Treatment for hepatitis C

It is essential that you feel well informed before deciding on any treatment path. Talk to your GP and/or specialist or contact the Hepatitis C Council to talk with people who have had a personal experience of treatment. Most people would be able to take their time when making a decision about whether to commence treatment or not. Gain a good understanding of the stage of progression for your Hep C, current treatment options and what’s possibly going to be available in the future.

Many people are using complementary therapies to improve their health and general wellbeing. It is important to ensure that your practitioner is qualified and registered. It is also important to understand that some herbs can be toxic to the liver.

What does the treatment involve?

Using combination therapy involves:

- self-administering interferon subcutaneously (under the skin) once a week, for six months (for genotype 2 or 3) or twelve months (for genotype 1) and
- taking ribavirin capsules daily.

The course of treatment must be continuous.

Who is eligible for treatment?

To receive pegylated interferon and ribavirin combination therapy under the government subsidised scheme (S100) people with hepatitis C need to meet these criteria:

- Repeated positive hepatitis C antibody tests or active hepatitis C (tested with PCR)
- Not pregnant or breastfeeding
- Use contraception, with both partners taking precautions to prevent pregnancy both during treatment and up to 6 months after cessation of treatment
- Must be 18 years or older

Recently a second course of interferon/ribavirin treatment has become available for people who have not previously responded to treatment.

Adherence to the treatment regimen over either 6 or 12 months is important to gain the best chance of viral clearance, and people need to consider whether their drug and alcohol use is stable enough to support treatment compliance or whether they need to postpone treatment to a period of greater stability in their lives.

If you have genotype 1, severe fibrosis or cirrhosis, combination therapy will last for 48 weeks. In these instances, if a PCR test shows that the virus is still present after the first 12 weeks, the treatment will stop.

For people with genotypes 2 and 3, or less severe liver damage, combination therapy will last for 24 weeks.

Pegylated interferon monotherapy is available for people who cannot take ribavirin. This treatment involves taking pegylated interferon on its own and is available under the government subsidised scheme (S100).

If you are considering therapy, your general practitioner can refer you to your nearest treatment centre, which is usually located within a gastroenterology unit at a major hospital.
**Does this treatment have any side effects?**

Side effects of combination therapy vary for each person. Some people report no side effects while others may have flu-like symptoms, such as fever, chills, muscle aches and headaches. These are usually experienced in the first few months of treatment. Other side effects may include becoming forgetful, short-tempered, tired or depressed. Fortunately most side effects disappear once treatment has stopped.

- Interferon has been associated with depression and suicide ideation in some people, and people with a history of depression should have a psychiatric assessment prior to treatment. Many treatment centres also use antidepressants with combination therapy to maintain compliance.
- A potentially serious side effect of ribavirin is anaemia, and blood counts are monitored very closely, especially in the first few weeks of treatment, and doctors may reduce the ribavirin dose if necessary. Life-threatening complications are rare.

It is difficult to predict how people might respond to treatment, and what side effects might be experienced. Having few side effects does not mean that the treatment is not working.

Some people are anxious about commencing treatment with combination therapy because the interferon needs to be injected. Treatment centers should provide training for safe self-administration of interferon at home. Sharing these concerns with a friend, counsellor or nurse may reduce anxiety and help solve the problem. You could also discuss treatment issues with your Hepatitis Council.

**Where can I get more support and information to help me decide about treatment?**

Not everyone with hepatitis C needs treatment, and there can be many factors to weigh up to decide whether it is right for you at this time. You can speak to your GP or liver specialist about treatment. The Hepatitis Council in your state or territory can provide written information about a range of treatment issues, can answer many of your questions and talk to you about any concerns you have, and most Hepatitis Councils can put you in touch with other people who have been on treatment, so you can talk to them about their experiences.

If you decide to use combination therapy, the support of family, friends, coworkers and your partner (if you are in a relationship) will be invaluable.

Phone: **8362 8443** or **1300 437 222** (Regional Callers) Fax: 8362 8559 Email: [admin@hepccouncilsa.asn.au](mailto:admin@hepccouncilsa.asn.au).

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