



# Heart Disease Risk for People With Hep C Elevates as Fibrosis Worsens

A study of veterans also found, as other studies have, that treating the virus helps mitigate the risk of cardiovascular disease.

April 1, 2019 By [Benjamin Ryan](#)

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The risk of cardiovascular disease (CVD) among people with hepatitis C virus (HCV) rises as their liver fibrosis (scarring) worsens. Treating the virus helps mitigate this risk.

Presenting their findings at the 2019 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle, researchers studied data on veterans from the ERCHIVES cohort. They assembled a cohort of 32,575 people with HCV who had received more than seven weeks of treatment for the virus. They matched this cohort with a group of the same size including people with untreated hep C.

The study excluded those with HIV, hepatitis B virus and who had previously been diagnosed with CVD.

The median age of cohort members was 58 years old. A total of 56.1 percent of them were white, 26.8 percent were Black and 3.7 percent were Latino. Ninety-six percent were male.

During the study's follow-up period, the CVD diagnosis rate per 1,000 cumulative years of follow-up among those who were treated for HCV was 19.3 diagnoses among those with no or mild fibrosis, 19.9 diagnoses among those with moderate fibrosis and 24.5 diagnoses among those with advanced fibrosis or cirrhosis. Among those who were not treated for HCV, the diagnosis rate per 1,000 cumulative years of follow-up among the three stratified fibrosis groups was 25.6, 33.2 and 44 diagnoses, respectively.

This translated to a percentage point difference in diagnosis rates between those who were treated versus those who were not treated for HCV of 6.3 among those with no or mild fibrosis, 13.3 among those with moderate fibrosis and 19.5 among those with advanced fibrosis or cirrhosis.

The study authors concluded that HCV treatment lowers CVD risk the most among those with the most advanced fibrosis.

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

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