

Study finds those with more difficult to treat forms of HCV are half as likely to get treated

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A new study by Mount Sinai researchers has for the first time found that patients with more difficult to treat forms of hepatitis C are half as likely to initiate treatment for the disease, when compared to patients with hepatitis C that is easier to treat. Marital status also affected whether patients chose treatment, as did whether or not they had other diseases. The study is published in the November 1 issue of *Journal of Health Care for the Poor and Underserved*.

"Overall, only about 30 percent of [hepatitis C](#) patients choose to initiate treatment for the disease," said Thomas McGinn, MD, senior study author and Chief of General Internal Medicine at Mount Sinai School of Medicine. "It's a huge problem that needs to be addressed. This study confirms that [genotype](#) is a major barrier to treatment. We hope these findings will lead to changes in how physicians approach [patient care](#) in a way that increases the rate of treatment initiation."

Researchers analyzed all patients referred to Mount Sinai's Primary Care Treatment and Screening Program for [Hepatitis C](#) between January 2003 and May 2007. The analysis included all hepatitis C clinic patients who were eligible for treatment and to whom treatment was offered.

Of the 168 treatment-eligible patients, 41 began treatment and 127 chose not to. Patients with genotypes 1 and 4 of the disease, which are less responsive to treatment, were less likely to initiate treatment, as were unmarried patients and patients with multiple diseases, or medical comorbidities. Age, gender, language, race, and other risk factors were

not found to be significant in the study. Researchers found that:

- Only 21 percent of individuals with genotypes 1 and 4 initiated treatment, compared to 42 percent of patients with genotypes 2 or 3.
- 46 percent of patients who chose treatment were married, as opposed to just 19 percent of the patients who declined treatment.
- Patients who chose treatment had an average of 2.9 medical comorbidities, while patients who did not treat their hepatitis C had an average of 5.2 medical comorbidities.

"More research is needed to determine why these factors affect treatment initiation," said Dr. McGinn. "Because of existing studies on other diseases, we were not surprised that marital status and comorbidities were contributing factors to low treatment rates. However, this is the first study to associate hepatitis C genotype with lower rates of treatment initiation.

"Duration of treatment may be a factor," said McGinn. "Genotypes 1 and 4 of the disease require longer treatment courses, about 9 to 12 months, versus an average of 6 months for genotypes 2 and 3. It's possible the longer duration discourages patients from choosing treatment.

"Furthermore, patients with genotypes 1 and 4 often need a liver biopsy, which many patients incorrectly think are extremely painful. As a result of this study, Mount Sinai has started a program called 'Biopsy Buddies,' in which a patient who has already undergone a liver biopsy consults with a patient who needs one. We're hopeful that by building more support systems for patients we will increase the likelihood that they will

choose to receive treatment."

Source: The Mount Sinai Hospital / Mount Sinai School of Medicine

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