Treating in the Face of Comorbidities: Psychiatric Disorders, Including Alcohol

Abstract Summary
While not initially obvious, psychiatric disorders play an important role in the Hepatitis C (HCV) epidemic. Psychiatric disorders increase the risk for infection and interfere with successful treatment and the CNS inflammation produced by HCV and treatment with interferon can precipitate and complicate psychiatric disorders. The conditions that are most closely associated with HCV include major depression, bipolar disorder, addictions, personality features, and the psychological effects of poverty poor coping skills. Depression increases the risk of infection by increasing risk behaviors for infection and increasing the risk for addictions that lead to HCV infection. HCV causes elevations in cytokines that have been tied to developing depression, and interferon treatment has been shown to precipitate depression. Although less common, these same findings are involved with bipolar disease. Other psychotic disorders such as schizophrenia produce increased risk behaviors for infection, while interferon may produce a psychotic state directly. The role of substance use in the HCV epidemic has been extensively reviewed. Personality disorders, especially those linked to stimulant abuse (antisocial and borderline), have been described as risk factors for HCV transmission. These personality disorders are also associated with poorer adherence to treatment and poorer treatment completion. Poor coping skills, poverty, and other psychological factors have been associated with poorer outcomes for patients with HCV. Finally, polypharmacy with psychotropic drugs, HIV drugs for co-infected patients, and complex medical regimens for aging patients with co-morbidities can be daunting for HCV clinicians trying to make treatment decisions. Despite the accumulating data supporting integrated care, mentally ill HCV patients are increasingly disenfranchised from medical care because of resource limitations and issues of poorer adherence. The exciting development of treatment alternatives to interferon as well as shorter treatment times and better efficacy using direct acting antivirals should be a catalyst for collaborative care for patients with HCV and mental illness in a community wide effort to stop the epidemic.

References

