



Review article

Quality of life in patients with nonalcoholic fatty liver disease: A systematic review

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ABSTRACT

Objective: Non-alcoholic fatty liver disease (NAFLD) is a highly prevalent medical condition, which may lead to severe complications including cirrhosis and hepatocellular carcinoma. Its chronic course and its association with obesity and diabetes mellitus augment the long-term impact of NAFLD on patients' health and quality of life (QoL) and put great strain on healthcare systems worldwide. Research is growingly focusing on NAFLD patients' QoL in an attempt to describe the full spectrum of disease burden and tackle its future consequences. Relevant studies are characterized by sample heterogeneity and provide conflicting findings which should be interpreted with the use of a systematic and integrative approach. In this context, our aim was to conduct a systematic literature review on the topic of NAFLD patients' QoL.

Methods: We performed a systematic search of PubMed, ScienceDirect and GoogleScholar databases according to the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) protocol.

Results: Our search yielded 14 suitable articles reporting data from almost 5000 patients. All authors agree that NAFLD patients' QoL is impaired especially in the physical sub-domain. In addition, several demographic, clinical and histopathological parameters have emerged as major determinants of patients' QoL. However, future studies are needed to further clarify these issues.

Conclusions: NAFLD patients report poor physical QoL. QoL impairment is associated with a variety of disease-related parameters, mostly the presence of fatigue and cirrhosis.

1. Introduction

The term non-alcoholic fatty liver disease (NAFLD) is used to define a spectrum of chronic liver diseases, ranging from simple steatosis to steatohepatitis, advanced fibrosis and cirrhosis, in the absence of excessive alcohol consumption or other causes of steatosis [1]. NAFLD's prevalence is sharply rising, reaching almost 25% of the adult population worldwide [2–5] and this epidemic-like rise could be, at least in part, attributed to modern dietary habits and sedentary lifestyle along with recent technological advances in diagnostic methods. Its strong associations with obesity and diabetes mellitus type II and its even stronger links with the metabolic syndrome render NAFLD a major public health issue which merits clinicians' and researchers' attention [2–8].

In this context, there have been several studies on the pathophysiology, risk factors, co-morbidity, complications and management of

the disease, which expand clinicians' understanding and their ability to cope with its consequences [5,7,9]. Moreover, there has been an increasing interest in its impact on individuals' quality of life (QoL) and in the burden it imposes on societal and financial resources [7–10]. QoL outcomes are considered end-points of great clinical and scientific value in an attempt not only to treat chronic diseases' symptoms and reduce their complications but also to address patients' self-perceived physical, psychological, social, sexual and spiritual needs thus improving their quality of living [11]. In this respect, researchers are growingly focusing on NAFLD patients' QoL, and their findings provide useful information to healthcare providers.

However, the analysis of these findings requires careful interpretation, given that there is great variability in the sub-populations studied [9]. NAFLD diagnosis is currently challenging and vulnerable to referral or methodological bias, due to the fact that it is mainly asymptomatic and it requires the exclusion of other causes of liver disease [1,8]. In

