



# Hepatitis C is now curable

Contributed by Dr Tony Farrell

Dr Tony Farrell is a general practitioner in Mount Maunganui and has a Fellowship in Addiction Medicine. He has a special interest in managing patients with hepatitis C in primary care and has kindly agreed to share his experiences and thoughts with our readers. With the addition of Maviret to the pharmaceutical schedule, providing curative treatment to people with hepatitis C is now easier than ever and Tony encourages all primary care clinicians to find their “hepsters” and make a difference in their lives.

It is so rewarding to be able to tell a patient with a stigmatised and progressive chronic disease that we can cure them within eight weeks. As a hope salesman, that’s about as good as it gets. Over 25 years ago, my first patient diagnosed with hepatitis C was thrilled that I had figured out the cause of her liver dysfunction, but the ensuing hepatoma turned her relief into dismay, and she died an angry woman.

My work over the years with patients who experienced difficulties with alcohol and other drugs led to multiple hepatitis C diagnoses, but I often found that patients had variable motivation to go into treatment – and for good reason. Interferon and liver biopsies were notoriously arduous, and my observations of the sallow pallor of those willing to endure flu-like side effects for a year made me more understanding of those who wished to risk cirrhosis and cancer instead. Recently during a consultation a patient recalled just how bad he had felt during that treatment due to sleep disturbance, sweats and low mood. He even said some nights he didn’t think he would make it to morning. No wonder many patients have tested

positive in the past and are still sitting in our practices with malaise and surreptitious scarring of their liver.

The sheer pathological load of the hepatitis C virus is striking when you have a number of patients with hepatitis C to look after. I have witnessed the death of two patients after clearing their 20-plus years of hepatitis C infection using interferon. One I had to advise had an incurable gallbladder cancer, and the other developed a fever of unknown origin and died three weeks later from a fulminant lymphoma. Currently I have a patient who is doing well after liver transplant for hepatoma, one who might get a transplant if things go well enough, and a further patient dying at present as his liver cancer is too advanced.

## The stigma of hepatitis C is a significant barrier to treatment and acceptance

The stigma of hepatitis C is another significant reason as to why a large proportion of people don’t receive treatment. My own biases have become most apparent to me, especially realised