

## ANSWERING REVIEWERS

**Title:** Quality of life after liver transplantation: State of the art

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**Name of Journal:** *World Journal of Hepatology*

**ESPS Manuscript NO:** 25088

This response letter elucidates the changes made in our article and is an answer to the suggestions of the reviewers. All changes are marked in the revised manuscript.

1. Physical QoL:

- a. Examples of medical complications were added: e.g. cytomegalovirus reactivation, rejection and revision.

2. Mental QoL:

- a. Examples of complications that negatively effect depression and anxiety were added: such as biliary events, endocrine disorders, physical and psychiatric problems
- b. Some psychiatric conditions which patients usually encounter pre and post transplant were added: Affective illness, maladjustment and severe anxiety have been diagnosed in 19-54% of patients during psychiatric evaluation. Obsessive-compulsive, somatization, anxiety and depression symptoms were frequently found. The transplantation and stay at intensive care unit have been considered as traumatic stressors that diminish quality of life and can cause overall mental distress. These patients are prone to some psychiatric disorders (e.g. anxiety and affective disorders, posttraumatic stress disorder) and a low QoL after LT

- c. Examples of complications that reduce mental QoL in general were added: such as rejection, infections and biliary events.

3. Aetiology of liver disease:

- a. Viral hepatitis was compared with alcoholic liver disease.
- b. The influence of aetiology on QoL needs further investigation, since it influences all aspects of QoL.

4. Immunosuppressive therapy:

Following sentence is slightly modified: Transplant recipients take a variation of immunomodulating drugs, such as mTOR and calcineurin inhibitors. Their side effects include diabetes mellitus, renal failure, hypertension, tremor, obesity and hypercholesterolemia.

5. Self-report QoL questionnaires

The discussion about the questionnaires is extended by these two sentences

- a. The largest part of these instruments has not been designed to evaluate the health status of liver transplant patients. Consequently it is difficult to interpret the results of these questionnaires in a meaningful way.
- b. Jay et al proposed the consistent use of validated, treatment-specific QoL instruments<sup>[9]</sup>. This will result in a more accurate assessment of QoL in LT and lead to an increasing number of studies with comparable endpoints.

6. CONCLUSION is replaced by DISCUSSION:

We describe the main limitations of our study as the reviewers requested:

Our minireview has several limitations. Studies with different endpoints were used, since a lot of studies use different questionnaires to measure QoL. A general image of QoL in LT is given. Consequently not all aspects of QoL are reviewed in detail.

The latter could also be seen as strength of this article since we looked into

almost all the aspects of QoL in liver recipients.

7. REFERENCES: All authors are mentioned, name of the journal in italics, journal volume in bold and PubMed citation numbers and DOI citation were added. References in text and table were changed to superscript and with square brackets.

The manuscript was updated according to the Guidelines and Requirements for Manuscript Revision-Minireview.