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How Religiosity Have Positive Association With Mental Health And Derive Prolonged Survival In Liver Transplant Recipients: A Systematic Review

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Background : Recent research has established the multifaceted features of religious involvement and evaluated how religious variables interact with diverse biobehavioral and psychosocial constructs to determine health status by suggested pathways linking religion and health. However, research on how the religiosity concept is associated with improved survival in LT patients remains unclear. This study aims to determine the characteristics of religiosity on the mental health quality of LT patients to increase survival rates.

Methods : This study used a reputable published journal (PubMed/Medline, Scopus) with the following criteria, which were published in the last 10 years from 2011 to 2021, and using a questionnaire developed by Tix and Frazier (1998). Of several journals collected, 11 (eleven) articles were selected.

Results : The study found that LT candidates with high religious coping (defined as having faith in God, trusting in God, seeking God's help, trying to perceive God's will in the disease, and worship or religious activities) have more pro-longed posttransplant survival than those with low religiosity. Patients with a negative score for the "seeking for God factor" were younger, but they had a three-fold increased risk of mortality from all causes compared to those with positive scores. Religiosity appears to be a coping mechanism for these people as they face the challenges of their new health problems. Further, it becomes median to mitigate mental health problems with lower levels of depression, higher rates of hope, and well-being. Further, it promotes lower patient mortality, including post-liver transplant patients, improved drug adherence, and better health behaviors.

Conclusions : In conclusion, in patients receiving liver transplantation, religion is attributed to prolonged survival rates. It's critical to emphasize how important it is for the care team to include religiosity as a disease-coping mechanism. Active coping, social support, and a multidisciplinary section may attempt transplanted patients to have an improved clinical outcome.

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