

1 INTRODUCTION

Primary biliary cholangitis (PBC) is a relatively rare chronic autoimmune liver disease with variable severity and with important consequences on the Quality of Life (QoL).

There is no specific study regarding therapeutic education (TE) for PBC.

The association to other autoimmune hepato-biliary or extra-hepatic diseases and the recent availability of new treatments strengthen the interest of TE.

2 AIM

To evaluate the adherence to a program of therapeutic education and its effect on the management of treatment, symptoms associated with the liver disease and the QoL in patients with PBC.

3 METHOD

Prospective pilot monocentric exploratory study of TE with a multidisciplinary approach including the participation of patients (ALBI association).

The participation to the study was proposed during medical consultations and was associated with an inquiry by a nurse with a TE and PBC competences.

Questionnaires (QS) were given to patients agreeing to participate to the study:

- Analogic Visual Scale (AVS) and PBC-40 score for the QoL,
- AVS and 5D Score scale QS (analysis of Duration, Degree, Direction, Disability, Distribution within the 2 last weeks).

The study was performed over 1 year from the inclusion with TE and QS at were given at each medical consultation (3 or 6 months).

4 RESULTS

Adherence to the program:

30/32 prospectively seen patients agreed to participate to the study (93,6%); 2 asymptomatic well-controlled patients denied (6,4%).

Baseline characteristics on the 30 included patients (table 1):

Sex/age: 28 females (25-83 years, median 55 years), 2 males (44 /61 years).

Characteristics of liver injury:

- isolated PBC (n=21),
- overlap syndrome with auto-immune hepatitis (n=9),
- extra-hepatic auto-immune signs (n=20),
- fibrosis: F0-F2 (n=25), F3 (n=2), F4 cirrhosis (n=3),
- liver Transplantation (n=1),
- pruritus (n=20).

Treatment: UDCA (n=25), fibrates (n=6), budesonide (n=4), azathioprine (n=5) (Table 1).

Adherence to the one-yr-TE-program :

26/30pts (86.7%); lost of follow-up 4/30 (13.3%)

New treatments after inclusion:

-UDCA (n=2), obeticholic acid (n=7), bezafibrate (n=5).

The effects of TE on the QoL and pruritus were analysed on the 26pts who completed the whole study and presented in Table 2 and 3.

