

# Stigmatization, Quality of Life and Mental Health in Danish Liver Disease Patients

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## Abstract

When evaluating a patient's overall health and planning their care and treatment, mental health is frequently overlooked. The point of this study was to survey nervousness, melancholy, sadness, personal satisfaction, and the impression of vilification in a huge companion of patients with persistent liver sickness of various etiology and seriousness, as well as to distinguish indicators related with psychological wellness problems. A survey utilizing the Beck Anxiety Inventory, the Beck Hopelessness Scale, and the Major Depression Inventory was completed by 340 patients. The Chronic Liver Disease Questionnaire and the European Quality-of-Life visual analogue scale were used to assess quality of life. To evaluate belittling, approved inquiries from the Danish Cross country Study of Patient Encounters were utilized. Univariable and multivariable logistic regression analyses were used to examine predictors of anxiety, hopelessness, and depression. 15% of patients experienced moderate to severe anxiety, 3% experienced moderate to pronounced hopelessness, and 8% experienced moderate to severe depression. Patients with cirrhosis had the highest prevalence of all three and a lower quality of life. More patients with cirrhosis than with liver disease without cirrhosis perceived stigmatization, which affected their self-perception. Additionally, more than one third of the patients chose not to tell others about their liver disease. The findings emphasize the need for increased awareness of mental health issues and the prevention of liver disease patients from being discriminated against.

**Keywords:** Cirrhosis • Liver disease • Reproduction

## Introduction

Addiction to alcohol, obesity (non-alcoholic steatohepatitis), viral hepatitis, and abnormalities in the immune system are all common causes of liver disease, which can progress to cirrhosis. Due to complications and symptoms that may result in cognitive and physical impairment, liver disease can have a significant impact on the patient's life. It is frequently associated with serious health issues, hospitalization, and increased mortality. Likewise, patients with liver illnesses are in danger of being marked no matter what the etiology of the liver sickness because of an absence of information in everyone and misperceptions of liver infections related exclusively with liquor and weighty drinking. As a result, liver disease patients are more likely to experience diminished quality of life and mental health issues.

For quite a long time, the psychological dismalness of persistent infections has been recognized. However, mental health in liver disease patients has received little attention, which may have contributed to the under recognition and under treatment of mental health disorders Anxiety and depression are the most common mental health conditions among liver disease patients, according to studies Also, patients might encounter weakness, for instance, because of pessimistic life altering situations, issues, for example, monetary and relationship issues, wellbeing concerns, or defamation, which might prompt sensations of sadness. Patients with liver disease may have less consistency with their care and treatment due to the emotional and psychological state

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they are in. As a result, poor patient outcomes, such as symptom progression, increased hospitalization costs, and mortality, are linked to neglected mental health conditions. On the other hand, investigations have discovered that patients with elevated degrees of trust have a superior forecast and greater of life Therefore, it is essential to plan liver disease care and treatment, reduce symptom burden and mortality, and ensure optimal quality of life for liver disease patients by effectively recognizing and treating mental health disorders.

## Literature Review

In order to gain a deeper comprehension of how it feels to live with liver disease, this study looked at a group of patients' mental health, quality of life, and perceptions of stigmatization. 15% of patients had moderate or severe anxiety, 3% had moderate or pronounced hopelessness, and 8% had moderate or severe depression, according to the study. Low quality of life was linked to the presence of depression, hopelessness, and anxiety. Only a small percentage of patients had experienced discrimination from healthcare providers. One-fourth of patients and nearly half of those with cirrhosis had the perception that other people were to blame for their liver disease. This affected patients' self-perception and led a significant number of patients to avoid telling others about their liver disease. Compared to liver disease patients without cirrhosis, there were significant differences in the prevalence of mental health issues, low quality of life, and stigmatization perception. Patients with cirrhosis had higher proportions of these factors. Since cirrhosis patients are more likely to experience anxiety, hopelessness, and depression due to the increased risk of complications, hospitalizations, and morbidity and mortality these findings are consistent with previous findings.

Anxiety was found in 25–45 percent and depression in 29–72 percent of liver disease patients in previous studies, which is slightly higher than the findings of this one. Sadly, the use of various mental health problem criteria and questionnaires makes direct comparison difficult. Likewise, these examinations have zeroed in on the patient with cutting edge liver cirrhosis There is no study in the literature that has looked at how hopeless liver disease patients are.

