Assessment Tool for Cirrhosis (SNAC). Patient Prefer Adherence. 2020;14:599-611. https://doi.org/10.2147/PPA.S236818