

Factors in long-term HCV morbidity, mortality analyzed

November 6 2013



(HealthDay)—For patients with hepatitis C virus (HCV), achieving an undetectable viral load correlates with reductions in the risk of clinical end points and death, according to a study published online Nov. 5 in *JAMA Internal Medicine*.

In an effort to describe the natural history of HCV in clinical practice, Jeffrey McCombs, Ph.D., from the University of South California in Los Angeles, and colleagues conducted an observational cohort study involving 28,769 [patients](#) with a detectable viral load (>25 IU/mL) and a recorded baseline genotype. Primary outcomes were time to death and time to a composite of liver-related clinical events. Secondary outcomes included components of the composite clinical outcome.

The researchers found that 24.3 percent of patients received treatment,

and 16.4 percent of these achieved an undetectable viral load (4.0 percent of all patients). Patients who achieved viral load suppression had an unadjusted death rate of 6.8 per 1,000 person-years, compared with 21.8 deaths per 1,000 person-years for those who did not achieve viral load suppression. Achieving viral load suppression correlated with a significantly reduced risk of the composite clinical end point (hazard ratio, 0.73) and risk of death (hazard ratio, 0.55). For all study outcomes, patients with genotype 2 were at significantly lower risk and those with genotype 3 were at higher risk, compared to patients with genotype 1. Black patients were at lower risk for all liver events versus white patients.

"Achieving an undetectable [viral load](#) was associated with decreased hepatic morbidity and mortality," the authors write. "It remains to be determined whether newer treatment regimens can offer higher response rates with fewer adverse effects in real-world settings."

Several authors disclosed financial ties or are employed by Bristol-Myers Squibb, which funded the study.

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Citation: Factors in long-term HCV morbidity, mortality analyzed (2013, November 6) retrieved 3 July 2024 from <https://medicalxpress.com/news/2013-11-factors-long-term-hcv-morbidity-mortality.html>

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