

HEPATITIS C By Bertrand Toulouse

Treatment Guidelines

Hepatitis C is a slow, silent disease that often has no obvious signs or symptoms. Most people who are exposed to the hepatitis C virus (HCV) develop long-term, chronic infection. After many years, this can lead to scarring of the liver (cirrhosis) and liver cancer.

In June 2002, the National Institutes of Health (NIH) held a meeting to update its HCV treatment guidelines. The following are recommendations from the guidelines:

Diagnostic Tests

To determine if someone has been exposed to HCV, a blood test called enzyme immunoassay (EIA) is performed to detect HCV antibodies in the blood. All HIV+ people should be screened for HCV. In people who have weakened immune systems, the EIA test may not be accurate. For these people, EIA test results should be confirmed with an HCV PCR test.

Before Starting Treatment

Before starting HCV treatment, your doctor will need to assess your health (including your liver health), HCV genetic make up (called the genotype), current and past psychiatric history and current alcohol and drug use. Your doctor will also run blood tests and may request a liver biopsy (a small piece of liver tissue is removed using a needle and examined under a microscope). A liver biopsy is the best method to assess liver damage.

Who Should and Should Not Receive Treatment

Treatment is recommended for people who are at higher risk of liver damage and cirrhosis.

Whether or not to treat should be an individual decision for people who are co-infected with HIV and HCV or are actively using drugs or alcohol.

Some people should not receive treatment. These may include people with normal liver enzymes, those with little liver damage, those who have received organ

transplants, those with advanced liver disease and severe liver damage and those with other conditions that might make HCV treatment less effective or more risky.


It is important to discuss the risks and benefits of HCV treatment with your doctor. This should include a discussion of the HIV drugs you are taking and possible interactions with HCV drugs.

Treatment Recommendations

Combination therapy with pegylated (time-release) interferon (Peg-Intron or Pegasys) and ribavirin is the most effective treatment for people with chronic HCV. Duration of treatment depends on the HCV genotype – generally 48 weeks for people with genotype 1 and 24 weeks for people with genotype 2 or 3.

Alcohol Use

Studies have shown that people with HCV who drink alcohol are at greater risk for faster liver disease progression. Also, drinking alcohol can reduce the effectiveness of HCV therapy. Individuals who drink heavily should seek substance abuse counseling and stop drinking alcohol before starting HCV treatment.

The NIH guidelines can be found at: http://consensus.nih.gov/cons/116/091202116cdc_statement.htm 

Resources:

American Liver Foundation

1-800-GO-LIVER or
www.liverfoundation.org

Hepatitis Foundation International

(HFI) 1-800-891-0707 or www.hepfi.org

Bertrand Toulouse is a treatment advocate.

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