

DEPRESSIVE DISORDER AND SUICIDE RISK AMONG THOSE WITH LIVER DISEASE AND THEIR ASSOCIATION WITH QUALITY OF LIFE

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ABSTRACT

*Chronic liver disease is a long-term and debilitating condition in which comorbid mental illnesses are added to the incidence. The present study aims to investigate how depression affects the overall picture of liver disease. Depressive disorder is the most common mental illness and a major contributor to the global burden of disease. This burden arises from two major consequences of depression: liver deterioration and suicide. **Objectives:** To study how depressive disorder and suicide risk affect patients with chronic liver disease.*

Materials and methods: Selected 40 patients with chronic liver disease at risk of suicide, recruited from the department of the Bukhara Regional Infectious Diseases Hospital. Of these, 28 patients suffered from chronic liver disease had a disability, and 12 patients did not have a disability. All patients underwent a detailed structured medical history, physical examination and familiarization with all available medical records. All consecutive patients with liver disease were assessed for depression and anxiety using the Hamilton Hospital Anxiety and Depression Scale and quality of life using a reduced version of the WHO scale. Patients were divided into 2 groups with depression at risk of suicide (Group1) and without it (Group2). The sample consisted of 40 consecutive patients with chronic liver disease at risk of suicide of both sexes, aged 26 to 60 years, admitted to the hospital, in whom the diagnosis was established based on the history of the disease, anamnesis, clinical examination and relevant studies.

KEYWORDS: Suicide, Liver Disease, Depression, Quality Of Life.

INTRODUCTION

Chronic diseases such as polyarthritis, peptic ulcer and inflammation are known to cause psychological disorders such as depression. Chronic liver disease is a condition with significant morbidity and mortality. Over time, this debilitating condition takes a huge toll on both physical and psychological well-being. Consequently, the quality of life in these patients often deteriorates. Anxiety and depression have been considered proximate causes of this decline in

quality of life in previous studies. Symptoms such as fatigue, itching, and abdominal discomfort due to as cites have been shown to impair quality of life in chronic hepatitis, cholestasis, and liver cirrhosis. A broad biopsychological perspective has been introduced by previous investigators to better understand the etiopathogenesis of chronic liver disease. At this stage, depression, anxiety, and risk of suicide are so important in determining overall liver morbidity that their assessment should be an integral part of the overall evaluation of these patients. The frequency of suicide attempts in chronic lung disease is also not uncommon and has been studied. Psychiatric disorders are a well-known risk factor for sociality. Mood disorders pose the greatest risk; it has been estimated that half of all patients who commit suicide meet the criteria for a depressive disorder. The link between depression and suicidality is also very strong [3]. Thus, detection of depression is an important component of any effective preventive screening for risk of suicidality. From a treatment perspective, it has been suggested that in conditions such as cirrhosis of the liver, control of psychological illness is an important factor for successful treatment of gastrointestinal symptoms [6]. It is known that, like other chronic diseases, it impairs daily activity, which, in turn, can lead to a bad mood [4, 6]. In addition to anxiety and depression, psychosis is closely associated with chronic liver disease and autoimmune liver disease. Another proposed factor is the alteration of serum proteins and their resulting effect leading to the onset of psychotic symptoms [5].

Therefore, it is necessary to exclude psychiatric morbidity as well as correlation in order to plan a treatment plan and achieve a good quality of life for the patient. Against this background, the present study was conducted to monitor the association of depression with various parameters of patients with chronic liver disease, including their quality of life.

Results

Most of the sample were women (64.2%), married (81.4%), and most of them had an average level of education (44.0%). 64.8% of participants reported poor quality of life due to poor physical health and 23.3% reported poor quality of life due to poor mental health, 19.7% reported insomnia, 18.5% of participants with hopelessness, and 78.9% of suicidal patients reported hopelessness, making it the most common sign of suicidality. When stratifying the assessment of suicidal risk, 1.4% of the samples had a low risk, 0.5% had a medium risk, and 0.2% had a high risk. Comparison of clinical parameters between groups (separated based on the presence or absence of anxiety or depression) showed that patients with anxiety ($P = 0.005$) and depression at risk of suicide ($P < 0.001$) were significantly older than their non-anxious and non-depressed patients. Both patients with anxiety and those with depression at risk of suicide had a longer duration of illness compared with patients without it, but the difference reached statistical significance ($P = 0.024$) for patients with depression. When comparing quality of life indicators of chronic liver disease across all subscales, both patients with anxiety, similarly, patients with depression had significantly lower scores than patients without anxiety or depression.

Discussion

The first finding of the current study was a high prevalence of anxiety (28.49%) and depression with a risk of suicide (71.51%) among study patients. Because the study was conducted in a referral hospital, patients seeking care generally had more severe symptoms and a longer duration of illness. Many of the patients included in the study experienced clinical depression or anxiety for a long time. An interesting finding of the study was a higher incidence of depression

with a risk of suicide in decompensatory cirrhosis compared to their compensatory cirrhosis. Instead of comparing rates of anxiety and depression with suicide risk between patients, the current study compared patients with chronic liver disease with clinical depression with and without suicide risk and anxiety. It is known that chronic somatic diseases worsen the quality of life of people. It has been shown that in patients with cirrhosis, the quality of life is associated with the severity of the disease and restrictions in the general lifestyle. The significantly longer duration of illness in patients with depression seems self-evident, but their marital and professional status was an unexpected discovery. Many parameters associated with the severity of chronic liver disease, especially conditions such as cirrhosis of the liver, such as albumin and bilirubin, had no effect on anxiety or depression. Somewhat similar results were obtained during a study where bilirubin, albumin, and serum prothrombin time did not correlate with health-related quality of life measures. Another limitation of this study is the use of the single-scale Hamilton scale, which is a screening scale that allows for assessment as little as a week prior to assessment, which is sometimes not enough to largely state the absence of anxiety and depression. Simply due to a case of chronic medical illness.

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However, we aim to repeat similar studies in the future with the possibility of reevaluation in weeks and beyond 6 weeks with a larger sample, which may further confirm our clinical data.

CONCLUSION

Syndromal depression is known to worsen the clinical course and outcome of somatic disorders. Its effect on liver disease is little known. In the current study, both syndromic anxiety and depression have been shown to have an adverse effect on the overall outcome of chronic liver disease. The current study shows deterioration in quality of life, but not in other biological parameters. Further research in this area should lead to more interesting conclusions.

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