

## **Introduction:**

Chronic hepatitis C (HCV) infection afflicts millions of people worldwide. While antiviral treatments are effective for some patients, many either cannot or choose not to receive antiviral treatment. Self-management interventions are one option for fostering improved HCV knowledge and health-related quality of life (HRQOL).

The study was conducted to determine the effect of health related quality of life educational interventions among Chronic Hepatitis C Patients.

## **RESEARCH HYPOTHESIS**

The educational interventions will provide positive affect on health related quality of life of among Chronic Hepatitis C Patients.

## **SUBJECTS AND METHODS**

**Research design:** A quasi-experimental study design.

**Setting:** This study was conducted at liver outpatient clinic of Fayoum Medical University Hospital.

**Subjects:** Chronic Hepatitis C patients attending liver outpatient clinic of Fayoum Medical University Hospital who accepted to participate in the study after being oriented about the purpose of it.

**Sample type:** A purposive sample

**Sample size:** hundred fifty patients was included.

### **Tools of data collection:**

Interview questionnaire sheet was developed by the researchers based on the literatures review consisted of:

- a. **Demographic Characteristics** and medical data of the patients was involved in the study (the age, sex, level of education, marital status, and number of children, occupation & frequency of hospitalizations, the duration and severity of the disease).
- b. **Patients' needs assessment questionnaire** developed by the researchers in an Arabic language according to the current literature reviews. It includes Assessment of patients' physical, educational, social, spiritual and psychological needs.
- c. **Health Related Quality of life of Chronic liver disease questionnaire (CLDQ)**

## **Results:**

- Socio-demographic characteristics of studied patients revealed the mean age of the studied sample was 53.2. Concerning marital status, the majority of cases 76% were

married. More than half of patients with no work. Concerning to duration of illness more half of studied cases affected by virus for less than three years. About two third of cases were Child A and one third of patients were Child B. About one third of patients infected by virus during invasive hospital procedure.

- The majority of the studied patients not able to manage nutritional needs of the physical needs in change diet regimen (86.7%), inability to control on diet (82.7%) and ignorance proper diet (78.7%). But in the aspect of mobility only 4% of studied patients not able to do self-care. Concerning to rest and sleep about three quarters of patients (73.3%) have sleep pattern disturbance. In the same way about two third (65.8%) of studied patients had male sexual problems and 62.2% of female had dry vagina.
- The majority of studied patients had unsatisfactory physical needs (96.0%) and educational needs (90.7%). Also three fifth of studied patients had spiritual needs (61.3%) and more than half of patients had social needs (52.0%).
- There was highly statistically significant difference for HRQOL domains pre/post intervention for the following abdominal symptoms, fatigue, systemic symptoms, emotional function and worry at  $<0.001$ . In opposites there is no statistically significant difference for activity domain pre/post intervention at  $> 0.05$ .

## **CONCLUSION**

Chronic hepatitis C causes a decline in QOL measures through a broad spectrum of clinical complaints. The impact on QOL affects physical, social, and mental health domains. Overall, the study has indicated that the highest percentages in the studied sample need program for the following Physical, educational, psychological, social and spiritual needs. In addition, there was statically significant difference between patients' needs with educational level and degree of illness.

## **RECOMMENDATIONS**

- Concerning Ministry of Health (MOH) activities, Hospitals and specialized centers developing a health education unit in each hospital in order to increase educational programs along with long-term follow up are suggested.
- It is recommended to generalize the designed educational intervention in this study for all HCV patients at MOH hospitals.
- Behavioral counseling help for supporting of infected HCV patients to improve care and reduce stigma related to HCV infection.
- Conducting support groups for infected HCV person and their families.
- Train and support persons living with infected HCV patients.
- Conducting research to know which component change in HRQOL might be attributed.
- Conducting research regarding behavioral aspects leading to endemicity of HCV.

- Educational and multimedia tools for HCV disease prevention and raising of the relevant societal awareness.