

Hepatitis C remains major problem for HIV patients despite antiretroviral therapy

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A new study led by researchers at the Perelman School of Medicine at the University of Pennsylvania has found that the risk of hepatitis C-associated serious liver disease persists in HIV patients otherwise benefitting from antiretroviral therapy (ART) to treat HIV.

It has been suggested that ART slows hepatitis C-associated [liver fibrosis](#); however, whether rates of severe [liver](#) complications in [patients](#) co-infected with HIV and hepatitis C receiving ART were similar to those with just hepatitis C remained unclear.

The study, published in the March 18 issue of *Annals of Internal Medicine*, examined electronic medical record data of 4,280 patients infected with both HIV and [chronic hepatitis C](#) virus who were receiving ART, and 6,079 hepatitis C-only patients receiving care between 1997 and 2010.

It found that the HIV/hepatitis C-co-infected patients had an 80 percent higher rate of decompensated cirrhosis than hepatitis C-only patients. Even when co-infected patients had controlled HIV virus in response to ART, they still had a 60 percent higher rate of serious [liver disease](#) compared to those with hepatitis C alone.

"Our results suggest that serious consideration should be given to initiating hepatitis C treatment in patients co-infected with HIV and hepatitis C—particularly among those with advanced liver fibrosis or cirrhosis—in order to try to reduce the risk of serious, potentially life-threatening [liver complications](#)," said the study's lead author, Vincent Lo Re III, MD, MSCE, assistant professor of Medicine and Epidemiology in the division of Infectious Diseases and department of Biostatistics and Epidemiology at Penn, and an investigator in the Penn Center for AIDS Research. "By taking action sooner, we may be able to reduce the risk of advanced liver disease in co-infected patients."

This Penn-led study is the largest comparison to date of liver-related complications between antiretroviral-treated HIV/hepatitis C- co-infected patients and those with hepatitis C-alone.

Hepatitis C is a treacherous infection of the liver that can remain clinically dormant for years. The U.S. Centers for Disease Control and Prevention has reported that hepatitis C is the leading cause of cirrhosis, liver cancer, and the need for [liver transplants](#) in the nation. It is spread through contact with infected blood. Health experts estimate that more Americans die from it each year than HIV. Co-infection with [hepatitis C](#) occurs in 20-30 percent of patients with HIV infection, likely due to a shared route of infection.

Liver disease usually occurs in two stages: compensated and decompensated. In the earlier, less severe stage, the liver still can function normally by compensating for the damage. When extensive damage occurs and the liver can no longer function normally, decompensation occurs. The higher rates of serious liver disease found in co-infected patients in the Penn-led study were classified as liver decompensation.

The authors also found that rates of decompensation were higher for co-infected patients with advanced liver fibrosis, severe anemia, diabetes, and non-black race.

Provided by University of Pennsylvania School of Medicine

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