The population of patients with hepatitis C is aging. However, the elderly with hepatitis C have not been well studied. Patients older than 70 years are typically excluded from clinical trials of new antiviral agents. In some countries the prevalence of HCV is actually greater in older patients than in younger individuals. It is also anticipated that hepatitis C will increasingly become a disease of older persons. The disease in the elderly will contribute to the burden of disease, including decompensated liver disease.

There is only a limited body of data regarding the efficacy as well as the safety in older patients. Several retrospective analyses have confirmed that sustained virological response rates are lower in elderly patients. The mechanism of the impaired response in this group is unknown. However it is possible that the higher rates of cirrhosis in this group impair the response to interferon alpha. Alternatively the higher discontinuation rates due to poor tolerability of the regimen in this group may account for the inferior responses in these patients. Mean treatment durations in older patients are lower. In the Prophesy study, numerically more patients older than 65 years withdrew from peginterferon alfa-2a (14.3% vs 7.3%) due to an adverse event or laboratory abnormality and from ribavirin due to anemia (3.2% vs 1.3%)

There is an urgent need to analyse treatment outcomes in the elderly to examine response rates. Any consideration of treatment in older patients needs to take into account the rates of progression of the disease, the likelihood of decompensated liver disease or hepatocellular carcinoma and the tolerability of the regimen. Other factors such as co-morbidities which may lead to a higher rate of serious adverse events need to be evaluated.

Although interferon free regimen offer promise in this group, the possibility of serious drug drug interactions in individuals in this age group require assessment. The pharmacokinetics of new direct acting antiviral agents may also be unfavourably affected in older patients who are intolerant of interferon.

Older patients are eligible for current treatments. However first generation protease inhibitors are associated with high rates of side effects. Thus the disadvantages of treatment may outweigh the advantages, given current rates of response and the likely outcomes of a sustained virological response. Although older patients with later stage of disease are at greater risk of complications of the disease, older patients with cirrhosis are less likely to respond to interferon therapy. The decision to treat older patients is complex and cannot be made at the sole discretion of the physician. A detailed explanation of the natural history of the disease, the likely rate of progression, the risk of complications, the likelihood of adverse events with current interferon containing regimens is required. Ultimately the patients’ choices are paramount.

Further clinical trials of telaprevir and boceprevir and importantly new direct acting antiviral agents are required to inform the decision to treat in older patients. Older patients with
advanced disease remain difficult to cure advancing the argument for not using these potentially hazardous treatments in this group.

References
8. Fried MW. Rapid virological response is the most important predictor of sustained virological response across genotypes in patients with chronic hepatitis C virus infection. 2011 Jul.