

Depression overlooked in patients with hepatitis C; compromising HCV therapy

July 20 2010

Researchers from Denmark, Sweden, Norway and Finland (the NORdynamIC project group) have observed that depressive symptoms in patients with hepatitis C virus (HCV) infection are commonly overlooked in routine clinical interviews, and that treatment-induced depression compromises the outcome of HCV therapy. A second U.S. study found that patients with chronic infection had lower (work) productivity and incurred higher medical benefit costs than those without HCV. Both studies are available in the August issue of *Hepatology*, a journal published by Wiley-Blackwell on behalf of the American Association for the Study of Liver Diseases (AASLD).

HCV is a blood-borne infection causing inflammation and destruction of liver cells. When inflammation lasts longer than six months there is ongoing liver cell injury which is defined as chronic HCV. The standard treatment protocol for chronic HCV is weekly injections of peg-interferon alfa-2a in combination with daily oral ribavirin for 24 to 48 weeks. However, this combination treatment can lead to major depression or other psychiatric complications in a number of HCV patients which may require premature termination of the antiviral therapy.

Peter Leutscher, M.D., Ph.D., and colleagues estimated the value of routine medical interviews in diagnosing depression in chronic HCV patients receiving peg-interferon/ribavirin therapy using the Major Depression Inventory (MDI). The MDI is a self-rating depression scale with a dual functionality in diagnosing major depression and in

measurement of depression severity. Of the 325 HCV patients enrolled in the study, 6% were observed with major depression at baseline. Among the remaining 306 patients, 37% (n=114) developed depression while on HCV combination therapy. "According to the MDI criteria, we found that only 32% of the 114 patients with major depression were correctly diagnosed during routine medical interviews," noted Dr. Leutscher.

Researchers also noted that the emergence of [major depression](#) frequently led to premature discontinuation of the peg-interferon/ribavirin therapy. Those patients with higher MDI scores (30 and over) were more likely to have a diminished treatment outcome. "A self-report instrument such as the MDI scale may be a useful tool for health providers to identify patients at risk for depression during HCV therapy," recommended Dr. Leutscher.

Another HCV study published this month in Hepatology compared healthcare benefit costs and productivity issues for patients with and without chronic HCV infection. A total of 339,456 U.S. subjects were evaluated—1664 employees with HCV and 337,792 in the healthy control. Rich Brook, lead study author said, "We found that employees with HCV infection experience significant health-related work absences, greater health benefit costs, and further comorbidity than those without infection."

Research results found HCV infected workers had 4.15 more total annual absence days and processed 7.5% fewer units of work per hour than those in the control group. Healthcare benefit costs were also significantly higher in the HCV group with a total incremental difference of \$8,352 per year, including \$490 in indirect (absence) costs.

Prior studies estimate that 180 million people are affected by HCV worldwide, and currently a vaccine to treat this disease is not available.

Experts project that HCV will lead to a substantial health and economic burden over the next 10 to 20 years. "Our research supports this finding and provides a real world evaluation of HCV's impact on productivity and healthcare benefit costs in the workplace," concluded Mr. Brook.

More information:

-- Article: "Evaluation of Depression as a Risk Factor for Treatment Failure in Chronic Hepatitis C." Peter Derek Christian Leutscher, Martin Lagging, Mads Rauning Buhl, Court Pedersen, Gunnar Norkrans, Nina Langeland, Kristine Mørch, Martti Färkkilä, Simon Hjerrild, Kristoffer Hellstrand, and Per Bech. *Hepatology*; Published Online: April 29, 2010 ([DOI: 10.1002/hep.23699](https://doi.org/10.1002/hep.23699)); Print Issue Date: August 2010.

-- Article: "The Impact of Hepatitis C Viral (HCV) Infection on Work Absence, Productivity, and Healthcare Benefit Costs." Jun Su, Richard A. Brook, Nathan L. Kleinman, Patricia Corey-Lisle. *Hepatology*; Published Online: May 26, 2010 ([DOI: 10.1002/hep.23726](https://doi.org/10.1002/hep.23726)); Print Issue Date: August 2010. This study is published in *Hepatology*.

Provided by Wiley

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