

# Commentary on “Information Needs of Patients with Cirrhosis of the Liver and Quality of Life”

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Dear Editor,

After reviewing with great interest the recent article by Yepes-Barreto and colleagues (2024)<sup>(1)</sup>, which highlights the prioritized information needs of patients with cirrhosis and the actual use of certain support services to estimate their relationship with quality of life using the SF-36 version 2 survey, I would like to offer some observations and constructive suggestions.

Firstly, the SF-36 version 2 scale is a generic, non-disease-specific questionnaire applied to collective groups to outline a health status profile<sup>(2)</sup>. However, there are specific instruments tailored to certain pathologies, such as the Chronic Liver Disease Questionnaire (CLDQ). The CLDQ is the first disease-specific tool designed to evaluate health-related quality of life (HRQoL) in relation to the progression or severity of chronic liver disease, such as cirrhosis, using coherent, comprehensible, and concise questions<sup>(3)</sup>. The CLDQ has undergone transcultural adaptation and validation in various languages, including Spanish, demonstrating its feasibility, reproducibility, ease of adaptation, and fairness<sup>(4)</sup>. A study by Janani and colleagues (2018) demonstrated that disease severity and related complications impact HRQoL<sup>(5)</sup>. Consequently, the combination of a generic scale with a disease-specific tool is sometimes used to address and detect significant clinical changes resulting from interventions<sup>(6)</sup>.

Secondly, the study by Yepes-Barreto and colleagues (2024) used telephone interviews, which pose a higher likelihood of response bias, particularly among patients with lower educational levels<sup>(7)</sup> and those over the age of 75<sup>(8)</sup>.

Thirdly, the same study identified the selection of three support services by patients based on their preferences. However, a more precise assessment of support needs in patients with cirrhosis is available through the first Support Needs Assessment Tool for Cirrhosis (SNAC). This 39-item, disease-specific instrument measures the type and extent of perceived support needs, promoting patient-centered care and facilitating timely referrals to various multidisciplinary support services<sup>(9)</sup>.

In conclusion, the study by Yepes-Barreto and colleagues (2024) offers valuable insights into the information needs and support services for patients with liver cirrhosis. However, the inclusion of more specific assessment tools, such as the CLDQ and SNAC, along with data collection methods that minimize bias, could significantly enhance the quality and applicability of the findings. I commend the authors for their efforts and hope these observations prove useful for future research in this important field.

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# Response to the letter to the editor: Commentary on “Information Needs of Patients with Cirrhosis of the Liver and Quality of Life”

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As noted in your letter, there are both generic and disease-specific tools available for measuring health-related quality of life (HRQoL). The SF-36 version 2 scale was selected for the study due to its accessibility, widespread use, and extensive validation in various languages, including Spanish. It has proven to be effective in different clinical settings. In contrast, the Liver Disease Quality of Life Instrument (LDQOL), though specifically designed for patients with cirrhosis, is more limited in its application. Moreover, while the LDQOL has been validated in Spanish, the validation was conducted in a European population, which means its results may not be directly generalizable to our study population<sup>(1)</sup>.

It is also important to note that the questions included in the LDQOL are designed to detect changes in quality of life related to symptoms of advanced liver disease. However, our cohort primarily consisted of patients with compensated cirrhosis, for whom the SF-36 version 2 is more likely to capture variations in quality of life.

Lastly, we believe the suggestion to use a tool like the Support Needs Assessment for Cirrhosis (SNAC) is highly relevant, as it could have provided a more precise and structured assessment of the support service needs of this population. It is important to mention that although the data collection for the study was carried out in 2021, the research protocol was designed and submitted for approval to the Ethics Committee of Universidad de Cartagena in early 2020, at a time when information on the SNAC was not yet available. We sincerely appreciate your comments and will take them into account for future research in this area.

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