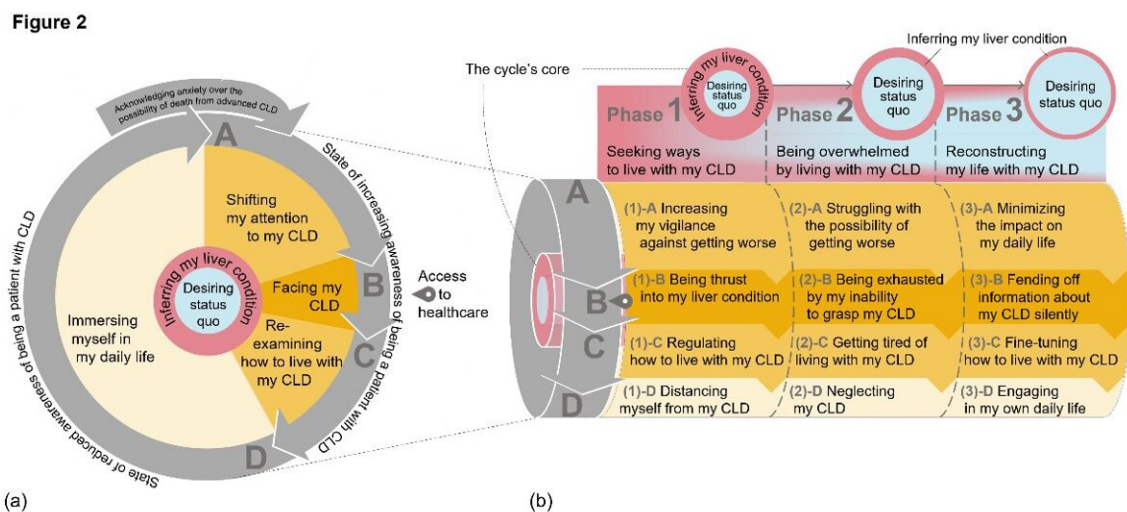


Patients with chronic liver disease face emotional conflicts during carcinoma surveillance

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The left panel illustrates the living cycle, including regular health care visits. The right panel depicts the process of adjusting to life with CLD while maintaining regular health care visits. The gradient from peach to light blue represents a shift in the relative importance of the core factors, which is crucial for overcoming the challenges of continuing HCC surveillance. Credit: Keiko Hatanaka

Assistant Professor Keiko Hatanaka of Toho University, a Ph.D. student of Tokyo Medical and Dental University (TMDU), in collaboration with Professors Yoshiko Sasaki and Makoto Tanaka of Tokyo Medical and

Dental University (TMDU), revealed the process of adjusting to living with chronic liver disease (CLD) among patients who continued regular health care visits for hepatocellular carcinoma (HCC) surveillance.

This process is characterized by a [cycle](#) with three-phase transitions centered around the core concepts of "inferring my liver condition" and "desiring the status quo."

The transitions are described as follows: Phase 1 involves seeking ways to live with CLD, Phase 2 encompasses being overwhelmed by living with CLD, and Phase 3 focuses on reconstructing one's life to accommodate living with CLD.

Over time, the relative importance of the cycle's core gradually shifts from "inferring my liver condition" to "desiring the status quo."

These [findings](#) were published in the *Japan Journal of Nursing Science*.

The researchers found that patients with CLD who continue regular HCC [surveillance](#) visits experience emotional conflicts "caused by continuing" their regular visits; in other words, surveillance adds to their difficulty of living with CLD.

The ability to shift focus from "inferring my liver condition" to "desiring the status quo" is key to overcoming the challenges of continuing HCC surveillance visits. However, placing too much emphasis on "desiring the status quo" can lower the priority of HCC surveillance.

A balanced focus on "desiring the status quo" while still considering "inferring my liver condition" appears to be crucial for sustaining regular HCC surveillance.

In addition, the psychological impact of uncertainty during surveillance

visits, stemming from the discrepancy between inferred liver conditions and actual test results, can lead to patients neglecting their liver condition.

Conversely, this uncertainty can also motivate health-conscious behaviors following a surveillance visit, potentially influencing health practices leading up to the next visit.

This study offers valuable insights into ways to support [patients](#) with CLD in continuing regular health care visits for HCC surveillance.

More information: Keiko Hatanaka et al, Adjusting to living with chronic liver disease among patients who continue regular healthcare visits for hepatocellular carcinoma surveillance: A grounded theory study, *Japan Journal of Nursing Science* (2024). [DOI: 10.1111/jjns.12619](#)

Provided by Toho University

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