

# HEPATITIS C TREATMENT IN A DISTRICT HOSPITAL

## INTRODUCTION

Infection by hepatitis C virus (HCV) is a major cause of chronic liver disease all over the world, and the clinical care of patients with liver disease associated with HCV infection have raised considerable advancements during last decades. The annual average incidence rate is estimated at 6.19 per 100,000 inhabitants in Europe.<sup>1</sup>

## OBJECTIVES

The aim of this study was the characterization of patients with Hepatitis C (HCV) under treatment in a Portuguese District Hospital.

## METHODS

Patients included in this study were followed in a Portuguese District Hospital between January 2012 and September 2014, have received treatment for HCV and who had at least one infectiology consultation in this period. Data were collected from the hospital computer system, and patient's data were collected anonymously, without patient identification. Data analysis was performed using SPSS v22.0.

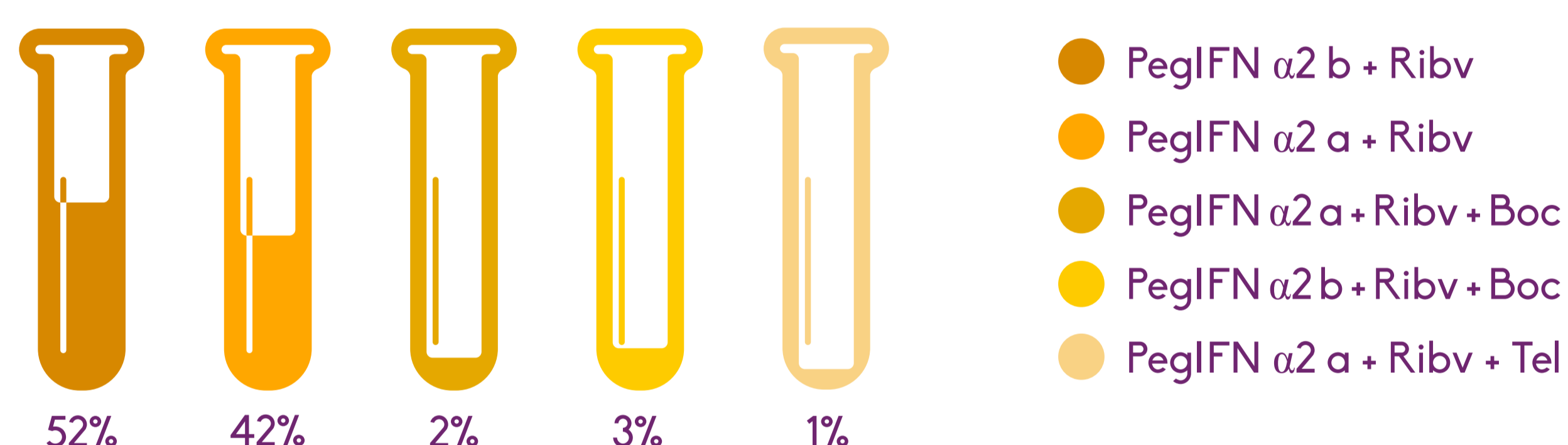


FIGURE 1: Treatment regimen's characterisation.

