

Treatments for hepatitis C

Treatment for chronic hepatitis C combines two drugs called 'pegylated interferon' and 'ribavirin' and is known as 'combination therapy'.

How does combination therapy work?

Interferon is a natural substance produced by the body to respond to infection by boosting the immune system. Synthetically manufactured pegylated interferon is given in large doses to reduce the replication of the hepatitis C virus in the body.

Pegylated interferon has a molecular structure that helps it circulate longer in the blood; this means that pegylated interferon is only taken once a week.

Ribavirin is the other drug used in combination therapy. Ribavirin is a drug that alters the body's immune response to viruses, although exactly how it works is unclear. It has been shown to work best on the hepatitis C virus if used in combination with pegylated interferon. Ribavirin is taken orally, twice a day.

Ribavirin has been shown to cause birth defects in animals; because of this combination therapy is not available to women who are pregnant, intending to become pregnant or currently breastfeeding. This also applies to men whose partner is pregnant or thinking about becoming pregnant. People undergoing treatment and their partners must agree to use two forms of contraception during, and for up to six months after treatment.

How successful is combination therapy?

The rate of response to combination therapy depends on the genotype (or strain) of hepatitis C:

- Genotypes 1, 4, 5 and 6 have a success rate of around 50% (recent research shows that it is up to 70% in individuals treated when their liver disease is still minimal).
- Genotypes 2 and 3 have a success rate of around 80%.

Treatment success or cure occurs when a person achieves a 'sustained viral response'. This means that no traces of the virus is found in the blood immediately after therapy, and then again at six months after completing therapy.

Length of treatment

The usual length of treatment with combination therapy depends on the genotype of hepatitis C:

- 20 weeks for people with genotype 2 or 3.
- 48 weeks for people with genotype 1, 4, 5 or 6.

People may receive variations to the standard combination treatment if they:

- have substantial liver disease
- high viral load
- have other health conditions
- are taking other medication that is contra-indicated (can't be taken) with combination therapy.

Treatment checkpoints

Treatment checkpoints are where tests are taken and a decision is made whether or not to continue treatment. There are usually no treatment checkpoints for people with genotype 2 or 3 because these strains have a better chance of clearing the virus.

People with genotypes 1, 4, 5 or 6 can only continue treatment after the first 12 weeks if tests show either undetectable virus, or that the amount of virus in the blood (viral load) has significantly decreased.

People who have detectable virus, but whose viral load has significantly decreased will have another test at 24 weeks to see if the virus has become undetectable. If the virus is still detectable after 24 weeks, treatment will be stopped.

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Side effects

The drugs used in combination therapy can cause significant side effects for some people. These side effects vary from person to person – some people experience significant side effects, while others experience only mild to moderate side effects. It is important for people on treatment to tell their specialist or clinical nurse if they are experiencing any side effects during treatment.

Possible side effects of combination therapy may include: flu-like symptoms, thyroid dysfunction, breathing difficulties, depression, mood imbalances and exacerbation of existing mental illness, skin rashes, insomnia, fatigue and anaemia.

There are options available to help manage most side effects; your doctor may prescribe supplementary medication to counter them. Some people on treatment see a naturopath for complementary therapies to help deal with side effects. Your doctor should be advised of all medication you are taking including complementary therapies.

For a small number of people the side effects may be so severe that treatment may have to be discontinued.

Going on to combination therapy is a very individual decision and it's important to carefully consider whether the time is right for you. Treatment may have a significant impact on your lifestyle, work and relationships. Going on to treatment can be a stressful experience, both emotionally and physically. Having support from family, friends, support groups and/or health care workers can make a big difference to how you manage treatment.

How do I get treatment?

Treatment with combination therapy is usually done through specialists (gastroenterology, hepatology or infectious diseases specialists) in liver or hepatitis clinics located in major public hospitals. Your doctor can arrange a referral to one of these services in your local area.

Criteria for treatment

Treatment is subsidised by the government through the Pharmaceutical Benefits Scheme (PBS) under Section 100.

Subsidised treatment is available to:

- Australian citizens who are entitled to Medicare
- people who are chronically infected with hepatitis C
- women who are not pregnant or breastfeeding or considering becoming pregnant for up to 6 months after treatment finishes
- people 18 years or older

People who use illicit drugs are not excluded from treatment. Some hepatitis C treatment services are available through drug and alcohol agencies. Call the Hep C Infoline to find out more about these specialist services.

\$100 treatment co-payments

Although S100 drugs are free, a dispensing fee is charged. This fee is the same as for other medications covered by the PBS - around \$20 - \$30 for a month's supply, or around \$4 - \$5 per month for Health Care Card holders. Everyone on S100 treatments makes these payments until they reach the Pharmaceutical Benefits Scheme Safety Net threshold, and all PBS medicines count towards the threshold.

Liver biopsy

Since 1 April 2006, a liver biopsy is not a requirement to be eligible for treatment.

However, your doctor may recommend a liver biopsy, as it is still the most accurate way to see how much damage the virus has caused the liver, and whether or not you have cirrhosis. For some people this information can be useful when deciding whether or not to start treatment.

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Useful contacts

Hepatitis C Victoria

Hep C Infoline 1800 703 003

Office telephone: (03) 9380 4644

Email: info@hepcvic.org.au

Web: www.hepcvic.org.au

Medicare

Telephone: 13 20 11

Email: medicare@medicareaustralia.com.au

Web: www.medicareaustralia.gov.au

Pharmaceutical Benefits Scheme (PBS)

Telephone: 1800 020 613

Medicines Line

Telephone: 1300 888 763

Useful publications

Hepatitis C: Treat it, beat it

Available from Hepatitis C Victoria

This infosheet is intended as a general guide only. It is not intended to replace expert or medical advice.

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