

Knowledge Of Patients Followed For Hepatic Cirrhosis Regarding Their Disease

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Abstract

Hepatic cirrhosis is a severe chronic condition requiring rigorous and long-term management. Patient involvement in disease monitoring largely depends on their understanding of the condition. This study aims to assess the level of knowledge among patients being followed for hepatic cirrhosis, regardless of etiology, within the gastroenterology department of the University Hospital of Tangier. A questionnaire was administered to 40 patients diagnosed for at least one year. The results revealed a significant lack of knowledge: more than half of the patients were unaware of the name of their disease, and only a minority understood its origin or the prescribed treatments. Low educational level, rural background, and the number of medications appeared to influence this knowledge gap. Despite this, treatment adherence was generally good, and the doctor-patient relationship was considered satisfactory. These findings highlight the importance of implementing therapeutic education programs tailored to the sociocultural profile of cirrhotic patients in order to optimize their management.

Keywords: Cirrhosis, patient knowledge, therapeutic adherence, therapeutic education.

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I. Introduction

Hepatic cirrhosis represents the end stage of many chronic liver diseases, regardless of etiology (viral, alcoholic, metabolic, autoimmune, etc.). It is a major public health concern due to its increasing prevalence, potentially severe complications, and significant impact on patients' quality of life. Optimal management of cirrhosis relies not only on medical treatments and clinical monitoring but also on the active involvement of the patient in their own care.

In this context, the patient's knowledge of their disease becomes a fundamental component. A good understanding of the chronic nature of cirrhosis, its causes, complications (such as portal hypertension, gastrointestinal bleeding, ascites, hepatic encephalopathy, or hepatocellular carcinoma), and the role of prescribed treatments greatly influences therapeutic adherence. This knowledge fosters better acceptance of the disease, improves treatment compliance, and enhances the patient's autonomy in managing their health on a daily basis. It also helps prevent certain adverse events by enabling patients to recognize warning signs.

Several studies have emphasized that gaps in disease understanding are associated with lower treatment adherence, preventable complications, and increased emergency department utilization. These deficits are often linked to unfavorable socioeconomic and educational factors, such as low education level, rural background, or limited access to medical information.

In this regard, the primary aim of our study is to assess the level of knowledge among patients followed for hepatic cirrhosis in our gastroenterology department, identifying areas of insufficient understanding and the factors likely to influence it. The secondary objective is to propose avenues for improvement, particularly in terms of therapeutic education and tailored information, to optimize the overall management of these patients.

II. Materials And Methods

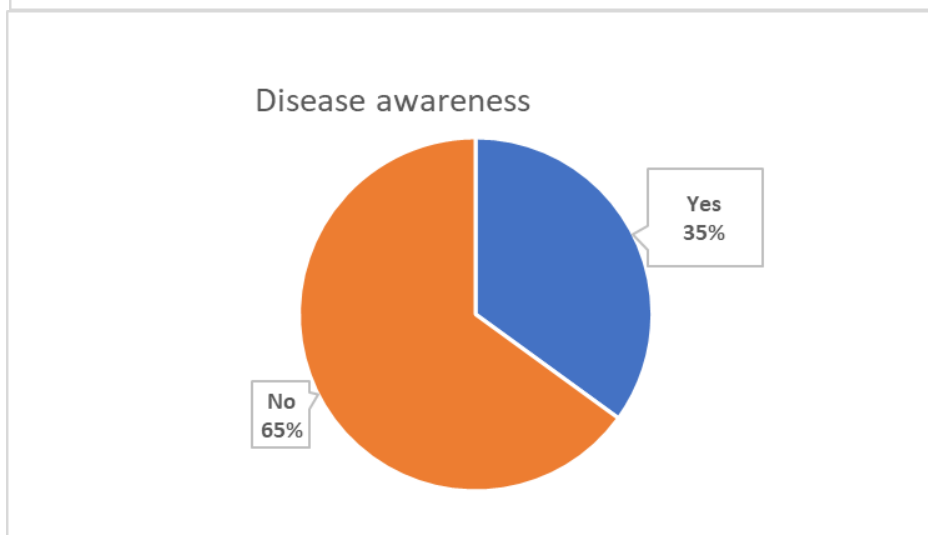
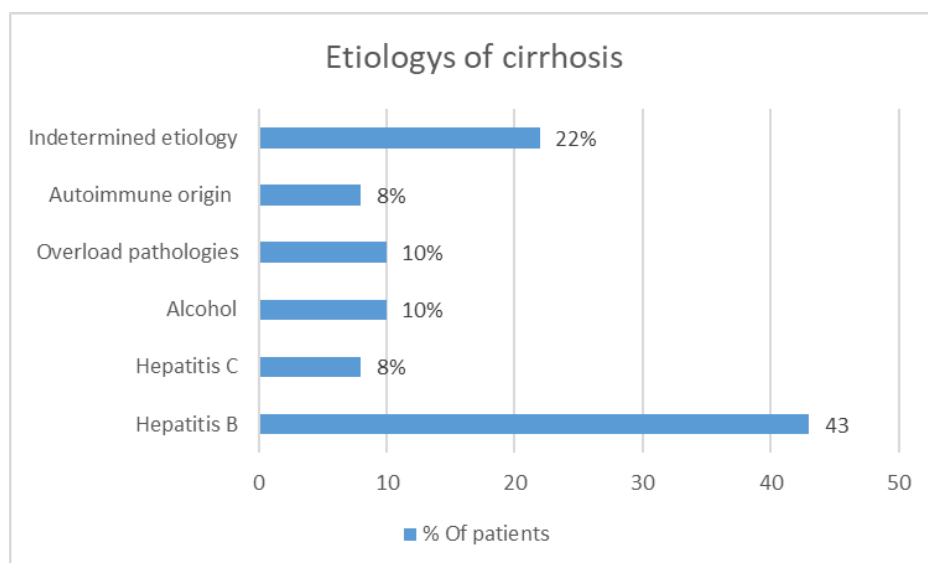
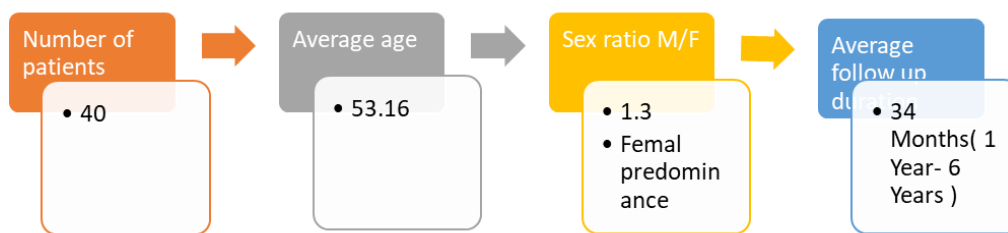
A prospective study was conducted in our Gastroenterology Department at the University Hospital of Tangier, including 40 patients followed for hepatic cirrhosis of various etiologies, diagnosed at least one year prior to the study start date. A questionnaire was developed and administered to the patients.

III. Results

Forty cirrhotic patients were included. The etiology was hepatitis B virus (HBV) in 43% of cases, hepatitis C virus (HCV) in 8%, autoimmune origin in 7%, and both alcohol-related and overload pathologies in 10% each. In 22% of cases, the etiology had not yet been determined. The mean age of the patients was 53.16 years (range 25–70), with a male-to-female sex ratio of 1.3. A rural origin was noted in 60% of cases, and an urban origin in 40%.

Sixty-three percent of the patients were illiterate, while only 15% had a secondary or university education. The average duration of follow-up was estimated at 34 months (1–6 years). Among these patients, 66% did not know the name of their disease, and only 22% knew its etiology. Forty percent were aware that it was a chronic condition requiring long-term care. Gastrointestinal bleeding was the most feared complication (54%), followed by hepatocellular carcinoma (40%).

Regarding treatment, 70% of the patients did not know the names of the medications they were taking. Several factors influencing this knowledge were identified, including age, educational level, and the total number of medications taken by a patient. Seventy-five percent of patients were compliant with their treatment. The treating physician was the main source of information for 95% of patients, and the doctor-patient relationship was rated as excellent or good in all cases.



IV. Discussion

This study highlights a significant deficit in cirrhotic patients' knowledge regarding their disease, its complications, and its management. Only 34% of respondents knew they had hepatic cirrhosis, and barely 22% were aware of its etiology. These findings reflect a real lack of information and awareness, despite sometimes prolonged medical follow-up (average of 34 months).

These figures are consistent with those reported in the literature, particularly in developing countries where levels of education and literacy are low. A previous Moroccan study had already shown that most cirrhotic patients were unaware of the chronic nature of their disease or the risks of serious complications such as gastrointestinal bleeding or hepatocellular carcinoma (HCC). In our sample, these two complications were the most feared but often poorly understood in terms of mechanism.

The doctor-patient relationship remains the main source of information (95% in our study), underlining the importance of the healthcare provider's role in therapeutic education. However, this relationship still appears insufficient to fill the gaps in understanding, which may be due to limited consultation time or the absence of educational materials adapted to patients' literacy levels.

Moreover, although therapeutic adherence was relatively satisfactory (75% according to patient reports), it was not always accompanied by proper knowledge of treatments: 70% did not know the names of the medications they were taking. This situation may compromise follow-up effectiveness, especially in the event of physician change, side effects, or drug interactions.

Several factors influence this lack of knowledge, including age, educational level, and the number of medications taken. These parameters must be taken into account when designing targeted educational programs. Finally, our study highlights the urgent need to implement adapted therapeutic education as part of cirrhosis management. Group or individual information sessions, the use of simple visual aids, and greater involvement of family members could help improve patients' understanding of their condition, reinforce their autonomy, and reduce the risk of decompensation or serious complications.

V. Conclusion

Our study revealed a substantial lack of knowledge among patients regarding their disease, likely explained by their low educational and socioeconomic levels. This preliminary result emphasizes the need to better educate patients about their condition through programs tailored to their needs and educational background.

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