

Experience of Liver Cirrhosis Patients with Ascites in Diet Management

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Abstract: Ascites is a common complication in patients with liver cirrhosis that can lead to poor prognosis. Beside medical intervention, diet program has a pivotal role in ascites treatment. This study aimed to explore the experience of liver cirrhosis patients with ascites, precisely when they attempted to follow diet program. In depth interview was conducted in this qualitative study which involved seven outpatients with ascites. This approach resulted in three themes through data analysis: (1) social support; (2) specific strategy; This can be concluded that social support are considered as contributing factor of dietary adherence.

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I. Introduction

Sodium restriction has been highly recommended by American Association for the Study of Liver Diseases (AASLD) to be first line intervention on ascites¹. It has been proven that limiting sodium intake to less than 2 grams per day can reduce ascites to 10-15 %⁶. Additionally, in a qualitative study that explored experience of patients with malignant ascites, sodium restriction was a theme identified⁷.

Moreover, the adherence to moderate sodium restriction is a main issue that should be concerned by health care providers. A study shows a poor adherence to sodium restriction among 120 liver cirrhosis patients with ascites. Inadequate information related to nutrition is deemed as one of contributing factors⁸. Regarding this notion, nurse has a pivotal role to provide education in order to support hepatologist and dietician. However, nutrition management in liver cirrhosis patient is not solely defined by sodium restriction. Thus, it is essential to gain information regarding experience of liver cirrhosis patients with ascites who undertaking diet management at home.

However, only few studies in Indonesia that investigate experience of ascites patients especially when they try to commit themselves in diet plan. Deeper knowledge about this topic should be necessary for development of ascites study. In order to fulfill this need, this study was conducted to explore experience of liver cirrhosis patients with ascites in diet management.

II. Material And Methods

This phenomenology study was conducted from July 2016 to December 2016. Recruitment was undertaken in an outpatient clinic in one of general hospitals in Jakarta. Researcher identified outpatients who met inclusion criteria: (1) aged over 18 years old; (2) Diagnosed with liver cirrhosis; (3) Experienced ascites; (4) Received health information related with diet by health care providers. There were totally seven outpatients who met inclusion criteria that have been interviewed. Depth interview was undertaken to explore patients regarding their experience during following diet. All interviews were recorded by digital recorder and transcribed verbatim by researcher. These all transcribes were read many times to identify key words that would lead to a theme(**table 1**).

Table. 1 Themes and subthemes

Theme	Social support	Specific strategy
Subtheme	Meals preparation	Cooking way
Subtheme	Notification	Picking foods

III. Result and Discussion

Demographic data

As it can be seen, there were five participants who have characteristic as follows.

Table 2. Demographic data

Partic ipants	age	gender	Occupation	Length of diagnosis (years)
1	51	Male	unemployed	1
2	80	Male	unemployed	1
3	89	Female	unemployed	1
4	71	Female	unemployed	3
5	40	Female	unemployed	2

Theme one: Social support

Study findings also showed that the role of family member is essential to lead patients to be adherent. The family contribution reported was assisting patients in preparing proper meals that were suitable with diet recommendation.

“hey don’t eat that foods” (P1)

“my wife cook everything for me” (P2)

“everything’s prepared by my son”(p3)

Theme 3: specific strategy

There were some varied methods undertaken to keep their diet safe. These methods included the way of cooking and reducing salty, fried and spicy foods.

“I have to avoid salty foods” (p4)

“I can’t eat salt” (p2)

“I don’t want to eat anything fried foods, so I steam them” (p1)

IV. Conclusion

Social support seem to be predominant factor in participant adherence toward diet suggestion. It can be deemed that this aspects should be concerned by physicians, nurses or dieticians. However, it needs an advanced exploration regarding non-adherent behavior since this study has no still clue yet to explain the issue..

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