I’ve noticed that some people meet hepatitis C head on, and others seem to fall apart. There seems to be no correlation between the symptoms and how worried or relaxed they are. I know healthy patients who are sick with fear, sure that every twinge is proof that they are dying. On the other end of the spectrum, I know patients who have end-stage liver disease and horrendous symptoms, but maintain amazing attitudes. Some travel, work full time, and are physically active despite the profound fatigue and hepatic encephalopathy. Some of us are resilient, some of us aren’t.

One could argue that having hepatitis C might weaken resilience, but research says otherwise. In Resilience Affects the Quality of Life in Patients with Chronic Hepatitis C, Selmi and colleagues studied 149 hepatitis C patients, none with cirrhosis or mood disorders: 55% were female, 42% had previously undergone hepatitis C treatment and were either non-responders or relapers. They used multiple questionnaires, surveying psychological well-being, health, quality of life, family and social relationships, job satisfaction, and other factors.

The results revealed that many hepatitis C patients are quite resilient. No significant differences were found between those who had undergone hepatitis C treatment versus those who had not. Our social relationships and psychological well-being are generally strong and we maintain a good quality of life. Quality of life is affected by individual factors, particularly by the length of time one is infected. Selmi, et al. conclude, “informing patients regarding the disease natural history is critical to patient quality of life and should not be overlooked when new treatments are proposed.”

As to why some of us are tougher than others--resilience may be part of our physiological fabric. Research is discovering various ways in which our neural circuitry influences how we adapt to stress. Resilience has a biological component and not everyone has the same genetic material that protects against life’s hard knocks.

However, that does not mean that biology is destiny. Resilience is like a muscle--it can be developed. Just like a muscle, it is developed under uncomfortable circumstances. We don’t learn how to be tough when life is easy. It’s on the job training. Psychotherapy may be helpful, particularly cognitive behavioral therapy. However, you can do plenty on your own.

Here is some advice on how to develop resilience, compiled from a variety of resources, including the Mayo Clinic and AARP magazine:

- Connect with others
Find purpose and meaning in your life
Make health a priority
Help others
Play
Make lemonade out of lemons
Learn how to manage stress
Laugh

Notice that last piece of advice: LAUGH. I advocate funny bone exercise. I could go into the science behind the benefits of humor, but if you need science to convince you to laugh, you need to have your seriousness excised. Research aside, laughing feels good, except if you’ve recently had abdominal surgery.

A few years back, I started a humor blog, The Hepatitis Comics. In all honesty, I don’t think it is very funny. I may like to laugh, but hepatic portal veins and jaundice don’t lend themselves to rollicking jokes. It’s my hope that readers will join in with their tales. Collectively we can use our funny bones to make our livers stronger. If we laugh at this together, we will be combining two of the recommended resiliency-builders on the list--staying connected and laughing.

[i] Resilience Affects the Quality of Life in Patients with Chronic Hepatitis C. Selmi, C.; Giorgini, A. M.; Cocchi, C. A.; Meda, F.; Marta, S.; Monticelli, C.; Magrin, M.; Podda, M.; Zuin, M. 2009 American Association for the Study of Liver Diseases meeting. Poster 1644

[ii] www.nature.com/nrn/journal/v10/n6/full/nrn2649.html

[iii] www.mayoclinic.com


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