

bleeding were present in 24.7% and 13.5%, respectively. LFI categorized 15.7% as robust, 65.2% as prefrail, and 19.1% as frail. In multivariable analysis, low HL (OR 2.8; 95% CI 1.3–6.0) and variceal bleeding (OR 3.2; 95% CI 1.4–7.1) independently predicted frailty.

Conclusions: Low HL independently predicts frailty and should be addressed to improve outcomes in cirrhosis care.

Conflict of interest: None

Variable	Value (n)
Female sex	57.3% (51)
Arterial hypertension	49.4% (44)
Child Classification	
Child B	14.6% (13)
History of ascites	12.4% (11)
BMI	27.1 (5.6)
Albumin	3.9 (0.56)
Frailty	19.1% (17)
Prefrail	65.2% (58)

Table 1. Baseline Characteristics

Variable	OR	95% CI	p-value
Age	1.07	1.01 – 1.14	0.017
History of decompensation	3.6	1.2 – 11.2	0.02
History of variceal bleeding	3.87	1.05 – 14.2	0.04
SAHL-S	0.84	0.73 – 0.95	0.009

Table 2. Univariate logistic regression analysis.

Variable	OR	95% CI	p-value
History of variceal bleeding	5.2	1.18 – 23.0	0.02
SAHL-S	0.86	0.76 – 0.98	0.03

Table 3. Multivariate logistic regression analysis

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#12

PREVALENCE OF LIVER FIBROSIS IN RELATIVES OF PATIENTS WITH MASLD-RELATED CIRRHOSIS: A STUDY ON DEGREE OF KINSHIP

Ismael de Jesús Yepes Barreto¹, Nicole Chamorro², Guillermo Donado²

¹ Universidad de Cartagena. Asociación Colombiana de Hepatología.

² Universidad de Cartagena, Colombia.

Introduction and Objectives: First-degree relatives of patients with MASLD-related cirrhosis are considered at high risk for liver fibrosis, based on evidence from Europe and the U.S. supporting a strong hereditary component, including genetic polymorphisms linked to fibrosis progression. However, it is unclear whether this risk extends beyond first-degree relatives, especially in Latin American populations.

This study aimed to assess the prevalence of liver fibrosis and associated factors among first-, second-, and third-degree relatives of patients with MASLD-related cirrhosis in Cartagena, Colombia.

Patients and Methods: Patients with MASLD-related cirrhosis were identified from a hepatology clinic, and their relatives were invited for transient elastography (FibroScan) and body composition analysis (InBody 270) after fasting. Only elastography results with an IQR $\leq 30\%$ and success rate $\geq 60\%$ were analyzed. All participants underwent physical exams and interviews covering medical history and alcohol use. Those with abnormal elastography (≥ 7.2 kPa) were referred for hepatology evaluation.

Results: Of 99 relatives included (56 first-degree, 13 second-degree, 30 third-degree), the mean age was 44 years; 32.3% were male. The prevalence of fibrosis was 15.2% overall, with 21.4% in first-degree, 7.7% in second-degree, and 6.7% in third-degree relatives ($p > 0.05$). Advanced fibrosis (≥ 10 kPa) was found in five individuals. BMI, visceral fat, total body fat, and waist circumference were associated with fibrosis.

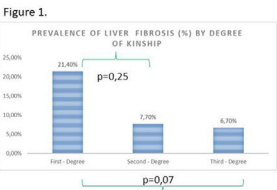
Conclusions: These findings support targeted screening in first-degree relatives and suggest that body composition metrics may help

identify at-risk individuals. Further research is needed to clarify familial risk beyond first-degree relatives in Latin American settings.

Conflict of interest: None

Variable	OR	95% CI	p-value
Male sex	1.05	0.32 – 3.3	0.92
Age	1.02	0.98 – 1.06	0.32
BMI	1.14	1.02 – 1.28	0.019
Second-degree kinship	0.48	0.22 – 1.06	0.07
Third-degree kinship	0.26	0.05 – 1.25	0.09
Arterial hypertension	3	0.87 – 10.3	0.08
Diabetes mellitus	1.9	0.18 – 19.8	0.58
Dyslipidemia	1.65	0.40 – 6.8	0.48
Weekly alcohol intake (g)	0.99	0.98 – 1.00	0.64
Abdominal circumference (cm)	1.08	1.02 – 1.14	0.003
CAP (dB/m)	1	0.99 – 1.01	0.54
Visceral fat (%)	1.13	1.02 – 1.26	0.018
Muscle mass (kg)	1.02	0.94 – 1.10	0.59
Body fat percentage (%)	1.07	1.009 – 1.10	0.023

Table 1. Factors Associated with Liver Fibrosis in Relatives of Patients with MASLD-Related Cirrhosis. Univariate Logistic Regression Analysis



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#13

RELATIONSHIP BETWEEN QUALITY OF LIFE AND AN EDUCATIONAL STRATEGY BASED ON THE INFORMATION NEEDS OF PATIENTS WITH COMPENSATED LIVER CIRRHOSIS

Ismael de Jesús Yepes Barreto¹, Yohana Poveda², Guillermo Donado³

¹ Universidad de Cartagena. Asociación Colombiana de Hepatología.

² Gastropack SAS, Colombia.

³ Universidad de Cartagena, Colombia.

Introduction and Objectives: Educational strategies may improve quality of life (QoL) in patients with cirrhosis, yet available evidence remains limited and often not generalizable to Latin American settings. Sociocultural and demographic differences can influence both information needs and determinants of health-related quality of life (HRQoL).

This study aimed to evaluate the effect of a locally tailored educational intervention on QoL in patients with compensated cirrhosis and caregiver burden.

Patients and Methods: In this prospective, longitudinal study, adult outpatients with cirrhosis were enrolled. Patients completed the Chronic Liver Disease Questionnaire (CLDQ), and both patients and caregivers completed PROMs (Patient-Reported Outcome Measures). Caregiver burden was assessed using the Zarit Burden Interview, both before and after the intervention. Descriptive statistics were used for demographic and clinical variables. Paired t-tests assessed changes in CLDQ scores, and univariate linear regression identified predictors of QoL improvement. A p-value < 0.05 was considered significant.

Results: Thirty-nine patients were included (64% female; 86% Child-Pugh A). The most frequent etiologies were MASLD (33%) and autoimmune hepatitis (23%). Most belonged to socioeconomic level 2 (41%). Thirty-three caregivers were also included (78.1% female; mean age 50.1 ± 13.7 years). Educational session attendance was 64% for patients and 72% for caregivers.

CLDQ scores increased by 29 points (95% CI: 24–34; $p < 0.001$), a 21.8% relative improvement, especially in emotional and worry domains. Zarit scores decreased from 21.2 to 11.5 points, indicating a 46% reduction in caregiver burden.