Hepatitis C: A Serious Threat

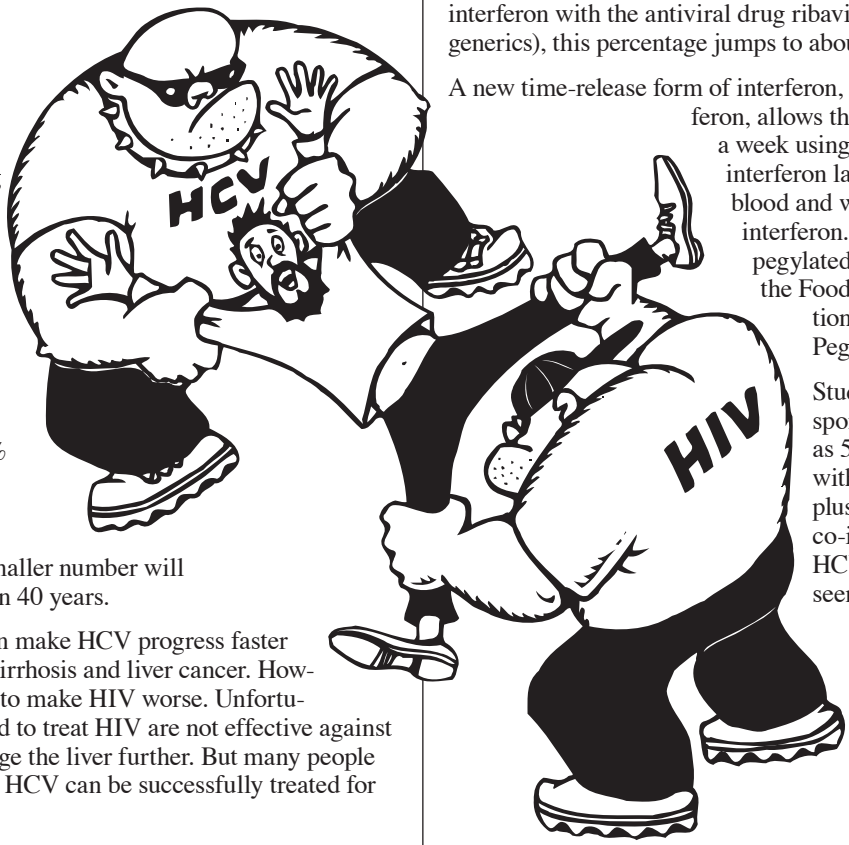
By Tim Horn

What is HCV?

HCV is a virus, like HIV. It can damage the liver and is the number one reason for liver transplants in the U.S. About 4 million Americans carry this virus, and most of them do not know it.

Do you have HCV?

Only blood tests, ordered by your doctor, can tell you. The virus is almost always spread by direct contact with blood. You might have it if you had a blood transfusion before 1992, if you ever shared needles or if you snorted cocaine with other people. While the risk of transmission through heterosexual sex appears very low, the risk seems to be higher among men who have sex with men. If any of these apply to you, it is important that you get tested.



Is HCV serious?

HCV is one of the leading causes of death in HIV+ people.

While a small percentage (up to 20%) of people infected with HCV can get rid of the virus naturally soon after it enters the body, most people will carry it for life. Up to 25% of these will experience liver fibrosis or cirrhosis (scarring) within 10-40 years after infection. A smaller number will develop liver cancer within 40 years.

Studies show that HIV can make HCV progress faster and increases the risk of cirrhosis and liver cancer. However, HCV does not seem to make HIV worse. Unfortunately, antiviral drugs used to treat HIV are not effective against HCV and may even damage the liver further. But many people co-infected with HIV and HCV can be successfully treated for both diseases.

When should HCV infection be treated?

Doctors decide whether to start treatment, and determine if it is working, by keeping an eye on your liver enzymes and the amount of HCV in your blood (HCV viral load). Both are routine tests that can be ordered by your doctor. However, neither of these tests reflects the amount of actual liver damage.

The only test that tells how much inflammation and scarring there is in your liver is a liver biopsy. In this test a thin needle is inserted through the skin into the liver to obtain a small sample to look at under a microscope. Biopsy results can show whether liver damage is severe enough to consider treatment.

Your doctor can also do a test to determine which of the 6 major types of HCV you have. These types are called genotypes. The most common are 1, 2, and 3. Genotypes 2 and 3 respond to treatment much better than genotype 1.

How is HCV infection treated?

Until 2001, the best treatment for HCV was standard interferon. Standard interferon is given by injection three times a week. Approximately 20% of people who take the drug can control the virus after a year of therapy, but relapse is common. By combining interferon with the antiviral drug ribavirin (Rebetol, Copegus, generics), this percentage jumps to about 35%.

A new time-release form of interferon, called pegylated interferon, allows the drug to be given once a week using higher doses. Pegylated interferon lasts a long time in the blood and works better that standard interferon. There are two brands of pegylated interferon approved by the Food and Drug Administration (FDA): Peg-Intron and Pegasys.

Study results show that response rates may be as high as 50-60% for people treated with pegylated interferon plus ribavirin. For people co-infected with HIV and HCV, the best response rate seen so far for this combination is about 40%. Even if treatment does not clear the virus from your body, some studies show that interferon can help prevent or even reverse liver damage due to HCV.

Both standard and pegylated interferon can cause side effects including fatigue, muscle and joint aches, nausea and depression. But greater attention to the management of side effects, including the use of antidepressants, has allowed more people to successfully complete interferon treatment.

Tim Horn is a writer and HIV treatment educator in New York City.