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Summary

IMPACT OF MATERIAL DEPRIVATION ON CLINICAL OUTCOMES OF PATIENTS WITH CIRRHOSIS

Edoardo Giannini

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A retrospective study of 368 cirrhosis patients in Genoa (2016–2022) found that material deprivation assessed by residential address was associated with worse clinical outcomes including lower screening diagnosis rates, poorer follow-up adherence, higher hospitalisation for decompensation, and shorter overall survival.

KEY POINTS

- Patients with high material deprivation had twice the hospitalisation rate for hepatic decompensation compared to low deprivation patients (2.1 vs 1.0 per 100 patients per year, IRR 1.95, p=0.001)
- Overall survival from diagnosis was significantly shorter in high deprivation patients (66.2 months) compared to low deprivation patients (93.7 months, p=0.007), confirmed in compensated patients and after excluding transplant recipients
- High material deprivation was associated with lower rates of screening-based diagnosis (14.4% vs 58.6%, p<0.001) and higher loss to follow-up (15.5% vs 8.3%, p<0.0001)
- Material deprivation was classified using the Genoa Deprivation Index based on residential address, incorporating unemployment, education level, housing ownership, and overcrowding
- The authors conclude that material deprivation significantly impacts clinical management and prognosis of cirrhosis patients

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