Treatment of hepatitis C

It is important that all psychiatrists understand the advances in available treatments to people living with hepatitis C in order to provide best care.

- New direct-acting antivirals (DAAs) have been shown to be highly tolerable and effective in treating hepatitis C with cure rates of over 95%. [7, 14] There are several regimens which allow well tolerated, simple, once-daily oral dosing for 8–16 weeks depending on clinical needs. [7]

- In Australia the first of the new pangenotypic DAAs, Sofosbuvir/Velpatasvir was added unrestricted to the PBS list in 2017 and Glecaprevir/Pibrentasvir was added in 2018. In February 2019, Glecaprevir/Pibrentasvir was funded by Pharmac without restriction in New Zealand.

- DAA treatment regimens can be used for treatment-naïve people, people who have failed previous hepatitis C therapy, and people with liver cirrhosis although they require more extensive follow-up. DAA therapy can be used for both adults and children.

- Mental health conditions and substance use, including alcohol, do not disqualify patients from DAA therapy. Patients with substance use disorder before DAA therapy initiation may benefit from targeted on-treatment support. [15]

- DAAs confer minimal risk of additional neuropsychiatric side effects and neuropsychiatric symptoms often improve during and after hepatitis C treatment. [16]

- A number of patients who have been treated previously with interferon may avoid further treatment with DAAs owing to experience of previous side-effects. There is a critical role for psychiatrists in understanding the difference between DAAs and interferon in terms of side-effects and efficacy of treatment, and communicating this information to patients (see Box 1).

Box 1. Interferon: impact of past practice

Previously hepatitis C treatment centred on interferon, the use of which could produce a range of serious side effects, including neuropsychiatric adverse events in up to 40% of treated individuals, with 20–30% developing depressive symptoms and other potential reactions including mania, psychosis and suicidality. [17-19] Interferon may also exacerbate pre-existing psychiatric conditions and is therefore contraindicated for people with uncontrolled psychiatric symptoms. [17, 20] As a result of the side effect profile of interferon, it is estimated that around 20% of people did not complete treatment; even of those who did, only 50–60% were cleared of the virus. [14] Previous experience with interferon may contribute to misunderstanding, fear and stigma of DAA treatments.

The role of the psychiatrist

Screening and prescribing

- Psychiatrists are well positioned to assist in screening and identifying people with hepatitis C, and facilitating treatment. [11] This is important for people living with mental illness and for whom a psychiatrist may act as an early point of contact into the medical system. Initial screening for hepatitis C by psychiatrists is encouraged on entry to the service, and regular screening for patients who have ongoing risk, such as ongoing substance use. It is acknowledged that in many circumstances psychiatrists may not be the first point of contact, but should have awareness of hepatitis C to facilitate support as required.

- Psychiatrists should familiarise themselves with hepatitis C testing resources to help ensure access to the correct tests. Testing for hepatitis C includes two types of blood tests: