

A pilot study of an alcoholic liver disease recurrence prevention education program in hospitalized patients with advanced liver disease

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Abstract

No systematic work has been completed to assess whether or not educational programming might exert lifestyle improvements among alcoholic liver disease (ALD) inpatients. The present pilot study sought to answer this question through the use of a small-scale two-group experiment (five-session education program versus standard care) at a state-of-the-art Liver Unit that provided tertiary care of indigent patients with advanced ALD. A total of 44 patients were initially randomly assigned to program conditions, and 25 provided 3-month follow-up data (13 in the program condition, 12 in the control condition). Patients who received the program reported high receptivity to it, and showed greater learning of program material and reported greater lifestyle changes than the control patients. For those ALD inpatients that are able and willing to participate, the program shows promising effects on self-reported lifestyle change. © 2004 Elsevier Ltd. All rights reserved.

Keywords: ALD; Education; Pilot outcomes

1. Introduction

Alcoholic liver disease (ALD) is one of the major medical complications of alcohol abuse. Alcohol is the major cause of cirrhosis in the Western world; alcoholic cirrhosis accounts for about 50% of all cirrhosis cases in the United States. Latino males account for a disproportionate percentage of ALD cases in Los Angeles County (Tao, Sussman, Nieto,

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Tsukamoto, & Yuan, 2003). ALD patients have been found to report relatively little insight into the relationship between their drinking and subsequent ALD compared to problem drinkers without ALD (Farid, Clark, & Williams, 1998). Clearly, counseling for these ALD patients is needed (Sussman, Dent, Skara, deCalide, & Tsukamoto, 2002).

Liver transplantation is an option for saving the life of someone with advanced ALD; however, there is a limited supply of donor livers and the economic costs involved are very high. Of those who receive new livers, the 2-year survival rate is 80% (Showstack et al., 1999; Tang, Boulton, Gunson, Hubscher, & Neuberger, 1998). In addition, maybe in the future, there will be drugs that can intervene at different stages of ALD (e.g., antibiotics, pentoxiphylline, *S*-adenosylmethionine; Akriviadis et al., 2000; Iimuro, Gallucci, Luster, Kono, & Thurman, 1997; Kochuk, 1997; Mato et al., 1999). While transplantation is a current, fortunate option for a percentage of ALD sufferers, and other ongoing research efforts are laudable, education is an important alternative option that might be considered to try to help prevent or arrest progression of ALD.

To our knowledge, no previous cohesive ALD recurrence prevention education program has been offered to ALD sufferers. The first program piloted was our five-session program (Project ALD-RP). This program was piloted at Ranchos Los Amigos National Rehabilitation Center (RLANRC), which treated the second greatest number of ALD cases in Los Angeles County. We wanted to examine ALD patient receptivity to this education program, how well they learned the material, how helpful they perceived the material to be to prevent recurrence of ALD, and what the short-term impact was of the material on their behavior. We hypothesized that patients who received the ALD-RP program (a) would find the program interesting and helpful to them in preventing ALD symptom recurrence, (b) would better learn program material relative to a standard care control condition, and (c) would self-report relatively greater lifestyle behavior changes at follow-up.

2. Method

2.1. Location

The study location was at the RLANRC liver disease unit with follow-up assessment of the same participants at the Roybal Comprehensive Health Center (RCHC) outpatient Liver Clinic. The RLANRC liver disease unit was a 44-bed intensive rehabilitation center that was part of the Los Angeles County Department of Health Services' system for providing care to the medically needy indigent. RLANRC serves as a tertiary center receiving referrals from six county and private hospitals in southern California. The liver unit closed its doors in November of 2003, due to lack of County funds. Recruitment of new participants for this study was stopped 1 month prior to its closure.

2.2. Pilot study design

The ALD prevention education component examined whether or not addition of a five-session education component compared to standard care-only assisted in efforts to prevent

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