

## Medicine for Managers

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# Hepatitis C

**Like hepatitis A and hepatitis B, hepatitis C is a virus which also attacks the liver. Whilst everyone has heard about hepatitis B, hepatitis C is a more shadowy disease. It is estimated that between a quarter and half a million people in England and Wales have the disease**

Hepatitis C is common in other parts of the world. Millions of people are infected with the virus every year.

The big problem with identifying hepatitis C is that 80% of those people who contract the disease don't have any symptoms. When symptoms are present they are usually non-specific and vague. They include flu-like symptoms, tiredness, weight loss, general aches and pains, low grade fever, headaches, episodes of sweating, nausea, loss of concentration and intolerance of alcohol which may cause pain in the liver

area (below the ribs on the right side). Patients with hepatitis C **do not** develop jaundice, which occurs with other liver diseases.

Infection usually occurs through blood-to-blood contact, so sharing needles using recreational or addictive drugs is a common

route. Other methods are through body piercing of various types. It can be transmitted by sharing toothbrushes or razors and also through sexual intercourse, although sexual transmission is uncommon.

Because of the (often) very long period

between acquisition and diagnosis, the route of infection may not be known.

Following infection, the course of the disease is unpredictable. About a quarter of patients clear the virus from their bodies with their own immune system in between two and six months. However, if the

body's defence system does not destroy the infection within six months, it will persist indefinitely. The consequences of the infection are very variable. Some patients will remain well and experience no liver damage. In such patients diagnosis is usually by chance. Many of the sufferers will, however, develop mild to moderate liver

*Information is  
available at The  
Hepatitis C Trust on  
0845 223 4424  
[www.hepctrust.org.uk](http://www.hepctrust.org.uk)  
or from the Liver  
Trust*

damage. About twenty percent of patients will develop cirrhosis (destruction of normal liver cells and replacement with scarring) within about twenty years and the number of sufferers will increase steadily with time. In severe cases the cirrhosis may lead to liver failure, in which case a liver transplant may be the only option for treatment. Other factors that speed up liver damage are alcohol consumption and co-existing HIV infection. Patients with cirrhosis have a greater risk of developing liver cancer.

Hepatitis C can be treated with drug therapy. The decision to treat may be made after the particular strain of the virus has been identified and the degree of liver damage has been assessed using blood tests and, often, liver biopsy. Recognised therapy includes interferon and ribavirin, drugs which help the body's immune system to overcome the virus and which are usually used in combination. The therapy is effective in about half the cases treated. Some patients are not cured but the treatments may be partially effective by reducing liver inflammation. There are also newer drugs which act directly on the virus blocking enzymes which are necessary for it to replicate.

Of course the best approach is not to catch the infection and simple precautions such as avoiding sharing needles, ensuring that any tattoo or piercings are carried out at reputable centres with appropriate sterilisation procedures and avoiding casual sexual relationships without ensuring that barrier contraception is used are effective. A

person infected with hepatitis C cannot act as a blood donor.

Doctors are required to inform the local authority if the diagnosis is made because the disease is notifiable.

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