Hepatitis C and mental illness

In May 2016, the UK signed up to the World Health Organisation (WHO) Global Health Sector Strategy (GHSS) on Viral Hepatitis, which commits participating countries to the elimination of hepatitis C as a major public health threat by 2030.

Most recent estimates suggest that around 160,000 individuals in the UK are chronically infected with the hepatitis C virus (HCV) (Public Health England, 2018). Data from UK surveys of patients who inject drugs (PWID) do not suggest any reduction in numbers of new HCV infections over recent years. Estimated prevalence of hepatitis C infection among intravenous drug uses was 27% in 2016, compared with 24% in 2008 (Public Health England, 2018).

Psychiatrists need to be aware of the important and complex issues involved in the treatment of substance use disorders (SUD) presenting with co-occurring severe mental illness and HCV infection.

The aim of this module is to explore the relationship between hepatitis C and mental health and to offer guidance on management. This is particularly applicable to addiction and liaison psychiatrists as they deal with the complex areas of hepatitis C, substance misuse and the effects on physical and mental health.

**Hepatitis C**

- HCV genotypes 1a or 1b account for 70–80% of the cases in USA and Europe.
- About 25% of those infected may clear the virus following acute infection.
- About 20% will develop acute hepatitis.
- About 20–30% of those infected develop advanced liver disease or cirrhosis within 20 years.
- A small percentage will develop hepatocellular carcinoma.
- Alcohol consumption, old age, male gender, Asian origin, co-infection with other blood-borne viruses, BMI above 25 and smoking are risk factors for disease progression.

**Injecting drug use and Hepatitis C: the risk factors**

- The most important risk factor for HCV infection is current or past injection drug use, with injecting drug users at greatest risk from infection in their first year of injecting.
- There is a high prevalence of HCV infection amongst prisoners.

**Diagnosis and testing**

- An HCV test should be offered to individuals at excess risk of infection, as recommended in national and international guidelines.
- 50% of all UK infections are by genotype 1.
- Psychosocial factors should be assessed as these can impact on disease progression, access and adherence to treatment.
- It is important to follow up from a needle-stick injury.
Treatment issues

- General measures in HCV treatment would be to ensure continued adherence to:
  - substance use disorder (SUD) treatment
  - lifestyle modifications
  - hepatitis B immunisation.

- The success rate and tolerance of antiviral treatment in chronic hepatitis C has considerably increased in recent years with new direct-acting antivirals (DDAs).

- NICE (2017) recommends DDAs for treatment of chronic hepatitis C.

- Being in treatment for SUD increases access to specialty care for liver disorder and this crucial element should be the lead role for a psychiatrist.

Neuropsychiatric symptoms and management

- Inconsistent assessment and management by psychiatrists can lead to under-reporting of neuropsychiatric symptoms from HCV infection.

- Patients with HCV infection have a greater vulnerability to depression than other patients with liver disorders.

- Fatigue, depression, anxiety and cognitive impairment are common in patients suffering from HCV infection.

Further reading


Useful websites

NICE
SMMGP
SIGN