

FRI-408

Self-stigma among patients with hepatitis B and C and its association with delayed diagnosis and treatment

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Background Stigma is one of the main issues that patients with hepatitis cope with (Paterson, Backmund, Hirsch and Yim, 2007). Hepatitis is linked to stigma because of disease transmission routes, namely, drug abuse or unsafe sex that are perceived to characterize groups of people who are not well accepted in society (Drazic and Caltabiano, 2013). Such stigma may cause serious psychological, social, economic and even health related repercussions (Cotler et al., 2012; Drazic and Caltabiano, 2013; Li et al., 2012). Timely diagnosis and referral to treatment is of utmost importance for hepatitis patients, in order to prevent disease progression and complications, improve quality of life, and prevent further transmission of the disease (Ben Ari, 2016; Modabbernia, 2013). Nevertheless, the effect of self-stigma on delayed diagnosis and treatment in patients with hepatitis B and C was scarcely studied (Li et al, 2012; Paterson et al, 2007; Poll, Allmark, Tod, 2017; Skeer et al, 2018; Subic, Zoulim, 2018; Sweeney et al, 2015; Veldhuijzen, 2010).

Aims of the study: To investigate the association between perceived self-stigma in patients with hepatitis B and C and the stage of disease at diagnosis and the time lag between diagnosis and first visit to the liver clinic.

Method: A cross-sectional study was conducted among patients and carriers of hepatitis B and C, who are followed and treated in the outpatient liver clinic of an academic hospital in Northern Israel. Eligible patients fill a questionnaire that included items on socio-demographic information, and a rating of statements reflecting self-stigma (adapted from Li et al, 2012). Further clinical data were collected from patients' medical records.

Results: Enrolled in the study were 120 patients with hepatitis B or C.

Patients with hepatitis C reported significantly higher levels of self-stigma (39.1 ± 11.9) than patients with hepatitis B (34.0 ± 10.4) { $t(113) = -2.245, p < 0.05$ }.

A significant association was found between the level of self-stigma and the stage of the disease at diagnosis { $t(98) = -2.590, p < 0.05$ }. Higher levels of self-stigma were reported by Hepatitis C patients with advanced disease (39.1 ± 11.4) compared to Hepatitis B patients with early disease (32.6 ± 11.5). No significant correlation was found between self-stigma and the lag-time from diagnosis to first visit to the liver clinic { $t(113) = -0.584, p = 0.56$ }.

Conclusion: We found that patients with higher levels of self-stigma are diagnosed at more advanced stages of their disease. This highlights the importance of interventions to foster disease prevention and early diagnosis in populations at risk, in order to improve awareness, reduce self-stigma, encourage screening, and prevent morbidity from a curable disease.

Figure:

