

Treat Hep C if HIV-Coinfected Have Advanced Fibrosis

August 26, 2013

Those coinfecting with hepatitis C virus (HCV) and HIV who have advanced fibrosis should receive treatment for hep C, because of the risk for developing liver decompensation, Healio.com reports. Publishing their findings in *Clinical Infectious Diseases*, investigators conducted a retrospective cohort study of 892 participants coinfecting with hep C and HIV. The participants all had advanced fibrosis and were in care between November 1990 and June 2012. They had either never received hep C treatment or had not responded to previous treatment. To diagnose their liver fibrosis, the researchers gave them a liver biopsy or a liver stiffness measurement.

Out of the 317 participants who received a biopsy, 40 developed liver decompensation—a more advanced stage of liver disease—for a rate of 2.3 decompensations per 100 person-years. There was a 10 percent risk of developing liver decompensation within five years. Twelve participants who had stage 3 fibrosis at the beginning of the study developed decompensation, for an incidence of 1.4 per 100 person-years. Twenty-eight participants who had cirrhosis at the opening of the study developed decompensation, yielding an incidence of 3.1 per 100 person years.

Out of the 575 participants who received a liver stiffness measurement, 53 developed decompensation, for a rate of 3.98 decompensations per 100 person-years. The risk of developing liver decompensation within five years was 23 percent.

The researchers concluded that care providers should more proactively prescribe hep C therapy for those with advanced fibrosis.

To read the Healio.com story, [click here](#).

To read the study abstract, [click here](#).