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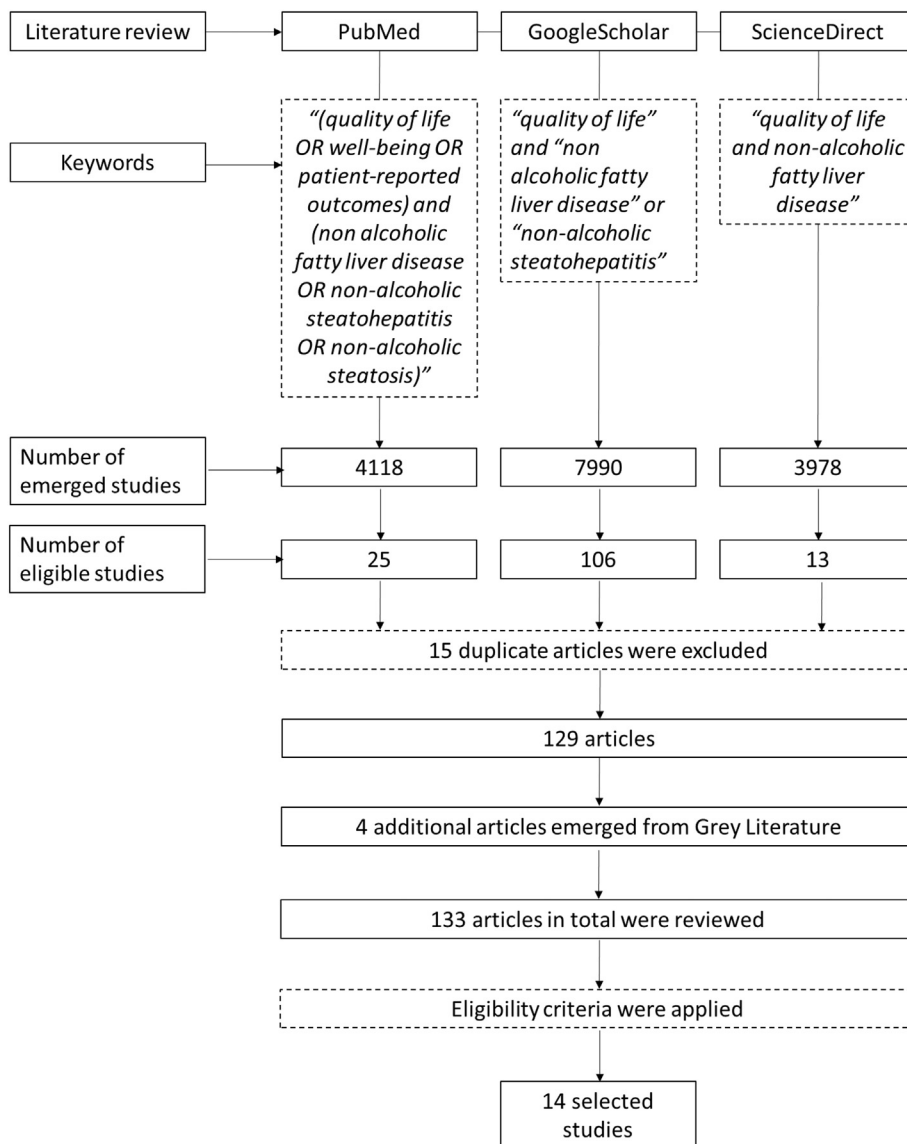


Fig. 1. Depicts a flow chart analytically describing the process of article selection.

addition, it seems that although all patients with hepatic steatosis fall under the broad category of NAFLD, there is a distinct group of patients whose steatosis progresses to non-alcoholic steatohepatitis (NASH) and their prognosis is significantly worse [12,13]. This heterogeneity in sample recruitment among relevant studies might convey confusion and should be addressed by thoroughly analyzing and qualitatively assessing the reported findings.

In this context, we have conducted a systematic review on the impact of NAFLD on patients' QoL. Our primary aim was to integrate existing findings into a comprehensive set of evidence-based knowledge. Furthermore, we sought to detect areas of scientific ambiguity and define directions for future research.

2. Materials and methods

A systematic literature search was conducted from 3 biomedical databases, namely PubMed, ScienceDirect and Google Scholar, according to the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) protocol [14]. In addition, we have performed a manual search using all references of the selected articles in order to detect any additional relevant literature. No chronological restriction was applied. Last search was performed at the

end of September 2017. PubMed search was performed using the following terms: (quality of life OR well-being OR patient-reported outcomes) AND (non alcoholic fatty liver disease OR non-alcoholic steatohepatitis OR non-alcoholic steatosis). GoogleScholar search was conducted using the following terms: “quality of life” and “non alcoholic fatty liver disease” or “non-alcoholic steatohepatitis”, while ScienceDirect search was performed with the terms “quality of life and nonalcoholic fatty liver disease”. Our search focused exclusively on full papers that encompassed a detailed description of their methodology and findings. Four reviewers (K.A., K.K., E.T. and G.D.) independently reviewed all titles and abstracts retrieved from the search according to specific inclusion criteria. At the next step of the search, all reviewers met to discuss each article's eligibility in order to reach a consensus, which was achieved at a rate of almost 90%. In the remaining cases of unresolved disagreement between the reviewers, a senior reviewer (CT), blind to the other reviewers' suggestions, made the final decision.

2.1. Inclusion and exclusion criteria

All original studies written in English assessing QoL in adult patients with non-alcoholic fatty liver disease, using validated instruments or Likert-type scales were included in the current review. We excluded

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