Table 1- Treatment at inclusion

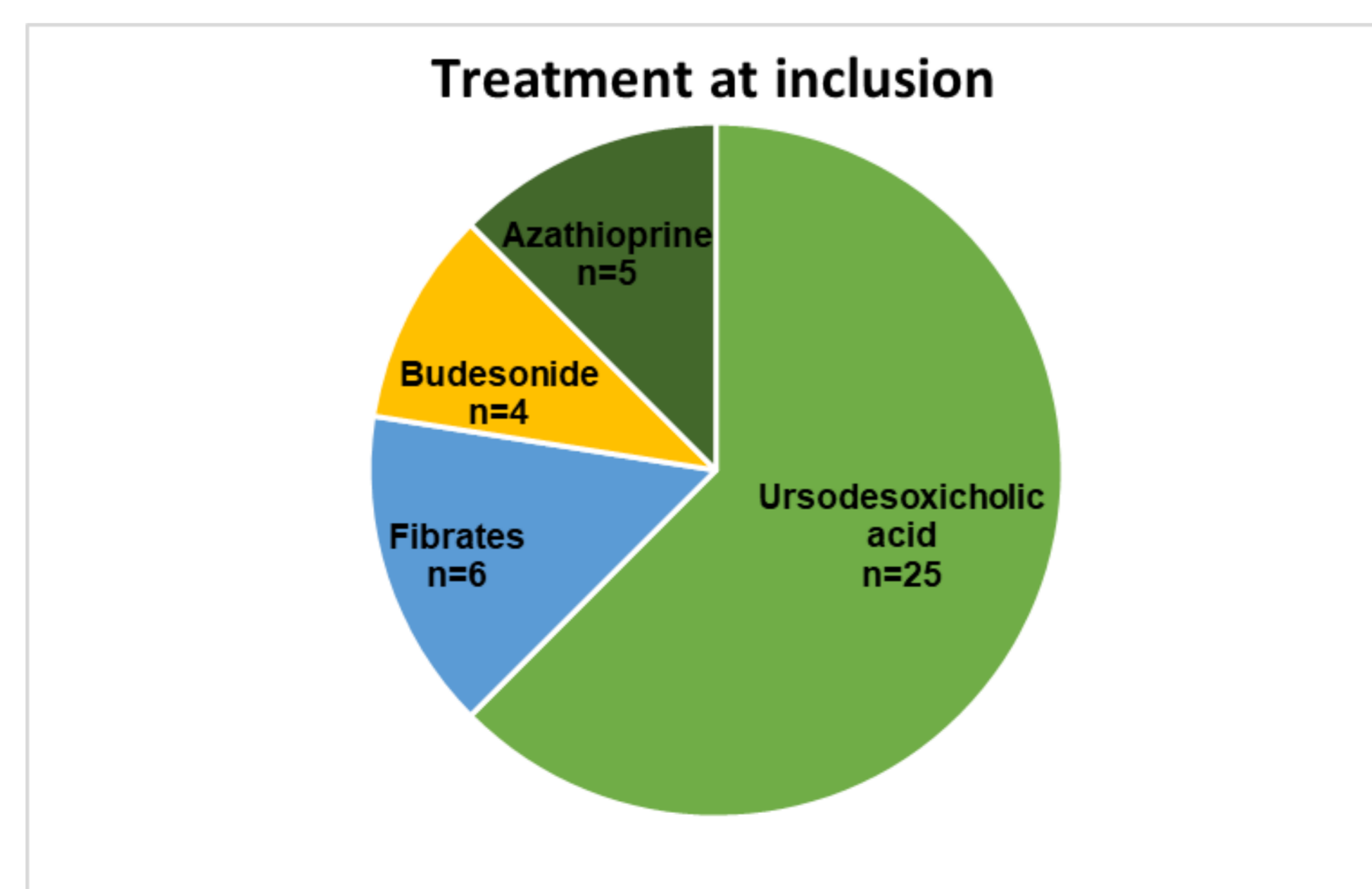


Table 2- Quality of Life (Visual Analogic Scale and PBC-40 Score)

