

Studies: Current hepatitis C treatments can't be used by more than half of patients; others lose opportunity for treatment

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More than half of chronic hepatitis C patients studied in a new research project led by Henry Ford Hospital were not treated for the potentially fatal disease, either because they couldn't withstand current therapies or because they, or their doctors, were waiting for new treatments.

In a second, related study, Henry Ford researchers found that while the disease is not yet curable, there is a significant "lost opportunity" for hepatitis C [patients](#) to achieve the current best result of treatment.

Both studies are being presented at the annual meeting of the American Association for the Study of Liver Diseases being held in Washington, DC, Nov. 1-5.

Stuart C. Gordon, M.D., director of the Hepatology section at Henry Ford, and lead author of the first study, said it was launched because of a lack of information about the subject.

"Limited data exist concerning the clinical disposition of U.S. patients with [chronic hepatitis C](#) infection, including the reasons for lack of antiviral treatment," Dr. Gordon says. "Our goal was to add to that data."

The team collected electronic health records from four large American health systems of patients with confirmed chronic hepatitis C, a viral infection that progressively scars the liver and eventually destroys the

organ and its vital functions.

Of these 4,271 patients diagnosed with the infection and still alive through the end of 2011, the median age was 57; 57 percent were male; 29 percent were black and 97 percent were insured.

- 543, or 12.7 percent, had previously achieved a sustained virologic response (SVR), meaning the hepatitis C virus was suppressed to the point that it could no longer be detected in their blood for six months after anti-viral treatment.
- 110, or 2.6 percent, were currently on anti-viral therapy.
- Of the remaining 3,618 patients, 12 percent had never been followed up within the health care system, despite clinical confirmation that they had chronic hepatitis C.
- The majority, 55 percent, were not being treated, either because of "absolute contraindications" to current therapy – meaning the risk of available treatment is too high – or because either the patient or physician were waiting for newer therapies.
- Another 12 percent of patients had chosen not to start treatment, despite a doctor's recommendation to do so.

"These results confirm that only a small proportion of chronic hepatitis C patients in American [health care](#) systems who were still being followed at the end of 2011 had achieved an SVR with available antiviral regimens," Dr. Gordon said. The second study sought to identify "lost opportunities" to treat hepatitis C patients and achieve SVR, now the closest thing to a "cure" for the disease.

"We looked at data regarding testing for chronic Hep C, patient referral, patient visits and the start of treatment," explains Kimberly Ann Brown, M.D., division head of Gastroenterology at Henry Ford Hospital and lead author of the study's findings.

"In addition," Dr. Brown says, "we considered patient age, race, gender, income, marital status, psychiatric diagnoses and the number of comorbidities, or co-existing diseases."

The findings showed that of the 458 patients identified with a positive hepatitis C antibody, only 117 received confirmatory testing, were referred to a specialist and presented to the office for a visit. Of the 117 patients who came for the specialty visit, only 21, or 17.9 percent, were felt to be appropriate treatment candidates.

"This data speaks to the significant "lost opportunity" we have, not only in identifying patients with hepatitis C in our community, but also in providing them with appropriate [treatment](#) options," says Dr. Brown.

Provided by Henry Ford Health System

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