Overcoming psychiatric barriers to effective Hepatitis C treatment

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depression
demoralization
substance abuse
cognitive impairment

Mental Illness

HIV+HEP C

Illness and treatment

impulsivity depression demoralization substance abuse cognitive impairment

 Psychiatric conditions that increase risk for Hepatitis C and complicate treatment

- Diseases-Depression (Bipolar/Schizophrenia)
- Temperament (Personality disorders/MR)
- ♦ Behaviors (Addiction)
- Life experiences (Distrust/Avoidance)



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Depression diminishes

- Mood-the sense of baseline state of happiness that is usually present
- Vital sense-the sense of being well, healthy, energetic, alert and able
- Self Attitude-the sense of being good, of doing well, of effectiveness and utility to others

Anhedonia

- Loss of reward (pleasure, satisfaction) associated with behaviors
 - Appetite Directed Behaviors
 - Sleeping
 - Eating
 - Sex
 - Function Directed Behaviors
 - Work
 - Hobbies
 - Exercise

Disturbance of Neurophysiology

Sleep

- ◆ EARLY MORNING AWAKENING
- ♦ Difficulty falling asleep
- Disrupted sleep architecture

Appetite

- Change in food taste
- Weight loss or gain
- Immune function

G.I. function

Hepatitis C and Depression

Depression in 40-50%

- Probably both as a consequence of depression induced risk as well as depression caused by Hepatitis C
- Interferon treatment causes depression
- Antidepressant treatment is effective
- Prophylaxis with antidepressants may be effective



Hepatitis C

Depression

Reward sensitivity Cytokines Stress transmitters Immune system

- Depression is associated with immune activation, the stress system (HPA), and genetic vulnerability of monoamine neurotransmission
- Depression is a disease of subcortical brain function and causes cognitive impairment as well as mood changes and other physiologic symptoms

IL-6 and 5-HIAA correlate with INF administration and depression

























Interferon treatment effect on subcortical speed













	Prophylact related De	ic Citalopr pression	am <i>PEG IF</i>	N/RBV-
	History	Prophylactic antidepressant	On-therapy antidepressant	Depression rate
= 11) A	Psych history (-)	None	None	64%
: 11) B	Receiving methadone substitution	None	None	55%
= 14)	Receiving methadone substitution	Citalopram 20 mg QD initiated	Citalopram 20 mg QD continued	14%
2 w	veeks prior to PE0 IFN/RB	initiated G PEG IF V initiated : October 24-28, 2003	N/RBV d Boston, Mass.	PEG IFN/RBV Tx Month 4

Prophylaxis for depression with INF/RBV therapy

Author (N)	Study Type	Outcome
Gleason et al. 2007 (N=10)	OLT	Escitalopram prevented depression in at risk subjects
Raisson et al. 2007 (N = 61)	Prospective, DBPC	Paroxetine prevented depression in at risk subjects

Antidepressants with demonstrated efficacy in the treatment of depression in Hepatitis C

- Fluoxetine
- Sertraline
- Citalopram
- Escitalopram
- Imipramine

Mirtazepine

ECT

Nortriptyline

Bupropion





Mean Standardized Improvement as a Function of Initial Severity, Treatment Group













It is much more important to know what sort of patient has a disease than what sort of disease a patient has.

William Osler

























