

Treating patients with psychiatric disorders for hepatitis C

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People with severe mental illnesses are far more likely to be infected with Hepatitis C virus compared to the general population, however, they often do not get treatment for their liver disease because current antiviral therapies have known psychiatric side effects.

“Against this epidemiological background, the article by Schaefer and colleagues, Hepatitis C treatment in psychiatric risk patients, represents an important study in the field,” write Sanjeev Arora and Cynthia Geppert, in the December issue of *Hepatology*, a journal published by John Wiley & Sons on behalf of the American Association for the Study of Liver Diseases (AASLD). Their editorial is also available online at Wiley Interscience.

“It provides an even stronger empirical foundation for the findings of other less methodologically rigorous studies showing that patients with HCV and comorbid psychiatric and substance use disorders have comparable sustained viral responses (SVR) and rates of depression when treated with antiviral therapies,” Arora and Geppert report.

While the National Institutes of Health once advised doctors against treating HCV-infected patients who continued to use illicit drugs, drink alcohol, or who had a psychiatric history, in 2002, the agency released a statement that said “efforts should be made to increase the availability of the best current treatments” to those patients.

Research has shown this approach to be feasible and effective, and it

also has important implications for public health. Still, doctors have been slow to act on the recommendation.

Arora and Geppert applaud Schaefer et. al's work with very difficult to treat patients and point out that the key to their success was the use of a multidisciplinary team. "The patients in this study were carefully screened and monitored and received extensive education and counseling," they point out. They also praise the work because it assessed both depressive and psychotic symptoms and demonstrates that neither diagnosis adversely affected SVR or outcome. Instead, the study adds to the growing body of evidence that shows using anti-depressant agents prior to and during HCV treatment can lessen, or even prevent, depressive reactions.

While Arora and Geppert point out that the small sample size in Schaefer et. al's study means that the conclusion that there is no difference in SVR between controls and patients with mental health diagnosis is stronger than the data can support, they praise the forward-thinking nature of the work.

"The value of Schaefer et al.'s work is precisely in contributing to the growing body of data that challenge hepatologists and mental health professionals to develop new medications and innovative programs that can further widen the door to admit these patients to HCV treatment," the authors conclude.

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