



Those Not Cured by Hep C Treatment See Worse Health-Related Quality of Life

This finding was especially pronounced among those with cirrhosis, a history of depression, liver disease progression or liver cancer.

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People with hepatitis C virus (HCV) who undergo direct-acting antiviral (DAA) treatment for the virus but are not cured experience a decline in their health-related quality of life, Reuters Health reports.

Publishing their findings in *Clinical Infectious Diseases*, researchers analyzed data on 242 people who participated in clinical trials of hep C therapies and were not cured. The members of this cohort had all entered a posttreatment registry in which they were monitored for long-term health-related quality-of-life trends. The investigators used an assessment tool called the Short Form-36 instrument (SF-36), which includes eight domains of health-related quality of life as well as a mental and a physical component summary score.

Upon starting treatment for HCV, the cohort members had health-related quality-of-life scores similar to the general population. By the time they finished treatment, their scores (on a 0 to 100 scale) were an average of 3.4 to 6.2 points lower in five of the eight domains on the SF-36 and were also lower on the mental component summary score.

By the time the cohort members enrolled in the registry, all but one of the eight domain scores—the one for general health—had returned to their pretreatment levels. Twelve weeks into their time on the registry, none of the domain scores had improved compared with the levels seen before treatment or at enrollment in the registry.

While on the registry, the cohort members' scores in four of the SF-36 domains decreased significantly compared with pretreatment levels, as did those for both the mental and physical component summary scores. Compared with their scores seen at the entry into the registry, the cohort members experienced declines in two domains on the SF-36 after 12 weeks. Similar decreases occurred 24, 36, 48 and 96 weeks into the registry.

Those with cirrhosis tended to experience more pronounced declines in health-related quality of

life, as did those with a history of depression that predated their DAA treatment and those whose liver disease progressed or who were diagnosed with hepatocellular carcinoma (HCC, the most common form of liver cancer) while on the registry.

“Retreatment of these patients will be important not only to improve their clinical outcomes but also their quality of life,” the study authors concluded of those who are not cured by a course of DAAs.

To read the study abstract, [click here](#).

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