Hep C Treatment Helps Stop Cirrhosis Progression in Those Coinfected With HIV

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Hepatitis C treatment for those coinfected with HIV who have compensated liver cirrhosis helps prevent liver disease from progressing to decompensated cirrhosis, and it also lowers the risk of death, aidsmap reports. Spanish researchers published in the online edition of Clinical Infectious Diseases the findings of their prospective study of 166 coinfected people who had compensated cirrhosis—when the liver is scarred but still functions—at the outset of the study, which spanned 2001 to 2011. The participants were treated with pegylated interferon and ribavirin for 48 weeks.

A quarter of the participants achieved a sustained virologic response 24 weeks after completing treatment (SVR, considered a cure), and 21 people (21 percent) developed decompensated cirrhosis, which is a later stage of the disease and entails hemorrhaging, liver damage and other complications. Among those who achieved an SVR, 5 percent progressed to decompensated liver disease compared with 27 percent of participants who did not achieve an SVR. With a median follow-up period of 55 months among the cohort, the investigators found that the rate of disease progression was 0.89 per 100 person-years for those who responded to treatment, while those who did not achieve an SVR had a progression rate of 6.4 per 100 person-years.

The probability of progressing to the more serious form of liver disease for those with an SVR one and three years after therapy, respectively, was 0 and 4 percent compared with respective probabilities of 15 and 32 percent for those who did not achieve an SVR.

During the follow-up, there were 24 deaths, comprising 15 percent of the cohort. Five percent of those with an SVR and 22 percent of those without an SVR died. The resulting mortality rate was 0.87 per 100 person years for those with an SVR and 4.1 per 100 person-years for those without.

To read the aidsmap story, click here.

To read the study abstract, click here.