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Hepatitis C Review for Family Practice Clinic

Hepatitis C- What Is It?

- a small virus with a single-stranded RNA genome
- 1/4 of those infected progress to cirrhosis, and 1/4 of those develop hepatocellular carcinoma
- only 12-28% of infected Americans get treatment!

Who Should I Screen?

- CDC's new recommendation: ALL BORN BETWEEN 1945-1965
- prisoners or former prisoners (12-35% are infected)
- history of IV drug use or intranasal cocaine
- HIV infected patients
- patients with elevated ALT and no other explanation

What Should I Do Before Referring to Liver Clinic?

- vaccinate against hep a and b if necessary!
- order viral load and genotype
 - Genotype 1: common, less responsive, requires triple therapy with peg interferon, ribavirin, and a protease inhibitor
 - Genotypes 2 and 3: shorter treatment with just peg interferon and ribavirin
- patients who respond well tend to have genotypes 2 and 3, viral load less than 800K, white race, good adherence, younger age, no cirrhosis, IL28B polymorphism CC
- patients cannot be treated if they have decompensated cirrhosis (ascites, encephalopathy, bilirubin or INR over 1.5, platelets below 75K, albumin below 3.4)--> these patients must be cleared for liver transplant

What Should I Tell My Patients?

- if they don't have signs of fibrosis, they don't need to be treated (check with fibrospect, liver biopsy)
- stopping smoking and alcohol and losing weight can protect the liver
- side effects of treatment are significant (flu-like symptoms, anemia, depression, rashes) but cure is possible!
- it is important to be in a stable place in life with good emotional support to start treatment

References:

"Screening for and diagnosis of chronic hepatitis c virus infection," "Patient selection for antiviral therapy for chronic hepatitis C virus infection," and "Overview of the management of chronic hepatitis C virus infection" from UptoDate, printed 10/20/12