

MULTIDISCIPLINARY MONITORING OF PSYCHIATRIC MORBIDITY OF HCV-INFECTED PATIENTS TREATED WITH INTERFERON AND RIBAVIRIN

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BACKGROUND

Treatment of hepatitis C virus (HCV) infection with pegylated interferon and ribavirin may induce psychiatric disorders. It is therefore believed that they might result in poor adherence and response to antiviral treatment.

OBJECTIVES

We aimed to describe the incidence of neuropsychiatric disorders in a cohort of HCV infected patients treated with interferon and ribavirin, and their impact on treatment adherence and viral response rate (SVR).

METHODS

Data from a cohort of HCV patients visited at an outpatient pharmacy service (OPS) included all adult patients monoinfected with HCV who had completed treatment in 2010.

Monitoring of neuropsychiatric disorders was assessed at weeks 0, 4, 12, 24, 48, and 72 through the self-administered questionnaires Hospital Anxiety and Depression Scale (HADS) and General Health Questionnaire (Goldberg) (Figure 1).

Adherence to treatment was assessed by counting of drug dispensations and patient reporting. Virologic response was determined by the physician according to standard definitions.

RESULTS

We included 76 patients, 19 (25%) had a preexisting psychiatric disorder.

The incidence of medically confirmed neuropsychiatric disorders was 33% (n=25).

The peak of abnormal results in the tests was in week 12 (Figure 2).

Patients with and without pathological scores did not differ in baseline characteristics, except for preexisting psychiatric disorder [60.0% vs 7.8%, respectively ($p < 0.001$)].

Overall, 43% of patients achieved an SVR.

There were not significant differences between strict adherence and SVR in patients with or without medically confirmed disorders (96% vs 90%; $p = NS$) and SVR (39% vs 52%; $p = NS$), respectively.

CONCLUSIONS

Patients often develop neuropsychiatric disorders during interferon therapy. Neuropsychiatric side effects had no effect on adherence to treatment nor on attainment of SVR. Multidisciplinary monitoring provided during the treatment of hepatitis C can contribute to early detection and management of neuropsychiatric disorders and to improve integrated patient care.

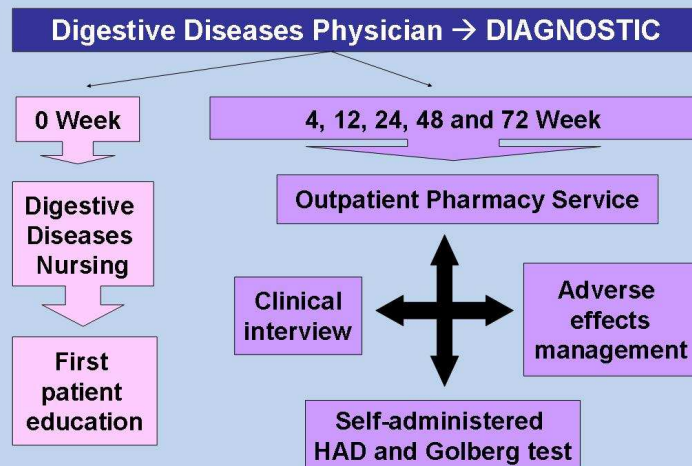


Figure 1. HCV-infected patient management algorithm

Figure 2. Abnormal results in tests

