

# Hepatitis B

By Daniel  
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## Treatment for HIV+ People

**Hepatitis B (HBV) is a virus that can cause liver disease.**

People co-infected with HIV and HBV have higher HBV viral loads (amount of HBV in the blood) and are at increased risk for liver disease and death.

Liver damage from HBV can also make it harder to take HIV drugs.

The goals of HBV treatment are to lower HBV viral load and slow down or stop liver disease. Like HIV drugs, most HBV drugs are used for long-term treatment. Treatment is recommended for people with high HBV viral loads and elevated ALT (liver enzyme) levels.

Some of the drugs used to treat HIV also work against HBV, such as Epivir (3TC), Emtriva and Viread. (Epivir is approved for HBV treatment. Viread and Emtriva are not, although studies are underway.)

If you're currently taking HIV drugs, your HIV regimen should include Epivir or Emtriva and/or Viread. However, both HIV and HBV can become resistant to these drugs, so it's important to use them carefully.

For example, for HIV treatment, Epivir is used in combination with other HIV drugs. For HBV treatment, Epivir is used alone at a lower dose. But HIV+ people who need HBV treatment shouldn't use Epivir on its own or at a lower dose or HIV will become resistant to it.

If your HIV does become resistant to Epivir (or Emtriva or Viread) be careful about switching or stopping these drugs. They may still be active against HBV and stopping them can lead to HBV flare-ups.

HBV can also become drug resistant. Because Epivir and Emtriva are similar drugs, if your HBV becomes resistant to Epivir, it will also be resistant to Emtriva.

But even if your HBV becomes resistant to Epivir, things are not all bad. You may

get some benefit from staying on the drug. And Viread still works against Epivir-resistant HBV.

If you're currently not taking any HIV drugs, the best option for HBV treatment is Hepsera, even if you have Epivir-resistant HBV. Hepsera should be used with caution in people with kidney problems.

Interferon can also be used for treatment of HBV, but is less effective in HIV+ people (especially those with lower CD4 counts). Interferon is given by injection and can cause serious side effects such as depression, fatigue, nausea and aches. The course of treatment is usually four months.

Newer versions of interferon, called pegylated interferon, are available. These drugs (Pegasys and Peg-Intron) only need one injection a week and may work better against HBV. Pegasys and Peg-Intron are not yet approved for HBV treatment.

The success rate of the current drugs in bringing HBV viral load down to undetectable levels varies greatly: from 40% to 80%. Combination treatment may be a better way to go, but it is still considered experimental. At this point, it is best to work with a doctor who knows about both HIV and HBV so you can find the treatments that work well for you. 

*Daniel Raymond is the Hepatitis C Policy Analyst at the Harm Reduction Coalition in NYC and maintains a hepatitis C website at [www.hepcproject.org](http://www.hepcproject.org).*

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