In Denmark, the revealed commonness of tension and wretchedness in everybody is 3% and 4%, separately, which is equivalent to in other Nordic

nations Although no comparison can be made, this liver disease population has a higher prevalence of mental health disorders. However, anxiety and depression are reported to affect 10 to 52% of patients with chronic heart failure, chronic respiratory disease, and end-stage renal disease. Subsequently, the outcomes from this study show that patients with liver illness don't have a higher pervasiveness of nervousness and melancholy than other persistent patient gatherings. Notwithstanding, the consequences of the review feature that medical care experts working with this patient gathering or patients with other constant sicknesses ought to be aware of the predominance of psychological well-being issues and spotlight on distinguishing patients needing emotional well-being advising, for instance, by efficiently evaluating patients for emotional well-being problems in short term facilities. Additionally, accommodating patients with liver disease and co-occurring mental health disorders may benefit from an integrated, multidisciplinary approach. An abundance of research on the role of integrated care in enhancing patient compliance with care and treatment, enhancing quality of life, and reducing unhealthy lifestyles in patients with other chronic lends credence to this strategy. The link between mental health problems and liver disease can be explained by a number of multifactorial factors. According to studies conducted on a biological level, there may be a mechanistic link between mental health disorders and liver disease through specific inflammatory and immune responses. Also, health behaviors like drinking too much alcohol can lead to mental health issues and vice versa, as mental health issues can make drinking more difficult. In addition, patients with cirrhosis may be cognitively and functionally impaired by the liver disease, resulting in fatigue, long-term stress, disturbed sleep, and social isolation. The severity of the disease has also been linked to an increased risk of mental health disorders. Disparagement further expands the gamble of psychological wellness issues [1].

The final sample size was increased by an additional 80 people. The equal quantity of the sample was distributed to each of the five in Jazan city that were randomly selected. Lastly, convenience samples from each were used to choose women. The research team performed in-person interviews to collect data. A common questionnaire was used for data collection. The research team developed the questionnaire after reviewing the pertinent literature. The final survey had four sections: marital status, number of births, number of kids, and individual factors including age and degree of education. The most co, contraception, was the subject of questions in the survey's second section [2].

The second portion of the survey asked questions concerning women's understanding of contraception, the most popular technique used by participants, their sources of information, and their awareness of potential drawbacks. The third the fourth part of the piece discussed utilising contraceptives, whereas the first portion examined how women felt about using them. The knowledge and practise sections of the exam included multiple-choice and dictum questions. A 5-point Likert scale was used to evaluate opinions towards the use of contraceptive methods. In an effort to reduce bias or inter-observer variation, the questionnaire's wording was examined in a pilot research women. The validity of the questionnaire and the Cronbach's alpha value were evaluated using the content validity technique [3].

## Discussion

This study intended to assess the knowledge about, attitudes towards, and behaviours around the use of contraceptives among women in Jazan, Saudi Arabia, using a cross-sectional epidemiologic examination. According to the bulk of the Saudi family planning literature, the study's findings seem to show that participants had a very high degree of knowledge of modern family planning methods. However, only 64.4% of women actively utilise contraception despite having a high level of knowledge about it. The dominant culture still encourages high rates of reproduction despite a considerable socioeconomic shift in Saudi women's profession and education that has caused some fertility decline. According to our research, Jazan's ladies utilised contraception at some point. Investigations conducted around Saudi Arabia, Al-Husain et al. 2018's research in 2015 study in are two studies that support this estimate for Saudi Arabia. Some Saudi Arabian studies, such as Kharif et al. 2017 and Al, 2010 (44.8%), found lower consumption rates than these. Alenezi and Haridi, 2021 claimed that 85% of women in northern Saudi Arabia had ever used contraception; therefore our estimate is much lower than theirs.

In comparison to other Middle Eastern countries, we estimate a higher rate of contraceptive usage [4].

The demonstrated that spacing out children was the main basis for taking contraception. This is consistent with earlier studies in Muslims make up the bulk of the population in the Middle East, and they use contraception to delay having children rather than to decrease the number of births. Pregnancy and birth are encouraged in the culture at large, and young couples are always under pressure to have their first child. The results of the logistic regression model showed that as women aged, so did their use of contraception. Also, it was shown that using more contraceptive methods was associated with having several pregnancies or kids. The results of Khari et al., who concluded that having children is a positive predictor of using contraceptives, and the results and this study's findings concur with one another [5,6].

## Conclusion

Depression, a lack of social support, and a decreased tendency to seek medical care have all been linked to stigma. Patients with liver disease are frequently stigmatized, and this is especially true for alcohol-related liver diseases, which are seen as the result of self-pity and weak will rather than illness. When compared to other mental and medical disorders, this patient group experiences a greater degree of discrimination and severe stigma. Also, populace studies have shown that most responders fault those with liquor related liver illness for their sickness as opposed to other mental problems like melancholy or schizophrenia. This may be because the general population is unaware of liver diseases and alcohol use. The fact that liver diseases, regardless of aetiology, are thought to be closely linked to alcohol abuse by the general public is probably the reason why many of the patients choose not to tell others about their condition. This is shown by the fact that half of the non-alcoholic liver disease patients in this study had other people tell them their disease was caused by alcohol. Patients' self-perceptions may be negatively impacted by this. Medical care experts should know about these insights and their impact on patients' communications and ought to consider vilification while directing patients. Encouragement of patients with mental excess to serve as ambassadors for liver disease by making it a point to educate others about their condition is one strategy for combating stigma.

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## Conflict of Interest

There are no conflicts of interest by author.

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