PegIFN: Pegylated Interferon; Ribv: Ribavirin; Boc: Boceprevir; Tel: Telaprevir

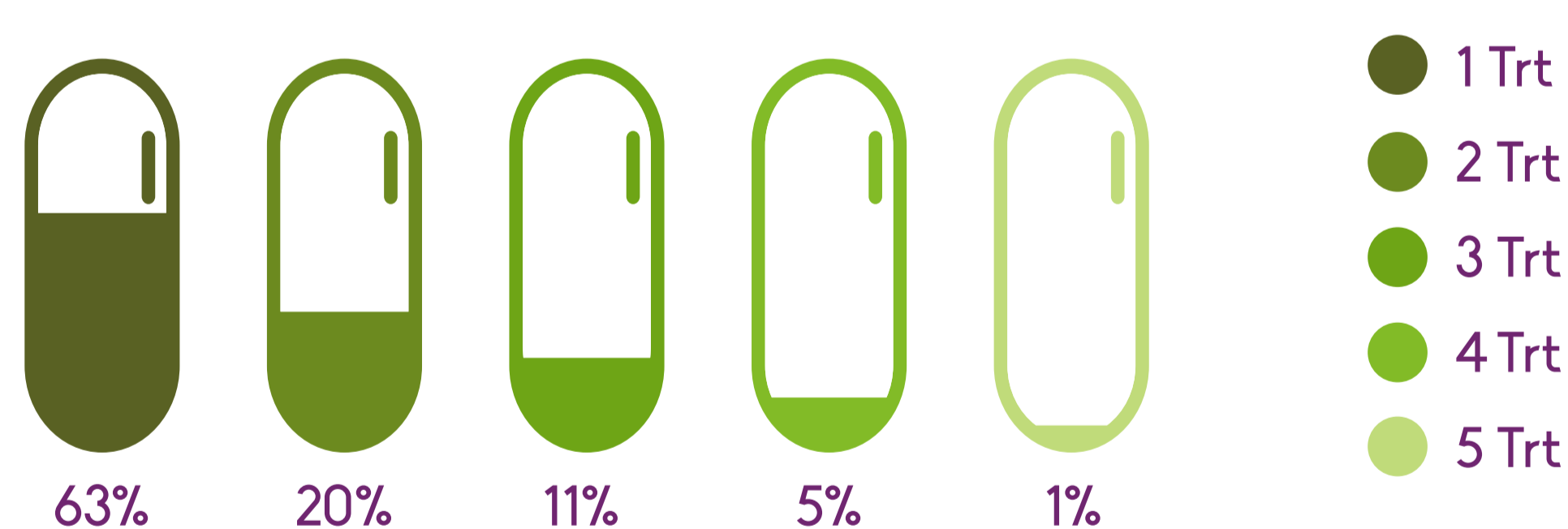


FIGURE 2: Number of treatments performed by patient.

Trt: Treatment

## CONCLUSION

From the results, the standard treatment for patients with HCV appears to be in accordance with the existing guidelines for the treatment of this pathology.

In the future it would be advisable further analysis and extended to other hospitals to assess the degree of compliance with currently existing guidelines for the treatment of this pathology.

## RESULTS

Were included in this study 87 patients who met the inclusion criteria, 75% (n=65) were males and 25% (n=22) female, with a mean age of 45±10 years. Most patients included in this study were Portuguese, resident in the Hospital district and nearby districts. Patients were diagnosed with HCV with a mean age of 33±11 years, were followed on average for 53.5 years in this Hospital, and were diagnosed with HCV on average 12±6.9 years ago.

Among these patients, 44% (n=38) had genotype 1, 2% (n=2) genotype 2, 17% (n=15) genotype 3, 13% (n=11) genotype 4 and 24% (n=21) with unknown genotype.

Treatment regimen's and number of treatments are described in Figure 1 and Figure 2.

Excluding patients who were receiving treatment at the time of data collection (September 2014), the average duration of all other treatments performed by patients was 82 months, and most (40%; n=51) of treatments performed by patients had a duration from 6 to 9 months.

## DISCUSSION

EASL indicates for patients infected with HCV genotype 1 the treatment with a combination of weekly PegIFN-α, daily weight-based ribavirin (1000 or 1200 mg in patients <75 kg or ≥75 kg, respectively), and daily sofosbuvir (400 mg) for 12 weeks. Additional 12 weeks of Pegylated IFN-α and ribavirin should then be administered alone for an additional (total treatment duration 24 weeks) in treatment-naïve and prior relapser patients, including cirrhotics, and for an additional 36 weeks (total treatment duration 48 weeks) in prior partial and null responders, including cirrhotics.<sup>2</sup>

For retreatment of HCV-monoinfected or HCV/HIV coinfecting patients with chronic hepatitis C who failed to achieve a sustained virological response (SVR) on prior antiviral therapy containing ribavirin, the association of PegIFN-α, RBV and either telaprevir or boceprevir.<sup>2</sup>

REFERENCES | 1. Blachier M, Leleu H, Peck-Radosavljevic M, Valla D-C, Roudot-Thoraval F. The burden of liver disease in Europe: A review of available epidemiological data. *J Hepatol.* 2013;58(3):593-608. | 2. Pawlotsky J-M, Al E. EASL Recommendations on Treatment of Hepatitis C 2015. *J Hepatol.* 2015;63:199-236.