Yes, Curing Hep C Is Tied to Improved Liver and Cognitive Health

Danish researchers followed 71 people who were cured with Sovaldi-based treatment.

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Curing hepatitis C virus (HCV) is associated with improvements in liver fibrosis (scarring), inflammation and function as well as cognitive performance.

Publishing their findings in the Journal of Viral Hepatology, a Danish research team led by Tea Lund Laursen, MD, of Aarhus University Hospital in Aarhus, Denmark, followed 71 people before, during and one year after successful treatment with a Sovaldi (sofosbuvir)-based treatment regimen.

Thirteen of the participants had been treated for HCV before.

The study authors assessed the participants' liver inflammation over time by measuring the biomarkers sCD163 and sMR in their plasma; fibrosis through transient elastography (FibroScan) tests of their liver stiffness; liver function by galactose elimination capacity (GEC); and cognitive performance by the continuous reaction time (CRT) test.

Before treatment, 15 (21%) of the participants had advanced liver fibrosis and 56 (79%) had cirrhosis. The median liver stiffness was 22 kilopascals according to FibroScan. Fifty-four of the participants received GEC testing before treatment and had a median value of 1.73, which means they were at 59% of normal. Forty-four participants had a pretreatment CRT performed and an average CRT index of 1.86, which is below the normal level of 1.9 and suggests minimal hepatic encephalopathy, or a decline in brain function driven by liver disease.

While the study participants were on direct-acting antiviral (DAA) treatment for HIV, they experienced a rapid decline in their sCD163, from 6.9 milligrams per liter before treatment to 3.8 mg per liter at the end of treatment. However, the sMR only declined from 0.37 to 0.30 mg per 1iter during this period.

By the end of treatment, liver stiffness had dropped by 20%, from 17.8 to 13.4 kilopascals. This suggested a rapid resolution of liver inflammation.

One year after the end of treatment, liver stiffness declined by an additional 15%, which suggests

regression of fibrosis.

The GEC improved from 1.74 millimoles per minute at the study's baseline to 1.98 mmol per minute one year following the end of treatment, with the greatest improvement seen at the 12-week mark after the end of treatment. This finding held true both for people with cirrhosis and those with advanced fibrosis.

At the one-year posttreatment point, the CRT had improved to 2.09 from 1.86 at the study's baseline.

"In conclusion, successful DAA therapy of [HCV] proves beneficial in advanced liver disease, with an initial rapid resolution of liver inflammation and a subsequent gradual but steady improvement in liver fibrosis, metabolic liver function and reaction time," the study authors concluded.

To read the study abstract, click here.
