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Management of Hepatitis C

To the Editor: I found the article by Salazar and associates¹ to be most helpful in further documenting the growing threat of hepatitis C virus (HCV) as it relates to chronicity. Current estimates are that 3.5 million Americans have chronic HCV.² A few critical points are worth mentioning or clarifying, however, as family physicians begin to screen more of their patients with elevated aminotransferases for HCV.

Much is still not known about HCV, and recent data have described at least five different serotypes of the virus, which has major implications for disease progression, treatment, and the development of an effective vaccine.³ In regard to treatment, there is a growing consensus now recommending 12 months as opposed to 6 months of interferon alfa therapy.⁴ This self-administered drug must be given three times weekly and is not without considerable side effects, including extreme fatigue, myalgias, and depression.⁵ As a result, compliance is a major issue with interferon. Additionally, the cost of the drug, approximately \$5000 for a 1-year course of therapy, might not be covered by third party payers. And finally, previous clinical trials found that only about 50 percent of treated patients will initially respond to interferon therapy, and one half of this group will ultimately relapse.

I believe the bottom line with HCV is that before screening patients, both physician and patient need to be well-informed of the consequences of the results. Liver biopsy, expensive long-term injectable therapy, and frequent follow-up blood testing, as well as the ultimate potential for liver transplantation, are just some of the issues that must be discussed with the patient. I hope future studies of viral serotypes, HCV RNA levels, and the use of other antiviral drugs will allow physicians to better predict a therapeutic course of action in those whom we are screening.

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The above letter was referred to the authors of the article in question, who offer the following reply.

To the Editor: We thank Dr. Kirchner for his interest and comments regarding screening patients at risk for hepatitis C and subsequent treatment of those with the disease. Dr. Kirchner was correct in pointing out the existence of several serotypes of the hepatitis C virus. In fact, there are currently six major serotypes with a total of 11 subtypes of hepatitis C.¹ Genotyping can be useful in assessing response to interferon and can assist in the selection of patients who will respond to interferon treatment.² HCV RNA levels have also been used in assessing response rate to treatment³ in addition to interferon dose, liver histology, and duration of treatment. Prolonged treatments of HCV for 12 to 18 months have been shown to result in a better response in patients than the conventional 6 months of treatment,⁴ even in the absence of favorable biochemical response. At this point, the treatment is less than optimal, and further studies will be necessary to evaluate current and new therapies.

As family physicians, we are faced with the challenge of keeping up with the ever-growing knowledge of viral hepatitis and its treatment and the wide array of hepatotropic viruses recently discovered⁵ and those that yet have to be identified. We continue our efforts in the identification of hepatitis C and hope that others in the field of medicine will continue their search for better therapy.

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