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A Randomised Controlled Study on Nurse-led Clinic for Liver Cirrhotic Patients: Effects on Health Related Quality of Life





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INTRODUCTION

Liver cirrhosis affects health-related quality of life (HRQoL) even in early stages. Morbidity is especially high when the disease decompensates, when self-care actions become essential.

In other chronic diseases secondary prevention by nurse-led clinics has contributed to:

- 1) better symptom control
- 2) decreased need of inpatient care
- 3) improved HRQoL

The role of nurse-led clinic in the management of patients with liver cirrhosis is unclear. Therefore, this study compare structured nurse-led clinics, inspired by Orem self-deficit theory and motivational strategies, with a group of patients receiving standard care according to clinical routine.

AIM

The intervention aims to improve HRQoL in patients with liver cirrhosis

Figure 1: Follow-up protocol for intervention and control group

METHOD

DESIGN

A pragmatic, multicenter randomized controlled study comparing two group of patients:

- A: Intervention group
- B: Control group

OUTCOMES

Primary outcome

Health related quality of life the summary component of the physical and mental domain of HRQoL as measured by RAND-36 at enrolment, and after one and two years

Secondary outcomes

- Quality of care from the patient's perspective
- Visits at outpatient clinics and admissions to hospital
- Health literacy
- Disease progress:

Child-Pugh score, MELD score, The royal free hospital nutritional prioritizing tool or Appearance of decompensation episodes i.e. ascites, hepatic encephalopathy or variceal bleed

Study group		Visit intervals: Intervention group		Visit intervals: Control group	
Disease severity		Nurse-led clinic	Physician	Nurse-led clinic	Physician
Compensated disease		1 visit/year	According to clinical routine, minimum 1 visit/year	No visits	According to clinical routine
Decompensated disease	Within past 12 months	1-2 visits/month			
	Previous decompensation without current decompensation	Every 3rd month			

POPULATION

Eligible patients are adults with a diagnosis of liver cirrhosis (n=500) at six Swedish gastroenterology departments.

Inclusion criteria

- Diagnosed liver cirrhosis within the last 24 months
- Follow up at the gastroenterology department
- Age 18-85 years

Exclusion criteria

- Insufficient knowledge of the Swedish language
- Persistent hepatic encephalopathy grade 2-4
- Comorbidity:

Chronic obstructive pulmonary disease grade 3-4 Coronary heart disease HYHA class 3-4, Dementia, Actual advanced cancer, Stroke with sequelae, Severe psychiatric disease, Renal failure requiring dialysis

NURSE-LED INTERVENTION

Participants are followed 24 months within the study. The nurse-led intervention aims to:

- Monitor risk factors due to disease deterioration
- Inform and motivate to perform self-care and medical treatment
- Assess need of support for nutritional adjustments
- Motivate to life-style changes essential to prevent or delay disease progress
- Psychosocial care

RESULTS

Recruitment is ongoing and scheduled to continue until 2020

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