

Improving Health-Related Quality of Life Assessment in Chronic Hepatitis C

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Palavras Chave

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Dear Editor,

Alvarez, Urbina, and Tejada [1] comment on the importance of considering chronic hepatitis C patients with cognitive impairment in the evaluation of health-related quality of life (HRQoL) [2], bearing in mind that this is a usual comorbidity in this population. They argue that in patients with chronic disease and low cognitive status, the caregivers should be a valuable source of information of their quality of life, as demonstrated by studies with neurodegenerative disorders. They also propose the development of specific instruments for assessing quality of life

in patients with both chronic diseases and cognitive impairment.

We appreciate the contribution of Alvarez, Urbina, and Tejada [1] and agree on the relevance of evaluating quality of life in chronic hepatitis C patients regardless of the severity of extrahepatic manifestations. Recent evidence suggests that one third of patients with chronic hepatitis C virus (HCV) can experience cognitive impairment even in the absence of cirrhosis, although greater fibrosis correlates significantly with poorer cognitive functioning [3, 4]. Attention, concentration, working memory processes, and mental flexibility are the most frequently affected cognitive abilities early in the course of disease [4, 5]. These impairments are reported to affect quality of life and performance in professional and personal settings [4].

In our study, we considered cognitive impairment as an exclusion criteria if the patient demonstrated very severe limitations that precluded a reliable understanding of the questions, including extremely low literacy level or illiteracy. We believe that this selection did not imply a low representability of this population, because the most frequently reported cognitive impairments, especially in the early stage of disease, are executive functions that do

not tend to compromise self-awareness of health state. Also, most patients readily self-completed the questions, and the patients with limitations were supported by our trained interviewer to confirm full completion of questionnaires. We also followed the methodology proposed by the authors of the disease-specific instrument used in our study, the Chronic Liver Disease Questionnaire (CLDQ), developed by Younossi et al. [6]. This instrument is useful in all etiologies of liver disease at any severity stage [7] and appears to provide a valuable measure of HRQoL in chronic liver disease across diverse cultures [7]. In developing the instrument, the authors excluded patients with psychiatric comorbidity and language or cognitive difficulties that prevented reliable completion of the questionnaire [6].

We also agree on the importance of valuing the contribution of caregivers in the evaluation of quality of life in chronic HCV patients with cognitive impairment. This could enable a more integrated approach to health care in this population. However, we should notice that in our study we used self-report instruments, for instance CLDQ domains (fatigue, activity, emotional function, abdominal symptoms, systemic symptoms, worry), including highly subjective items focused on emotional states and feelings [6], meaning that the interpretation given by the caregiver could induce some important bias.

Disclosure Statement

Since the publication of their article, the authors have reported no further potential conflict of interest.

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