Treat Hep C if HIV-Coinfected Have Advanced Fibrosis

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Those coinfected with hepatitis C virus (HCV) and HIV who have advanced fibrosis should receive treatment for hep C, because of the risk for developing liver decompensation, Healio.com reports. Publishing their findings in Clinical Infectious Diseases, investigators conducted a retrospective cohort study of 892 participants coinfected with hep C and HIV. The participants all had advanced fibrosis and were in care between November 1990 and June 2012. They had either never received hep C treatment or had not responded to previous treatment. To diagnose their liver fibrosis, the researchers gave them a liver biopsy or a liver stiffness measurement.

Out of the 317 participants who received a biopsy, 40 developed liver decompensation—a more advanced stage of liver disease—for a rate of 2.3 decompensations per 100 person-years. There was a 10 percent risk of developing liver decompensation within five years. Twelve participants who had stage 3 fibrosis at the beginning of the study developed decompensation, for an incidence of 1.4 per 100 person-years. Twenty-eight participants who had cirrhosis at the opening of the study developed decompensation, yielding an incidence of 3.1 per 100 person years.

Out of the 575 participants who received a liver stiffness measurement, 53 developed decompensation, for a rate of 3.98 decompensations per 100 person-years. The risk of developing liver decompensation within five years was 23 percent.

The researchers concluded that care providers should more proactively prescribe hep C therapy for those with advanced fibrosis.

To read the Healio.com story, click here.

To read the study abstract, click here.

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