Patient information from BMJ

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Hepatitis C: what are the treatment options?

Hepatitis C is an infection that can harm your liver. Many people don't know they have it, because you can go for many years without having any symptoms. Treatments can get rid of the virus.

What happens when you have hepatitis C?

The virus that causes hepatitis C is carried in human blood. You can catch it if blood from someone with the virus gets into your bloodstream and the virus is carried to your liver.

Some people's bodies fight off the virus naturally, without any treatment. This happens for between 15 and 45 in every 100 people who are infected with the virus. But many people aren't able to fight off the virus on their own.

If you have had the infection for more than six months doctors say you have **chronic hepatitis C**. Some people live for many years with chronic hepatitis C without having any health problems. But it can cause scarring in your liver (cirrhosis) and stop your liver working properly.

If your liver isn't working properly, all the jobs that it does are affected. These include:

- breaking down waste products in your body
- fighting infection, and
- breaking food down into a form your cells can use for energy.

Up to 20 in every 100 people who have chronic hepatitis C eventually get **cirrhosis** if they don't have treatment. Over time, cirrhosis can cause life-threatening problems, including liver cancer.

Should I have treatment - and when?

It's recommended that people with chronic hepatitis C have treatment unless they have a short life expectancy - for example, if they have another serious condition that could shorten their life.

If you have hepatitis C that isn't considered chronic you will want to discuss your options with your doctor. Treatment for hepatitis C takes several months and can have some unpleasant side effects. So it can sometimes be difficult to decide if, and when, to have treatment.

Here are some of the things you need to think about. You can talk them over with your doctor to decide what is best for you.

How old are you?

If you are younger than 18 or older than 60, the benefits of treatment may not be as clear as they would be for someone at a different age.

For example, not much is known about the effects of hepatitis C medicines in **children**. And someone who is older might have other health issues that could make treatment more difficult, or harmful. These are issues you should discuss with your doctor.

Is your liver damaged?

If you have hepatitis C, but you don't have any signs of liver damage, your doctor may say you don't need treatment now. But you might get liver damage in the future. You need to keep in touch with your doctor and have regular tests.

If you have mild liver damage there's a better chance that treatment will work than if your liver damage is more serious. You need to weigh up the chance that liver damage may get worse against the side effects of treatment.

If you have serious liver damage your doctor will probably suggest that you have treatment as soon as you can.

Will you be able to cope with the side effects?

You may get unpleasant side effects during treatment, which can be difficult to cope with. But this is less likely with newer medicines for hepatitis C (see below). It's important that you fully understand the possible side effects, so you can weigh these against the possible benefits of treatment.

What treatments work?

Medicines can help you get rid of the hepatitis C virus. This may stop any liver damage from getting worse and prevent future damage.

Types of medicines

The main treatment for hepatitis C used to be a medicine called interferon. But it is no longer recommended as there are several **newer treatments**that often work better than interferon, cause fewer side effects, and require a shorter period of treatment.

Another advantage of the newer treatments is that you take them as tablets or capsules, whereas interferon requires an injection.

The newer medicines are called **direct-acting antivirals**.

You take these medicines once or twice a day. You might take more than one of these drugs at a time. Or you might take a tablet that is a combination of several drugs. Treatment with these new tablets usually lasts between 8 and 12 weeks.

What treatments your doctor recommends depends on a few things.

What type of hepatitis C virus do you have?

There are six types of hepatitis C virus. They are called genotypes and are numbered 1 to 6. What genotype you have affects which medicines are most likely to work for you. Most people with hepatitis C in Western Europe have genotype 1, 2, or 3. You will have a blood test before you have treatment to find out which genotype you have.

Do you have certain medical conditions?

If you are **pregnant**, taking some of these medicines may harm your baby. Talk to your doctor about your options. You may want to wait until after you've had your baby to start treatment.

If you have **kidney disease, heart disease, or severe liver damage**, you may not be able to take some of the medicines. That's because some of them might make these conditions worse.

Have you been treated for hepatitis C before?

Treatment for hepatitis C doesn't always work. And sometimes it works for a while and then the virus flares up again. If you have had treatment for hepatitis C before you can have treatment again. But you might be offered different medicines.

What medicines are available where you live?

The newer medicines for hepatitis C have not yet all been approved in some countries. You can talk to your doctor about what treatments are available where you live.

Medicine side effects

The newer treatments for hepatitis C can cause **side effects** but these are usually not serious. Side effects can include tiredness, problems sleeping, a rash, itching, headaches, diarrhoea, and nausea.

The older hepatitis C medicines - peginterferon and ribavirin - sometimes cause more serious side effects. Peginterferon is no longer recommended for treatment of hepatitis C. But ribavirin is sometimes still used.

Common side effects of ribavirin are tiredness, feeling irritable, skin rashes, a stuffy nose, and coughing. More serious side effects can include anaemia (having too few red blood cells) and severe depression.

If your doctor suggests ribavirin as a treatment for you, he or she should discuss the possible benefits and side effects with you.

If you take ribavirin your doctor should make sure that you have regular blood tests to check for any problems.

Follow-up

The only way to see if treatment is working is to have blood tests to check for the virus. If your test is positive you still have the virus in your blood. If your test is negative you have no sign of the virus in your blood.

Most people have blood tests for the virus after four and 12 weeks of treatment. People with genotype 3 have an additional test after 24 weeks. If there is no sign the medicines are working your doctor will probably advise you to stop taking them.

The virus can come back after you have finished treatment. To be certain that the treatment has worked, doctors test for the virus again six months after you finish treatment. If there is no sign of the virus doctors say you have a sustained virological response (SVR for short).

You will also have tests to check how well your liver and kidneys are working.

Among people with the most common genotypes (1, 2, and 3), those with genotype 1 used to have a much smaller chance than people with genotype 2 or 3 of getting rid of the virus through treatment. But the newer treatments have changed this. Now, most people have no sign of the virus six months after they finish treatment.

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