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# Hope on the Horizon for Hepatitis C Sufferers

✖ Few words send as much fear and panic into a patient than a hepatitis C, or HCV, diagnosis. For those needing treatment, the cure can seem worse than the disease.

“Current hepatitis C treatment often causes significant side effects,” said Eugene Schiff, M.D., chief of the Division of Hepatology at the University of Miami School of Medicine and director of the Center for Liver Disease. “So many individuals avoid being treated. That’s unfortunate, because we can cure this infection in many people.”

With hepatitis, viruses and other factors inflame and damage

the liver, which can lead to hospitalization and even death. At least six different strains of the hepatitis virus have been identified, with hepatitis B and C considered the most serious strains and affecting the most individuals. In America, about 70 percent of HCV patients have genotype 1, considered the hardest to treat.

Hepatitis C is the most common blood-borne infection in the U.S., infecting about 4 million individuals. Intravenous drug use is the most common risk factor for hepatitis C. Others include pre-1992 blood transfusions, before blood screening for the virus began; tattooing; body piercing, and sexual intercourse, especially among those who participate in high-risk behavior.

"Testing is recommended for anybody who injected themselves with recreational drugs or had a transfusion before 1992," said Dr. Schiff. "Teenagers during the Vietnam War era who shared drug needles had no idea they might have picked up hepatitis C.

"Thirty-five years later, they give blood, or have a routine exam, and learn they have symptoms of HCV and are shocked this has been going on inside them insidiously for so long."

Hepatitis C is often called the "silent epidemic" because symptoms develop in less than half of those infected; fewer than 30 percent of HCV-infected patients even know they have it. Concern usually rises when symptoms appear. These can be vague and include appetite loss, fatigue, stomach pain, dark urine, and, in rare cases, "jaundice" (yellowed skin or eyes.)

While no vaccine currently exists, HCV can be treated. Highest response rates have come through the combination therapy of pegylated interferon and ribavirin. In clinical trials, 50 to 60 percent of individuals treated in this way cleared the hepatitis C from their bodies. Treatment can run for up to 72 weeks.

"We can't cure this infection in everyone," Dr. Schiff said. "For those with Genotype 1, the most common, we can cure about 40 percent. Those with Genotype 2 have a success rate up to 90 percent."

"Once diagnosed, the issue becomes, one, does the patient have significant underlying scarring of the liver or, two, if his case is mild, does the side effect profile outweigh treatment?" Dr. Schiff said. "In Genotype 1, if those beginning with a low viral level are put on pegylated interferon plus ribavirin. Many will achieve a cure after 24 weeks, although we don't recommend stopping at that point."

As for the side effects, Dr. Schiff said, "You can feel pretty lousy. Anxiety and depression can evolve. We use antidepressants to allow these people to stay on the medication. Some data suggests that the virus works on the neurologic system."

Additional side effects include lowered white blood cell production and anemia; medication can be given for these.

"A cure can come at a cost in many people who may suffer significant side effects," Dr. Schiff said. "They need a lot of support."

One example of support available is the free Be In Charge® program developed by Schering-Plough to provide information and help patients with chronic hepatitis C who are considering therapy or who are already taking PegIntron® (peginterferon alfa-2b) Powder for injection combination therapy. Be In Charge® supplements the support and information a patient gets from his healthcare provider, offering 24-hour nurse phone support, plus in-depth, easy-to-understand information about HCV symptoms, treatment, side effect management, and a Be In Charge® Web site ([www.BeInCharge.com](http://www.BeInCharge.com).)

"Treatment can be difficult for someone working full time," said Dr. Schiff. "But if they have significant scarring of the liver, it will progress to cirrhosis if untreated."

Dr. Schiff said the future of HCV treatment appears bright.

"We anticipate in the next eight years combinations of drugs targeting the virus and these protease and polymerase inhibitors will be administered orally. I doubt you'll need interferon then. With fewer side effects, we'll see an influx of patients now hiding to avoid those side effects."

But, Dr. Schiff warned, caution needs to be exercised. “In the interim, patients with mild forms of the disease can wait. But others cannot.”

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