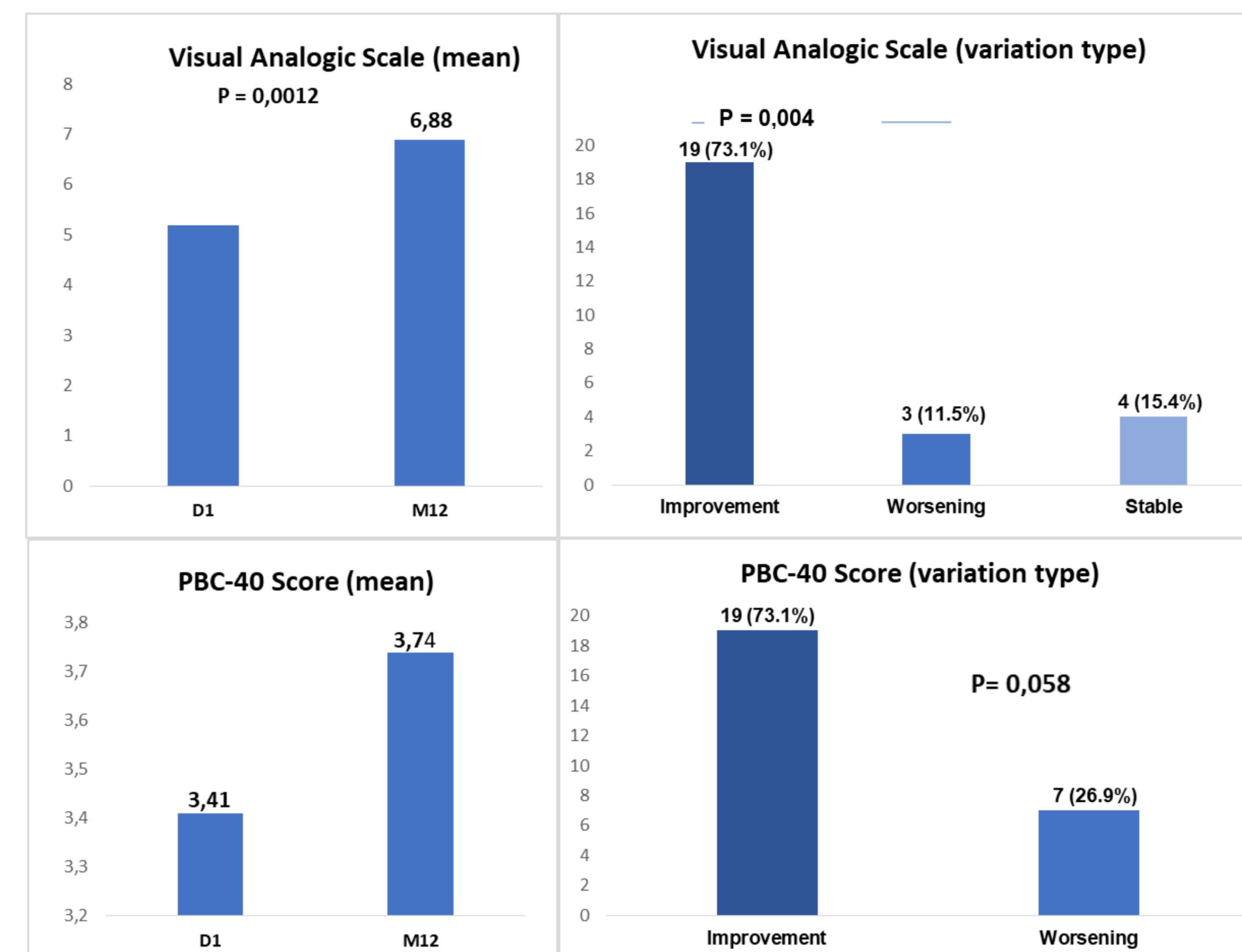
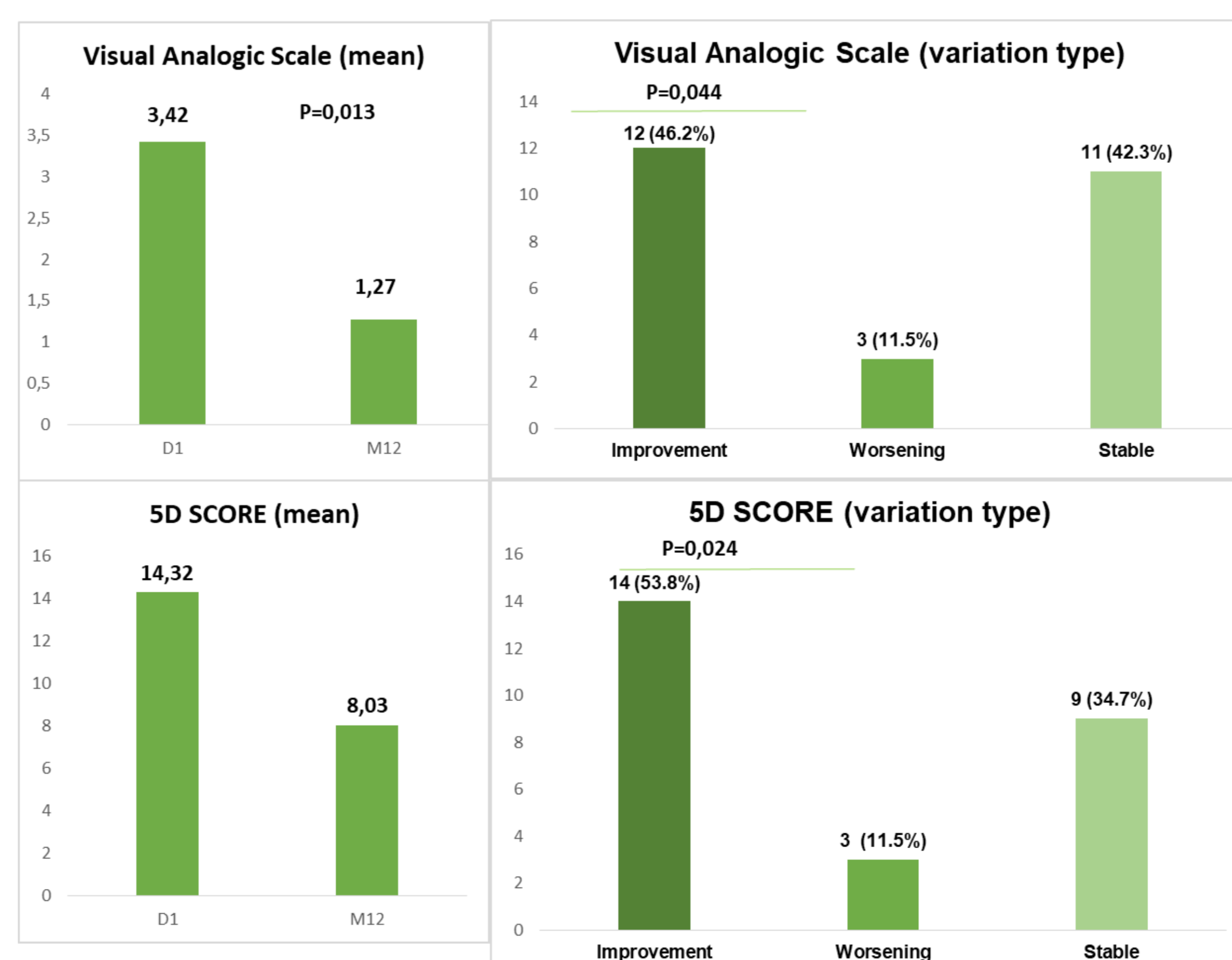


Table 3- Pruritus (Visual Analogic Scale and 5D Score)



5 CONCLUSIONS

Patients with PBC exhibit a good adherence to a therapeutic education program which was associated with improvement in Quality of Life and pruritus.

Conflict of interest: this study was supported by a grant from the Practice to Policy Program, Intercept, USA.

6 ACKNOWLEDGEMENTS

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7 REFERENCES

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