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

Nicole Chamorro Guzmán[1],
Ismael de Jesús Yepes Barreto[1],
Sindy Yohana Poveda Salinas[2]

[1] *Universidad de Cartagena, Colombia.*
[2] *Centro médico Gastropack, Colombia.*

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)

Pedro Miguel Mattos Nogueira[1],
Carlos Eduardo Cruz Marques[2], Breno Corrêa Vieira[3],
Ana Carolina Cardoso[4], Natalia Wajbrot[4],
Claudia Equi[4], Nathalie Carvalho Leite[4],
Glaucia Moraes de Oliveira[5],
Cristiane Villela-Nogueira[5]

[1] *Faculdade de Medicina Souza Marques e Programa de Pós-Graduação em Cardiologia da Universidade Federal do Rio de Janeiro, Brasil.*
[2] *Programa de Pós Graduação em Clínica Médica. Faculdade de Medicina. Universidade Federal do Rio de Janeiro, Brasil.*
[3] *Programa de Iniciação Científica. FAPERJ e Faculdade de Medicina. Universidade Federal do Rio de Janeiro, Brasil.*