

Lack of health insurance limits hepatitis C patients' access to latest antiviral therapy

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New research has determined that patients in the U.S. with hepatitis C virus (HCV) are twice as likely to not have health insurance coverage compared with those without the disease. In fact researchers found only a third of HCV infected Americans have access to antiviral therapy; the remaining are either uninsured or not candidates for therapy due to treatment contraindications. Details of this study are published in the March issue of *Hepatology*, a peer-reviewed journal of the American Association for the Study of Liver Diseases (AASLD).

HCV is the most common cause of chronic liver disease, hepatocellular (liver) cancer, and <u>liver transplantation</u> in the U.S., with up to 85% of HCV-positive individuals (3.5 million) developing <u>chronic HCV</u> infection. Symptoms of chronic HCV are non-specific which can inhibit diagnosis and as many as 75% of patients are unaware of their HCV infection (Hagan et al., 2006). Furthermore, the <u>Centers for Disease</u> Control and Prevention (CDC) estimates that HCV causes 12,000 deaths in the U.S. each year.

"Successful treatment with antiviral therapy improves health-related quality of life in patients with HCV and could potentially reduce morbidity and mortality in patients," said Zobair Younossi, MD, MPH, from the Center of Liver Diseases at Inova Fairfax Hospital in Virginia and lead author of the study. "A significant number of HCV patients, however, may not even have access to antiviral therapy due to lack of adequate health insurance coverage." It is estimated to cost up to \$48,000 per year for monitoring and treatment of HCV.



For the current study, researchers analyzed health insurance status and treatment candidacy of HCV-positive individuals using 2005-2008 data collected from the National Health and Nutritional Examination Survey (NHANES). This information was collected via household interviews, physical examinations and extensive laboratory sample data from subjects who were 18 years of age or older and living in the U.S.

Analysis showed that 1.16% of study subjects were infected with HCV. Among those with HCV only 61% were insured compared to 81% of HCV-negative individuals. HCV infection was an independent predictor of being uninsured even after adjusting for demographic disparity in the HCV-positive group. Approximately 67% of HCV-positive patients were eligible for treatment, however only 54% of those treatment candidates had insurance coverage.

Some individuals with HCV may not be eligible for antiviral therapy due to contraindications to treatment. Previous studies have found that only half of HCV patients exhibit a positive response to peginterferon/ribavirin treatment. "The side effect profile of the current antiviral therapy requires careful selection of treatment candidates with a number of chronic conditions," said Dr. Younossi. The authors noted that patients with comorbidities such as active cardiac disease, severe depression, or renal failure are typically ineligible for antiviral therapy due to severe adverse events that may occur with treatment.

Research showed that only 36% of HCV-positive patients who were eligible for <u>antiviral therapy</u> had health insurance. "Access to care for HCV patients is critical. Our results have important implications for HCV-infected patients and should be considered as new health care reform legislation takes effect," Dr. Younossi concluded.

More information: "Insurance Status and Treatment Candidacy of Hepatitis C Patients: Analysis of Population-based Data from the United



States." Maria Stepanova, Fasiha Kanwal, Hashem B. El-Serag, Zobair M. Younossi. Hepatology; Published Online: February 11, 2011 (DOI: 10.1002/hep.24131); Print Issue Date: March 2011

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