When to Treat Hep C?

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Q: I have both HIV and hepatitis C virus (HCV)--so far without HCW-related symptoms. But on my most recent test, my liver enzymes were elevated. Should I start the alpha interferon/ribavirin combination (such as Rebetron) approved for HCV treatment?

--P.J., San Bernardino, CA

Douglas Dieterich, MD
Investigator, American Foundation
for AIDS Research study of ribavirin/alpha interferon vs. alpha
interferon alone for people with HIV and HCV, New York City

Patients found to have both viruses should be treated the same as those with HCV alone—early intervention with ribavirin/interferon—in tandem with the usual antiretroviral therapy. The old studies that found interferon to be immunosuppressive for people with HIV were done along with high doses of AZT; most of today's doses are much lower. The real worry is the ribavirin, which can lower the effectiveness of AZT and d4T. But in general, as soon as you know you have hepatitis C, you should begin treatment, since your immune system isn't getting any younger. We haven't seen any problems so far in our study.

Joseph Sonnabend, MD
Longtime AIDS specialist in New York City and leading expert on interferon

The answers on how to treat coinfection are not yet clear. The advice I often hear—get treated, willy-nilly—is wrong: We have long known that when a person's AIDS gets worse, interferon levels go up. Some HIV/HCV coinfected people on interferon have a crash in CD4 cells, and although the cells may come back later, we don't know yet who is appropriate to treat in this manner and thus take the risk. You first have to assess a person's specific situation with both diseases. People with low CD4 counts should be very cautious and may want to wait, unless HCV disease is advancing. For those with high CD4 counts, there is less risk from ribavirin/ interferon and it may be worth trying. Either way, anyone on interferon should carefully monitor their CD4 count.

This column contains general medical information only. Consult your physician before making treatment decisions.

Interviews by Maia Szalavitz