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

Tabla 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

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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 ≤30% and success rate ≥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.

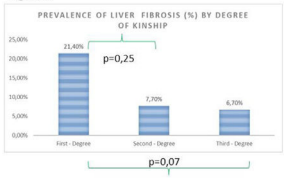
Conclusions: These findings support targeted screening in first-degree relatives and suggest that body composition metrics may help identify at-risk individuals. Further research is needed to clarify familial risk beyond first-degree relatives in Latin American settings.

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

Figure 1.



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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

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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.

Conclusions: A targeted educational intervention improved QoL and reduced caregiver burden. Educational support should be integrated into comprehensive cirrhosis care in Latin America.

Conflict of interest: None

Table 1. Impact of the Educational Strategy on Patient Quality of Life and Caregiver Burden

Measure	Before	After	95% CI	p-value
Overall CLDQ score	133,1	162,1	24 – 34	<0.001
Overall Zarit caregiver burden score	21,2	11,5	12 – 7.5	<0.001

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#15

THE RELATIONSHIP BETWEEN QUALITY OF LIFE IN ADULT SUBJECTS WITH COMPENSATED LIVER CIRRHOSIS AND BACTERIAL OVERGROWTH

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Introduction and Objectives: Small intestinal bacterial overgrowth (SIBO) has been associated with greater severity of cirrhosis, as measured by the Child-Pugh classification, and with an increased incidence of complications. However, its impact on quality of life and on the progression of compensated liver cirrhosis has been scarcely studied.

To evaluate the relationship between SIBO and quality of life in patients with compensated liver cirrhosis treated at an outpatient Hepatology center in Cartagena de Indias, Colombia.

Materials and Methods: A cross-sectional and analytical study was conducted. Adult patients diagnosed with compensated liver cirrhosis and evaluated in the outpatient Hepatology clinic were included. A hydrogen breath test was used to detect SIBO, and the Chronic Liver Disease Questionnaire (CLDQ) was applied to assess quality of life. Patients with a positive SIBO result were treated with rifaximin according to clinical guidelines. A univariate linear regression analysis was used to examine the relationship between SIBO (independent variable) and CLDQ scores (dependent variable).

Results: Most participants were male (62.5%) with a mean age of 65 years. Hypertension was present in 53.1%, and 42.2% had type 2 diabetes. SIBO was detected in 29.7% of patients. The average CLDQ scores across evaluated domains did not show statistically significant differences between patients with and without SIBO: abdominal (p=1.21), fatigue (p=1.46), systemic (p=1.09), activity (p=1.18), emotional (p=0.87), and worry (p=1.00).

Conclusions: So far, no significant differences in quality of life have been found between patients with and without SIBO in compensated liver cirrhosis.

Conflict of interest: None

Tabla 1. Factores asociados a SIBO

Variable	SIBO n:39	NO SIBO n:45	p
Edad	68	62	0,006
Sexo femenino	50(29)	50(29)	0,32
Estrato			0,36
1	14,3(1)	85,7(6)	
2	44(11)	56(14)	
3	55,9(19)	44,1(15)	
4	54,5(6)	45,5(5)	
5	75(3)	25(1)	
6	33,3(1)	66,7(2)	
Etiología			0,173
Alcohólica	40(2)	60(3)	
Autoinmune	22,2(2)	77,8(7)	
Cirrosis biliar	0(0)	100(4)	
Criptogénica	63,6(14)	36,4(8)	
Hemocromatosis	0(0)	100(1)	
Hepatitis B	33,3(1)	66,7(2)	
Hepatitis C	63,6(7)	36,4(4)	
Lesión quirúrgica	0(0)	100(1)	
MASLD	46,4(13)	53,6(15)	
Diabetes mellitus 2	50(16)	50(16)	0,607
IMC	27,03	27,85	0,411
BT	0,99	1,10	0,558
BI	0,59	0,60	0,913
GOT	39,56	45,48	0,206
GPT	40,77	42,73	0,790
INR	1,12	1,16	0,165
PLT	194,578	201,368	0,892
CR	0,81	0,80	0,842
Albúmina	3,92	3,92	0,967

Tabla 2. Factores asociados a Calidad de vida

Variable	b	IC95	p
Sexo	0,07	-1,28-2,43	0,53
Edad	-0,05	-0,10-0,06	0,67
Estrato	0,04	-0,53-0,84	0,65
MSLD	-0,09	-2,91-1,30	0,44
IMC	-0,14	-0,29-0,06	0,20
BT	-0,09	-2,26-1,40	0,64
BI	0,14	-2,00-4,29	0,46
GOT	-0,02	-0,05-0,04	0,84
GPT	-0,02	-0,04-0,03	0,88
INR	0,04	-4,99-7,66	0,67
PLT	-0,07	0,00-0,00	0,58
Cr	0,28	0,98-7,37	0,01
Albúmina	0,10	-1,00-2,72	0,35
HTA	0,17	-0,38-3,11	0,12
DM2	-0,14	-2,95-0,71	0,22
Síntomas	-0,56	-5,93 a -2,71	0,00

Tabla 3. Relación calidad de vida y SIBO

Dominio	SIBO	NO SIBO
Dominio abdominal	4,74	4,72
Dominio fatiga*	3,76	4,28
Dominio sistémico	4,21	4,00
Dominio actividad	5,01	4,85
Dominio emocional	4,87	4,72
Dominio preocupación	4,50	4,07
CLDQ	27,22	26,51

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#17

IMPROVEMENT OF CARDIOVASCULAR RISK ASSESSMENT ON A COHORT OF PATIENTS WITH METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD)

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