Journal of Advanced Medical and Dental Sciences Research

@Society of Scientific Research and Studies

Journal home page: www.jamdsr.com doi: 10.21276/jamdsr UGC approved journal no. 63854

(e) ISSN Online: 2321-9599; (p) ISSN Print: 2348-6805

Original Article

A study to assess treatment seeking behaviour of HCV patients and compliance of treatment at Faridkot

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***ABSTRACT*:**
Background: Hepatitis C has become amajor health problem in the developing countries. The present study was conducted to assess treatment seeking behaviour of HCV patients in people of Faridkot. **Materials & Methods:** The present cross sectional study was conducted in the GGS Hospital Faridkot, Punjab. It comprised of 480 patients suffering from hepatitis C in faridkot district. A questionnaire was prepared include information regarding HCV and treatment seeking behaviour amongst patients. Response was recorded in case record file. **Results:** Out of 480 patients, males were 220 and females were 260.245 patients do not think that they need to takemedication for my hepatitis C. 280 don't believe that I will die from hepatitis C. 310 felt that treating other illnesses is moreimportant than treating myhepatitis C. 210 felt that treating hepatitis C will make life better. 260 felt that Hepatitis C does not cause any problems in body. 320 felt ashamed of having hepatitis C and make uncomfortable seeking hepatitis C treatment or care. 340 people felt that people may treat differently if they know that he has hepatitis C. 230 patients felt scared about what might happen to them because he has hepatitis C. 220 patients do not think that they need treatment for hepatitis C. The difference was significant (P< 0.05). **Conclusion:** Authors found that HCV positive patients of Faridkot district had little knowledge and less treatment seeking behaviour.
Key words: Compliance, Hepatitis C, Knowledge

Received: 8 February, 2019 Revised: 27 March, 2019 Accepted: 28 March, 2019

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This article may be cited as: Saini HK, Saini H, Sumeriya NK. A study to assess treatment seeking behaviour of HCV patients and compliance of treatment at Faridkot. J Adv Med Dent Scie Res 2019;7(3): 132-134.

INTRODUCTION

Globally, the hepatitis C virus (HCV) causes more than 350,000 deaths per year. Hepatitis C has become a major health problem in the developing countries. Statistically, 80% patients with hepatitis C develop chronic hepatitis, 25% to 30% develop liver cirrhosis, and 25% end up with hepatocellular carcinoma.[1]

Hepatitis C virus (HCV) and human immunodeficiency virus (HIV) infections are preventable and treatable. Nearly 8000 Americans die each year from HCV-related complications such as hepatocellular carcinoma, decompensated cirrhosis and liver failure.[2] Studies have identified both knowledge (information)and attitudes (motivation) as major factors that influence behaviour related to HIV therapy adherence and are best described by the Information Motivation Behavioral skills (IMB) model.[3] For instance, being afraid and feeling asymptomatic were prominent reasons for inadequate follow-up care for people with HIV. More importantly, improving knowledge and motivational states has been shown to help patients with HIV form action plans for maintaining care. The IMB model can be used as a theoretical framework for the understanding of treatment barriers found in those with HCV infection.[4]Barriers to HCV treatment exist in both HCV mono infected and HIV/HCV co-infected patients. The present study was conducted to assess treatment seeking behaviour of HCV patients in people of Faridkot.

MATERIALS & METHODS

The present cross sectional study was conducted in the GGS Hospital Faridkot, Punjab. It comprised of 480 patients suffering from hepatitis C in Faridkot district. The study protocol was approved from institutional ethical committee. A written consent was obtained.

General information such as name, age, gender etc. was recorded. A questionnaire was prepared include information regarding HCV and treatment seeking behaviour amongst patients. Response was recorded in case record file. Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I: Distribution of patients

Total- 480		
Gender	**Males**	**Females**
Number	220	260

Table I shows that out of 480 patients, males were 220 and females were 260.

