**Hepatitis C Treatment Patient Orientation**

**Adapted from SSTAR, Fall River**

Who can be treated?

 Massachusetts does not have any rules requiring a period of sobriety from alcohol or opiates, or avoidance of any particular risk factors. Anyone who can commit to getting the proper workup and taking the course of medication can and should be treated.

How does the treatment work?

 We no longer need injection therapy. We use combination therapy of at least 2 medicines to control and kill the virus. Current treatment is 1 to 3 pills once a day for 8 to 12 weeks for most patients. It can also take around 1 month to get the therapy approved and delivered to SSTAR. You would need to speak with a specialty pharmacy to coordinate about the medications, then we would ask you to come in, meet with Dr. Smith, collect your medication, and do some basic lab work. Come back every 4 weeks to get the refill of the medication.

What kind of side effects are expected?

About 1 in 5 people report noticeable side effects. Side effects are limited and rarely dangerous but can include fatigue, headaches, upset stomach, and change in bowel habits. We think that the body is working to clear out the Hep C virus and it can be draining. These medications may be harmful to a fetus so should not be given in pregnancy.

How well does it work?

 95 to 100% of people are cured on their first try. This is most successful if the medicines are taken every day, if we abstain from alcohol, and if we avoid being reinfected. Medicines that block acid (like Tums, Zantac, or Prilosec for example) and supplements with Magnesium, Iron, or Calcium can interfere with the medications. Certain other medications can also interfere so check with Nurse Jones or Dr. Smith if you start any new medications.

How do we know if it is a cure?

 12 weeks after finishing the course, we check the viral load once. If that is negative, then the Hep C infection was completely cured.

What are the important numbers?

 We used to talk a lot about the viral load, but that is not very useful. It does not tell us how bad the infection is, or how damaged the liver is. The infection is worse if it is advanced (with lots of liver damage) or if there is something else going on that would make it worse, such as another infection like HIV or Hepatitis B, or heavy alcohol use. Platelets, Albumin, and clotting factors are all dependent on your liver so if these all have good high numbers, then the liver is working well. We will also do a panel test called a Fibrosure to confirm what degree of damage has happened to the liver. This is measured from 0 to 4, with 4 being the most severe.

Are there other risks?

 People with more severe or advanced damage to the liver are at risk from a kind of cancer called Hepatocellular Carcinoma, or HCC. We can scan for this every 6 months with an ultrasound, and check blood work with a test called AFP. People with more advanced damage could have hepatic cirrhosis and should work with a liver specialist as soon as possible.