Psychiatric Outcomes in a Resident-Run Multidisciplinary Hepatitis C Clinic

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PURPOSE:

Hepatitis C virus (HCV) is a major public health problem in the United States with an estimated 4 million people infected[1]. The treatment of this disease with peginterferon alfa 2a (PEG-IFN) is often complicated by a variety of neuropsychiatric symptoms. Patients with HCV with a previous psychiatric diagnosis often have a more complicated and difficult treatment course associated with PEG-IFN. The purpose of this study was to evaluate the effects of PEG-IFN on the course of psychiatric illness in patients with established psychiatric diagnoses. In a clinical study of HCV patients without preexisting psychiatric diagnoses who received PEG-IFN treatment, 23% became depressed during treatment[2]. However, there are few studies addressing outcomes in Hepatitis C patients who also have an established psychiatric condition. Preexisting psychiatric comorbidities that are associated with Hepatitis C are not absolute contraindications for treatment with PEG-IFN. Unfortunately, many patients are denied PEG-IFN therapy for this reason, and many of those who do initiate treatment do not have access to the multidisciplinary care that is needed to effectively manage psychiatric side effects. In a veteran's hospital study of 690 hepatitis C patients with psychiatric comorbidities, only 33 received interferon-alpha therapy over a two year period[3]. Currently, this subgroup of Hepatitis C patients has been underserved by the medical community.

METHODS:

The Hepatitis C Clinic was established in early 2004 and met monthly through November of 2006. Internal medicine residents are precepted by an attending gastroenterologist and psychiatrist and are supported by a registered nurse coordinator. Treatment for HCV with PEG-IFN and ribavirin is guided by evidence-based protocols within the confines of managed care formularies. Data was gathered retrospectively through chart review for patients with preexisting psychiatric diagnoses and their subsequent treatment outcomes. Patients without prior psychiatric disease and those who weren't treated with PEG-IFN and ribavirin were excluded from this analysis.

FINDINGS:

Forty-nine patients have been evaluated and ultimately 22 patients did not receive treatment. See Table 1 for reasons that these patients did not receive treatment. Of the 27 patients who received treatment, 6 patients had no psychiatric diagnosis and 21 patients had prior psychiatric diagnoses. Seven of the twenty one patients treated (33%) had an Sustained Virologic Response.

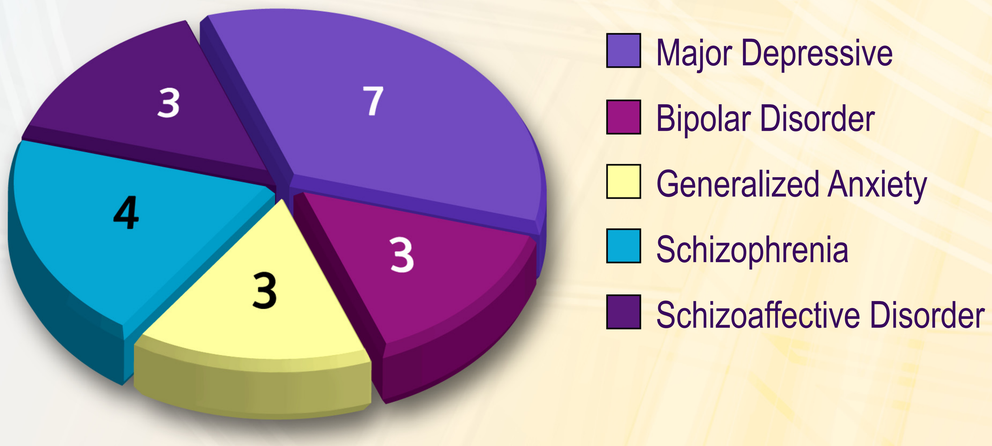
Table 1: Reasons not to treat with PegIFN/RBV

Personal Choice	6	Viral Clearance	2
Unstable Psychiatric Illness	6	Lack of follow up	1
Comorbidities	4	Minimal Fibrosis	1
Substance Abuse	2		

Table 2: General Demographic Data of Treated Psychiatric population

Gender	6 Male	15 Female	
Race	12 White (nonhispanic)	4 Black	5 Hispanic
Primary language	16 English	5 Spanish	
Avg. Age	42.7 years		

Figure 1: Breakdown of Psychiatric Diagnoses*

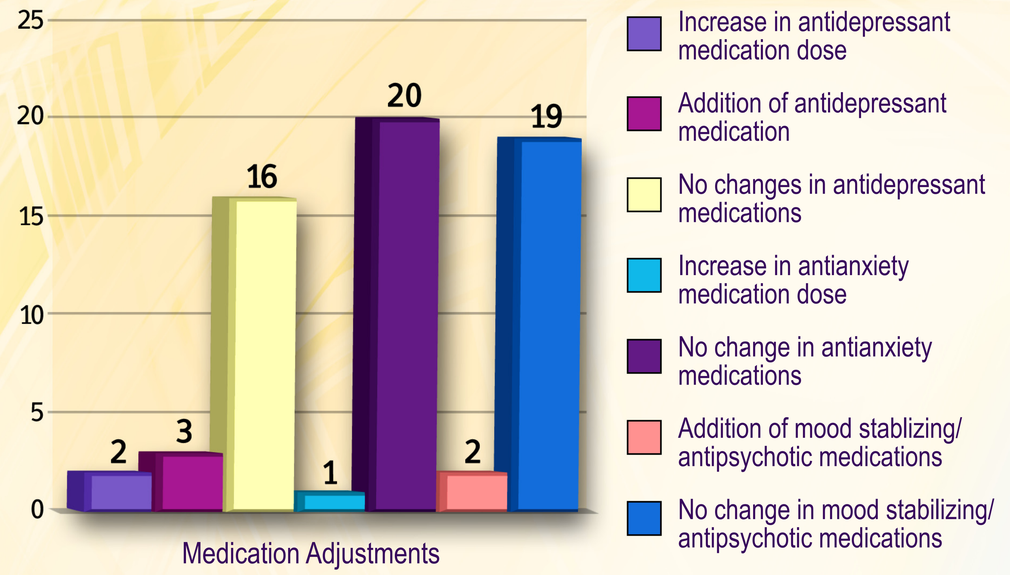


*Twelve had a substance abuse disorder in conjunction with their psychiatric disorder. One patient not included in the above figure had an alcohol abuse disorder only.

Table 3: Psychiatric Demographic Data

	# patients
No prior psychiatric hospitalizations	12
One prior psychiatric hospitalization	4
Greater than two prior psychiatric hospitalizations	5
Residents of state hospital system	5
Prior suicide attempts (not in 6 mos. Prior to treatment)	5

Figure 2: Psychiatric Medication Adjustments During Treatment with PEG-IFN



Of the 21 patients with prior psychiatric diagnoses that underwent PEG-IFN treatment, 10 ultimately needed to stop treatment early due to lack of virologic response or medical side effects. These medical side effects did not include psychiatric complications. One patient had a psychiatric hospitalization due to bizarre behavior after taking a combination of narcotics and benzodiazepines, but PEG-IFN was not discontinued due to this hospitalization. Treatment was discontinued in 1 patient who became homeless, had an ulcerative colilitis flare, relapsed on polysubstance abuse, and had suicidal ideations.

CONCLUSIONS:

In an attempt to treat under-insured and uninsured patients with Hepatitis C via a resident-initiated, multidisciplinary clinic, there were significant changes in psychiatric symptoms in only 1 of 21 patients with prior psychiatric diagnosis who underwent treatment with PEG-IFN. The one patient that required discontinuation of therapy had multiple issues including worsening of a medical comorbidity, the social stress of becoming homeless and returning to drug abuse, and suicidal ideations. In all other patients, there was a lack of significant psychiatric side effects that was surprising given the severity of psychiatric illness in these patients at the onset of treatment. This suggests that in an integrative clinic consisting of an attending gastroenterologist, attending psychiatrist, residents, and nurse coordinator can safely manage psychiatric comorbidities and PEG-IFN treatment to expand access to care.

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