Graph I: Distribution of patients

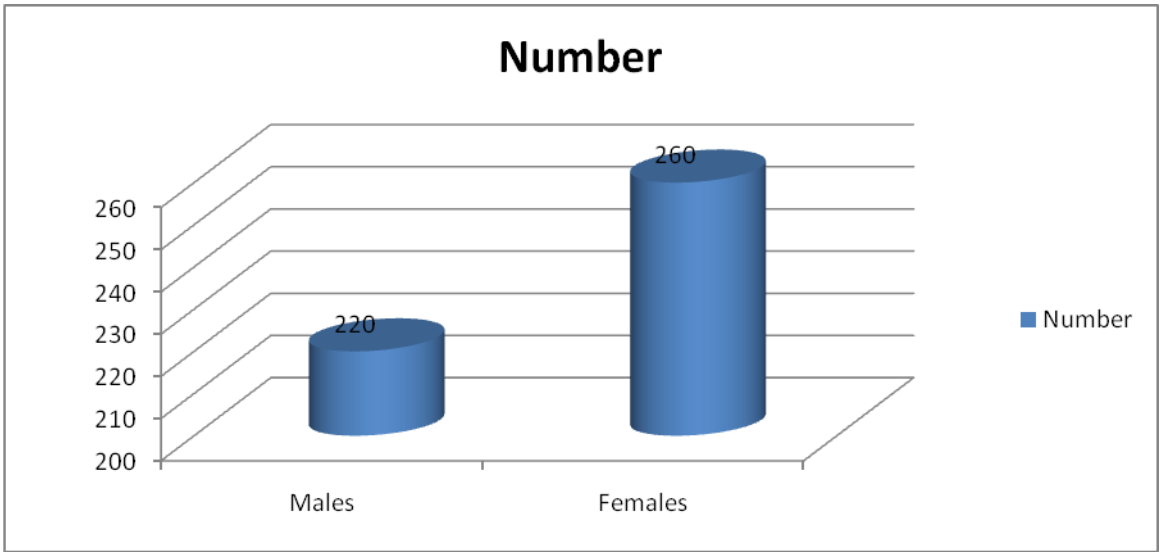

Table II: Questionnaire used in study

Questionnaire	Yes	No	P value
1. I do not think that I need to take medication for my hepatitis C.	245	235	0.6
2. I don't believe that I will die from hepatitis C.	280	200	0.05
3. Treating my other illnesses is more important than treating my hepatitis C.	310	170	0.01
4. Treating hepatitis C will make my life better.	210	270	0.12
5. Hepatitis C does not cause any problems in my body.	260	220	0.5
6. Feeling ashamed of having hepatitis C makes me uncomfortable seeking hepatitis C treatment or care.	320	160	0.02
7. People may treat me differently if they know that I have hepatitis C.	340	140	0.01
8. I am scared about what might happen to me because I have hepatitis C.	230	250	0.1
9. I do not think I need treatment for hepatitis C because I can't tell that I have it.	220	260	0.2

Table II shows that 245 patients do not think that they need to take medication for my hepatitis C. 280 don't believe that I will die from hepatitis C. 310 felt that treating other illnesses is more important than treating my hepatitis C. 210 felt that treating hepatitis C will make life better.260 felt that Hepatitis C does not cause any problems in body. 320 felt ashamed of having hepatitis C and make uncomfortable seeking hepatitis C treatment or care. 340 people felt that people may treat differently if they know that he has hepatitis C. 230 patients felt scared about what might happen to them because he has hepatitis C. 220 patients do not think that they need treatment for hepatitis C. The difference was significant (P< 0.05).

DISCUSSION

HCV causes both acute and chronic hepatitis. Chronic infection with HCV is usually clinically silent, and is only very rarely associated with life-threateningdisease.[5] Spontaneous clearance of acute HCV infection occurs within six months of infection in 15–45% of infected individuals in the absence oftreatment.[6] Almost all the remaining 55–85% of persons will harbour HCV for the rest of their lives (if not treated) and are considered to have chronic HCV infection. Anti-HCV antibodies develop as part of acute infection and persist throughout life. In persons who have anti-HCV antibodies, a nucleic acid test (NAT) for HCV RNA, which detects the presence of the virus, is needed to confirm the diagnosis of chronic HCV infection.[7]

Studies reported that participants experienced considerable disruption to daily living, impaired quality of life, and chronic physical andpsychological symptoms related to HCV. Study participantsreported a variety of physical symptoms, such as fatigue, weakness, nausea, pain, swelling, headaches, and sweating. In addition, a numberof studies reported participants experiencing psychological symptoms such as depression, anxiety or panic attacks, and irritability. Other symptoms such as poor memory and inability to concentrate were also reported by participants.[8] The present study was conducted to assess treatment seeking behavior of HCV patients in people of Faridkot.

In present study, out of 480 patients, males were 220 and females were 260. It was found that 245 patients do not think that they need to take medication for my hepatitis C. 280 don't believe that I will die from hepatitis C. 310 felt that treating other illnesses is more important than treating my hepatitis C. 210 felt that treating hepatitis C will make life better. 260 felt that Hepatitis C does not cause any problems in body. 320 felt ashamed of having hepatitis C and make uncomfortable seeking hepatitis C treatment or care. 340 people felt that people may treat differently if they know that he has hepatitis C. 230 patients felt scared about what might happen to them because he has hepatitis C. 220 patients do not think that they need treatment for hepatitis C.

Nisa et al[9] found that the patterns of health seeking behavior showed that a majority of the study participants approached a medical doctor (n=359), followed by spiritual healers (n=103), and a few participants approached traditional healers (n=38) and homeopaths (n=11). The pattern of health seeking behavior also revealed that the participants were taking treatment from more than one health care provider at the same time. Participants who visited doctors had effective treatment outcomes and they were satisfied with their doctors. However, those participants who visited homeopaths, traditional healers and spiritual healers had ineffective treatment outcomes and they were not satisfied with these health care providers.

Khuwaja et al[10] conducted a study in which 292 people participated in the cross-sectional survey, and 87 people participated in the education intervention. In the cross-sectional survey, the mean knowledge score regarding HCV was low (<50%of the total possible score). Mono-infected and co-infected individuals shared similar knowledge deficits and attitudes towards HCV despite having distinct demographic differences. Attitudes endorsed by patients included the following:

57% feared the consequences of HCV on their life,37% felt HCV was not fatal, 27% did not believe they needed HCV medication, 21% felt ashamed of having HCV and 16% felt HCV treatment was not important. Attitudesthat reflected indifference and shame towards HCV were associated with lower knowledge scores. The education interventionimproved knowledge scores but did not modify the assessedattitudes. Intervention studies are needed to effectively change attitudes towards HCV infection and treatment.

CONCLUSION

Authors found that HCV positive patients of Faridkot district had less treatment seeking behavior & compliance.

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Source of support: Nil **Conflict of interest:** None declared