What I do for a patient with hepatitis C

ASHLEY MILLER MB BS, FRACP

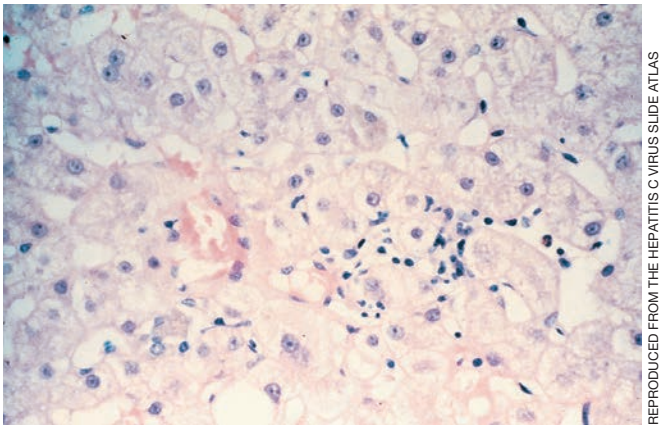
Hepatitis C is the most prevalent of the hepatic viral infections, affecting about 1.5% of Australians. This month, Dr Ashley Miller describes his approach to assessing and managing patients with this progressive liver disease.

Remember

- Chronic hepatitis C is a slowly progressive, fibrosing liver disease. It progresses to cirrhosis in approximately 25% of cases, although the process takes between 20 and 50 years.
- The initial infection is usually inapparent. Approximately 85% of exposed people will fail to clear the virus and become chronically infected.
- Hepatitis C should be considered as a possible cause of nonspecific symptoms or abnormal liver function tests, especially ALT.
- The possibility of hepatitis C should be considered in people who are at risk of infection. Risk factors include: a history of intravenous drug use, blood transfusion (especially a transfusion prior to 1990), imprisonment, tattooing and perinatal exposure (vertical transmission). The disease is more common in migrants from high prevalence areas (e.g. Asia and the Middle East).
- There is no increased risk of hepatitis C transmission among household or casual contacts. The risk of sexual transmission is low.
- Acute hepatitis C is uncommon but should be considered in patients with an illness that is suggestive of hepatitis (such as jaundice, fever, nausea or malaise). Chronic hepatitis C may cause lethargy and right upper quadrant discomfort; however, most patients are asymptomatic.
- Alcohol increases the risk of liver disease progression.

Assessment

- Risk factors for acquiring hepatitis C should be sought, and high risk patients should be offered testing. Patients should be assessed for signs of chronic liver disease (such as spider naevi and hepatomegaly), and counselled before and after testing.
- The routine test for hepatitis C infection is an antibody test. A positive result indicates exposure but not necessarily active infection.
- Perform liver function tests in all patients with hepatitis C. If ALT levels are elevated, liver function tests should be performed three times over a period of three to six months.
- In patients who are intravenous drug users, testing for hepatitis B virus and HIV should be considered.



REPRODUCED FROM THE HEPATITIS C VIRUS SLIDE ATLAS (SHERLOCK S, ED), COURTESY OF BLACKWELL SCIENCE

Figure. Mild chronic hepatitis is the most common histological finding in patients with hepatitis C.

Management

- Counsel patients about harm reduction, prevention and psychological issues. Intravenous drug users should avoid reusing injecting equipment. Give general advice to reduce percutaneous blood contact, such as cleaning and covering open wounds and not sharing razor blades or toothbrushes.
- Advise patients to minimise their intake of alcohol.
- Offer patients contact with local support groups.
- For a patient who is seronegative for hepatitis C virus, offer vaccination against hepatitis A and B.
- Antiviral therapy is indicated only in patients with persistently elevated ALT levels (that is, ALT found to be elevated three times in a period of three to six months).
- If a patient's ALT level is normal, the only treatment required may be 12-monthly ALT monitoring.
- Specialists can help to determine the severity of liver disease (usually by liver biopsy) and select patients for treatment.
- When indicated, therapy for chronic hepatitis C involves interferon (which is self-administered subcutaneously) in combination with oral ribavirin (Rebetron Combination Therapy) for up to 12 months. Efficacy is variable but averages around 50%. MT

Dr Miller is a Visiting Gastroenterologist, Department of Gastroenterology, St Vincent's Hospital, Melbourne, Vic.