

Patient leaflets from the BMJ Group

Hepatitis C: what treatments work?

Hepatitis C is an infection that can harm your liver. Many people don't know they have it, because there are often no symptoms for many years. There are treatments that may help you 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 is carried to your liver.

Some people's bodies fight off the virus naturally, without any treatment. This happens for 20 in 100 people. But usually the virus stays in your body.

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 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.

About 20 in 100 people who have been infected with hepatitis C for more than 10 years get scarring in their liver (cirrhosis). Over time, cirrhosis can cause life-threatening problems, including liver cancer. This happens to between 1 in 100 and 5 in 100 people with chronic hepatitis C, after 20 years or more.

When should I have treatment?

Treatment for hepatitis C takes a long time. It has some unpleasant side effects. And it doesn't work for everyone. So it's not easy deciding when to have treatment. Here are some of the things you need to think about. Talk them over with your doctor before you decide what to do.

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. But you may not be able to take one of the treatments (called ribavirin), because it can be harmful if you have bad liver damage.

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What type of hepatitis C virus do you have?

There are six types of hepatitis C virus. They have different genes, and are called genotypes. They are numbered 1 to 6. The type of hepatitis C virus you have affects the chances that treatment will work for you. If you don't know what type you have, ask your doctor. Almost all people in the UK who have hepatitis C have genotype 1, genotype 2 or genotype 3.

If you have genotype 2 or genotype 3, treatment is much more likely to work. You have about an 8 in 10 chance of getting rid of the virus with the standard treatment. Most doctors recommend people with these genotypes have treatment.

If you have genotype 1, you have only about a 4 in 10 to 5 in 10 chance that treatment will work. You'll need to weigh up this chance against the side effects of treatment.

Will you be able to cope with the side effects?

Treatment can take as long as 48 weeks. That's almost a year. And you may get unpleasant side effects like feeling depressed. You'll need plenty of determination and support to help you through this time.

Do you have any other medical conditions?

If you're pregnant, you can't take one of the treatments (ribavirin) because it causes serious birth defects in babies. Talk to your doctor about your options. You may want to wait until after you've had your baby before starting treatment.

People with HIV often have hepatitis C too. If you have both illnesses, doctors may adjust your HIV treatment while you have treatment for hepatitis C. That's because some drugs used to treat HIV can harm your liver or interfere with hepatitis C treatment. Your liver has a better chance of coping with the HIV drugs once you have got rid of the hepatitis C virus from your body.

If you have kidney disease, heart disease or bad liver damage, you may not be able to take ribavirin. That's because it can make these conditions worse. Talk to your doctor about your options.

If you inject illegal drugs, it may be hard to stick to taking regular treatment. You could also pick up hepatitis C again if you share needles or an injection kit with other people who use illegal drugs. But this doesn't mean you can't have treatment for hepatitis C. Talk with your doctor about how you are going to cope with treatment.

What treatments work?

You can take medicines to try to get rid of the hepatitis C virus from your body. Getting rid of the virus should stop any liver damage from getting worse and prevent future damage.

But the treatments don't work for everyone.

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Medicines

The standard medicines used to get rid of hepatitis C are called **pegylated interferon and ribavirin**. Taken together, they work for more than half the people who take them, and for 8 in 10 people with genotype 2 or 3.

Pegylated interferon is the newest form of a medicine called interferon. Brand names are Pegasys, PegIntron, and ViraferonPeg. You have it as an injection once a week.

Ribavirin is not used to treat hepatitis C on its own. But it helps pegylated interferon work better. Brand names are Rebetol and Copegus. You take it as a tablet or as a liquid.

If you have genotype 1, you may need to take both medicines for 48 weeks. If you have genotype 2 or 3, you may need to take them for 16 or 24 weeks.

They won't make you feel better in the short term. In fact, you might feel worse while you are taking treatment because of side effects.

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. If your test is negative, there is no virus in your blood.

It takes about 12 weeks to tell if this treatment is working. So, you will be tested about 12 weeks after you start treatment. 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 treatment is over. To be certain that the treatment has worked, doctors check to see if you are still free of the virus six months after you finish treatment. If you are, doctors say you have a sustained virological response (SVR for short).

Pegylated interferon alone works for some people, if they can't take ribavirin. One study showed that six months after treatment, almost one-third of people didn't have the virus any more. But it works better with ribavirin.

Medicine side effects

Common side effects of pegylated interferon include tiredness, aches and pains, feeling sick, losing weight, feeling irritable and depressed, and losing your hair (but it grows back).

The side effects are much worse at the start of the treatment. You may need to take treatments like painkillers or antidepressants to help in the early stages. Your doctor can help.

Ribavirin has many side effects. The most important one is that your body might stop making enough red blood cells. This is called anaemia. Some of the other common side effects are: tiredness, feeling irritable, skin rashes, a stuffy nose and coughing.

These medicines can cause more serious side effects. These happen to fewer than 2 in 100 people. They include problems with your thyroid gland; serious infections; a problem

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where your body makes hardly any white blood cells; a problem where your body makes hardly any platelets, which help your blood to clot; seizures; and severe depression.

While you are taking treatment, you will have regular blood tests to check for some of these problems.

If you are pregnant, ribavirin can harm your baby. Women who are pregnant or planning to get pregnant, and men whose partners are trying to get pregnant, should not take ribavirin. Talk to your doctor about contraception if you have been prescribed ribavirin. You need to take reliable contraception during treatment and for six months afterwards.

If you've had hepatitis C treatment before

You may have already had treatment for hepatitis C, using an older treatment called standard interferon on its own. This doesn't work for everyone. In some people, it works for a while and then the virus flares up again.

If you've been treated with standard interferon alone and the virus has come back, taking pegylated interferon with ribavirin may work for you.

But if you've been treated with pegylated interferon plus ribavirin already and it hasn't worked, there isn't any good evidence that having this treatment again will help.

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