Treating Hepatitis C Reduces Risk of Cardiovascular Disease

Direct-acting antivirals lower this risk to a greater extent than interferon-based regimens.

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People with hepatitis C virus (HCV) have a lower risk of cardiovascular disease (CVD) if they receive treatment for the virus, in particular if that treatment is with direct-acting antivirals (DAAs) rather than interferon-based regimens, MedPage Today reports.

Publishing their findings in Gastroenterology, researchers reviewed data from the Electronically Retrieved Cohort of HCV-infected Veterans and identified 242,689 with hep C. Among them, 4,436 were treated with interferon-based regimens while 12,667 received DAA regimens. The study authors drew upon the wider cohort of people with HCV to match the treated individuals according to age, race, sex and other baseline characteristics.

No one in the overall cohort used for the study's analysis had been diagnosed with a CVD health event upon entry into the electronic database.

A total of 1,239 (7.2 percent) of those in the treated group were subsequently diagnosed with a CVD health event, as were 2,361 (13.8 percent) of those in the control group. This translated to a diagnosis rate per 1,000 cumulative years of follow-up of 20.3 diagnoses in the treated group and 30.9 diagnoses in the control group. After adjusting the data to account for differences in the cohort members' baseline atherosclerotic CVD score (a calculation of CVD risk), they found that the diagnosis rates were comparable between the two groups.

Compared with not receiving treatment, being treated with interferon plus ribavirin was associated with a 22 percent reduction in the CVD health event diagnosis rate, while being treated with DAAs was linked to a 43 percent reduction in the diagnosis rate. The diagnosis rate per 1,000 cumulative years of follow-up was 23.5 diagnoses in the interferon group, 16.3 diagnoses in the DAA group and 30.4 diagnoses in the controls.

Factors associated with a higher risk of a CVD health event diagnosis included having advanced liver fibrosis (compared with no or minimal fibrosis), increasing age, male sex, current smoking, obesity, irregular blood lipids, diabetes, advanced chronic kidney disease and high blood pressure.

To read the MedPage Today article, click here.

To read the study abstract, click here.

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