Psychiatric Disorders and their Association with Liver Transplant Outcome In Iran

A. Sahraian1, M. Sharifian*, B. Geramizadeh3, S. A. Malek-Hosseini3

1Research Center for Psychiatry and Behavior Science,
2Department of Neurology, Student Research Center,
3Transplant Research Center, Nemazi Hospital, Shiraz University of Medical Sciences, Shiraz, Iran

DEAR EDITOR

Liver transplantation is a lifesaving operation and the treatment of choice for patients with end-stage hepatic failure. Poor psychological status is recognized as a major contributor to morbidity, mortality, decreased quality of life, higher medical cost, and overutilization of health care services among transplant recipients [1-3].

In this study, conducted between 1999 and 2010, 260 liver transplant recipients who underwent the operation in Shiraz, the first and only center in Iran for liver transplantation, were studied. A psychiatrist evaluated the participants for any psychiatric disorders within a month before transplantation. In addition, pre-operative diagnosis, sex, age, marital status of recipients, type of operation, duration of hospitalization, rate of post-operative infections, and post-operative morbidity and mortality were recorded. The data was analyzed by SPSS® for Windows® ver 15.

The mean±SD age of 260 participants was 36.8±12.3 years. Of 260 participants, 151 (58%) were male. The pre-operative psychiatric assessment revealed that 53 (21%) patients had major depressive disorders; 6 (2%) had insomnia, 3 (1.5%) cognitive disorders, and 9 (3.5%) had other psychiatric disorders.

The prevalence of major depressive disorders was significantly (p<0.05) higher in patients with autoimmune hepatitis (n=21, 17%) than those with other causes of hepatic failure. The prevalence in women (n=35, 32%) was significantly (p<0.05) higher than that in men (n=18, 11%), an observation similar to that reported in other populations [4].

The mean hospitalization length was significantly (p<0.05) longer in patients who had pre-operative major depressive disorders than those without (25 vs 17 days).

Overall, 22 (8.4%) patients developed post-operative infections at any sites. The rate of infection in those with pre-operative major depressive disorders was significantly (p<0.05) higher than those without. The rate of graft rejection, post-operative malignancy, and mortality in 1-year post-operative in patients with and without pre-operative major depressive disorders did not significantly different.

Depression was the most important psychiatric disorder diagnosed in our patients before transplantation. Pre-operative depression may prolong hospitalization after transplantation and subsequent morbidities such as post-operative infections. Therefore, transplant patients with pre-operative psychiatric disorders should receive ongoing psychosocial counseling [5]. Suitable pre-medication, optimal psychosocial assessment, and treatment, especially for the women who carry a higher risk of depression are imperative [4].

[1] Correspondence: Maryam Sharifian, MD, Resident of Neurology, Department of Neurology, Student Research Committee, Shiraz University of Medical Sciences
Tel: +98-917-713-3608
E-mail: maryam_sharifian@yahoo.com
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