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Treatment outcome of chronic hepatitis C in HIV-infected patients at the Institute of Tropical Medicine, Antwerp, Belgium, from 2000 to 2008

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Purpose of the study

To investigate the outcome of treatment for chronic hepatitis C virus (HCV) infection in HIV-infected patients in our center.

Methods

We reviewed the files of all HIV-infected patients who initiated a therapy for HCV infection from 2000 to June 2008. Patients of all genotypes were assigned to 48 weeks of pegylated interferon alpha-2b (1.5 μg/kg/week) or alpha-2a (180 μg/week) combined with ribavirin (800–1200 mg daily, according to patient's weight). HCV therapy was discontinued after 6 months in case of persistent HCV viremia (and from June 2007 onwards after 3 months if HCV-RNA load failed a 2-log decrease).

Summary of results

HCV genotyping was documented in 96 co-infected patients, including 47 with genotype 1 (49%), two with genotype 2 (2%), 17 with genotype 3 (18%), and 30 with genotype 4 (31%). Liver biopsy was performed in 64 patients and revealed moderate fibrosis (METAVIR F2) in 16 patients (25%) and advanced stages (F3-F4) in 27 (42%). Treatment was initiated in 46 (48%) of the 96 co-infected patients (genotype 1 = 19, genotype 2 or 3 = 12, and genotype 4 = 15). Antiretroviral therapy had to be modified prior to or during HCV treatment in 17 patients (37%) because of drug interactions. Psychotropic drugs had to be administered in 15 patients and methadone maintenance therapy in another six. Doses of ribavirin and/or interferon had to be reduced in 12 patients, mainly for anemia. Ribavirin had to be prematurely discontinued in four patients and both ribavirin and interferon in another six (including two drop-outs and two deaths). Severe treatment-related complications were observed in 16 patients: decrease of CD4 count to < 200/mm3 (n = 7), thyroid disorder (n = 3), severe anemia (n = 3), acute psychosis (n = 2) and protracted neuritis (n = 1). In June 2008, eight patients were on ongoing treatment/early follow-up. Of the remaining 38 treated patients, sustained viral response was obtained in 12 (32%) patients (4/16 with genotype 1 [25%]; 6/9 with genotype 2 or 3 [67%] and 2/13 with genotype 4 [15%]). Other outcomes were non-responder at week 12 (n = 6), non-responder at week 24 (n = 8), breakthrough at week 48 (n = 3), relapse after 6 months (n = 5), drop out (n = 2) and death (n = 2).

Conclusion

Management of HCV/HIV co-infection was extremely complex even in our highly specialized setting. In addition, the response rate to HCV therapy was disappointingly low in comparison with published trials. Better therapies are urgently needed, especially for HCV genotypes 1 and 4.