Hepatitis C: New Help Is on the Way

And not a second too soon for those with HIV

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A quarter of a million Americans have both HIV and hepatitis C. Therapy is tricky, since HIV speeds liver disease and undermines hep C therapy. But some new meds in development could transform the treatment of the "other" virus.

Treating hep C typically takes a year of weekly pegylated interferon shots plus daily ribavirin pills—and often results in a hefty dose of side effects. Many people avoid the therapy because they are "deathly afraid" of those side effects, says advocate Jules Levin. What's more, the combo works in fewer than half of those who also have HIV. That's why Levin says better, safer hep C drugs are "crucial."

Some new meds may hit the market within the next three years.

Leading the pack: a nucleoside analog (nuke), viramidine, could replace ribavirin—and its side effects. It's now in Phase III clinical trials and could be approved as early as 2007.

Next in line: Another nuke, valopicitabine, looks more powerful than ribavirin, and its main side effect so far is a few days of nausea. Expect Phase III trials in mid-2006.

Bringing up the rear: Two hep C protease inhibitors—SCH 503034 and VX-950—are now in Phase II trials. VX-950 promises to cut therapy to as little as three months—and could seek approval in 2008.

Liver specialist Douglas Dieterich, MD, warns that these drugs still need interferon and haven't been tested in coinfection (viramidine and valopicitabine promise such trials later this year). Should coinfected folks wait for the new meds? No, say Dieterich and Levin. "Be very careful of postponing hep C therapy," Levin says, because "studies show some coinfected people progress to serious liver disease much faster." Let's hope hep C med development can keep up.

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