

PSYCHOSOCIAL ASPECTS IN PRIMARY BILIARY CHOLANGITIS: AN ANALYSIS OF RESILIENCE, SOCIAL SUPPORT, COPING AND CLINICAL SYMPTOMS

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Background and aim: Primary biliary cholangitis (PBC) is a rare, chronic autoimmune liver disease characterized by the progressive destruction of small intrahepatic bile ducts, leading to chronic cholestasis, inflammation, liver fibrosis, and, in advanced stages, cirrhosis and liver failure. Beyond liver damage, PBC significantly affects patients' quality of life (QoL), not only due to physical symptoms such as chronic fatigue, pruritus, and sleep disturbances, but also because of psychological and emotional consequences, which are often underestimated in clinical practice. While research has traditionally focused on the clinical and therapeutic aspects of the disease, psychosocial dimensions such as resilience and coping strategies remain underexplored. The aim of the study was to evaluate the impact of PBC on quality of life, with a specific focus on psychological adaptation mechanisms, resilience, and perceived social support, in order to promote a more integrated and patient-centred approach.

Methods: Consecutive patients diagnosed with PBC completed validated questionnaires assessing symptom burden and quality of life (PBC-27), psychological resilience (CD-RISC), coping style (SCSQ), and perceived social support (SSRS). A control group of 42 healthy individuals matched for age, sex, and education level was included for comparison.

Results: Thirty-one patients with PBC (27 women, 4 men) were enrolled. Compared to healthy controls, they reported significantly lower mean resilience scores (71.6 ± 12.7 vs. 77.9 ± 8.6 ; $p = 0.016$) and lower levels of perceived social support (median 30 vs. 34; $p = 0.008$). Resilience was positively correlated with social support ($r = 0.240$). In multivariate analysis, fatigue emerged as the strongest independent predictor of reduced resilience.

Conclusions: PBC significantly impacts not only health-related quality of life but also resilience and perceived social support. These findings underscore the importance of a multidimensional assessment in the clinical management of PBC. A multidisciplinary approach that integrates medical care with interventions aimed at strengthening psychological resources and enhancing social support may improve patients' adaptation to the disease and overall well-being.