



# Development of antiviral treatment of chronic hepatitis B over the past six years



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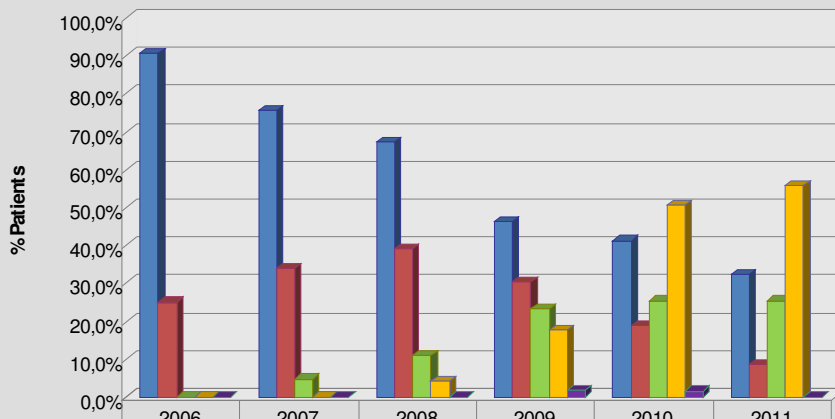
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**BACKGROUND:** Chronic infection by Hepatitis B virus (HBV) affects more than 350 million people worldwide. Recently, there have been significant advances in the understanding of this disease, a new diagnostic tool that can accurately determine the activity of HBV replication, the identification of mutations involving resistance to antiviral drugs and clinical studies that have evaluated the efficacy and safety of new drugs against HBV. All these developments have led to changes in treatment recommendations of international clinical guidelines as the American Association for the study of liver diseases (AASLD) and the European Association for the Study of the Liver (EASL).

**PURPOSE:** To describe how the prescription of antiviral drugs against HBV has changed in an outpatient dispensing service in a community hospital.

**MATERIAL AND METHOD:** Retrospective observational study of dispensed antivirals against HBV in not co-infected patients, in an outpatient service during the last six years.

**RESULTS:** The number of patients has increased from 32 patients in 2006 to 59 in 2011. The percentage of patients treated with each antiviral drugs in this period was as follows.



A patient can take several drugs over a year or a combination of two drugs during the same period.

Data show an increase in the percentage of patients treated with entecavir and tenofovir, and a decrease in lamivudine and adefovir. Entecavir and tenofovir approval in 2006 and 2008 respectively, and new recommendations in clinical guidelines are the reason of this change. Both AASLD and EASL recommend avoiding lamivudine, telbivudina and adefovir as first line treatment in naive patients according to lamivudine and telbivudine low genetic barrier, and adefovir low antiviral strength.

**CONCLUSION:** The prescription of antiviral drugs against HBV in our hospital has changed during last years related to new recommendations of clinical guidelines. Further changes in HBV treatment are expected, so more prospective studies are needed to ensure a safe and effective pharmacotherapy

**REFERENCES:**

1. AASLD Practice Guideline. Chronic Hepatitis B. American Association for the study of liver diseases.
2. EASL Clinical Practice Guidelines: Management of chronic hepatitis B. European Association for the Study of the Liver. Journal of Hepatology 50 (2009) 227–242.