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.

METHODS:
The Hepatitis C Clinic was established in early 2004 and meets monthly. Internal medicine residents are supervised 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:
Thirty-eight patients have been evaluated and ultimately 18 patients have declined treatment due to personal, financial, or logistical reasons. There were no psychiatric reasons for declining treatment. Of the 20 patients who received treatment, 4 patients had no psychiatric diagnosis and 16 patients had prior psychiatric diagnoses.

Table 1: General Demographic Data

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>White</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
<td>Spanish</td>
</tr>
<tr>
<td>Mean Age (y)</td>
<td>43.4 +/- 7.2 years</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Psychiatric Demographic Data

| # Patients |
| No prior psychiatric hospitalizations | 9 |
| One prior psychiatric hospitalization | 2 |
| Greater than two prior psychiatric hospitalizations | 5 |
| Residents of state hospital system | 5 |
| Prior suicide attempts (not in 6 mos. Prior to treatment) | 6 |

Figure 1: Breakdown of Psychiatric Diagnoses

- Depression
- Bipolar Disorder
- Schizophrenia
- Schizoaffective Disorder

*Ten had a substance abuse disorder in conjunction with their psychiatric disorder

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

- Increase in antidepressant medication dose
- Addition of antidepressant medication
- No changes in antidepressant medications
- Increase in antianxiety medication dose
- No change in antianxiety medications
- No change in mood stabilizing/antipsychotic medications

Of the 16 patients with prior psychiatric diagnoses that underwent PEG-IFN treatment, 6 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.

CONCLUSIONS:
In an attempt to treat under-insured and uninsured patients with Hepatitis C via a resident-initiated, multidisciplinary clinic, there were no significant changes in psychiatric symptoms of the 16 patients with prior psychiatric diagnoses who underwent treatment with PEG-IFN. The lack of significant psychiatric side effects in this population of patients is 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 complications and PEG-IFN treatment to expand access to care.

References: