

New mental health protocols available for use in hepatitis C treatment settings

Context

Mental health and mental illness pose complex challenges in their relationship to hepatitis C.

People living with a pre-existing mental illness experience higher rates of illicit drug use in comparison to the wider population and are consequently at increased risk of hepatitis C infection. They face particular barriers to effective, supportive hepatitis C treatment and care.

Living with hepatitis C, and the use of antiviral treatments for hepatitis C, can have a significant impact on mental health – potentially acting as a trigger for an episode of mental illness, or influencing the course of a pre-existing mental disorder. People living with hepatitis C who experience major quality of life issues may also be vulnerable to the development of a mental illness.

Issues for people with a pre-existing mental illness

Overseas research shows that people with psychiatric disorders (specifically including schizophrenia spectrum disorders, bipolar disorders and major depression) have elevated rates of hepatitis C, hepatitis B and HIV compared to the general population.¹ While definitive Australian data is unavailable, the rate of hepatitis C infection amongst people living with a mental illness in the United States has been reported as eleven times that found in the wider community.² Research suggests that the reasons for this relate to increased exposure to risk activities and high risk environments.³

Factors which may contribute to elevated rates of hepatitis C infection among people with a mental illness include:

- Past or current injecting drug use, or other problematic drug use

- Living in high risk environments such as prisons and psychiatric institutions
- General poor health and lack of self care
- Poverty
- Homelessness
- Lack of knowledge about hepatitis C transmission and health promotion strategies.

Issues for people with hepatitis C

Numerous studies have confirmed that chronic hepatitis C can have a negative impact on quality of life, an effect which is not entirely accounted for by variables such as substance use, homelessness or the severity of liver disease.⁴ Emerging evidence suggests that the virus itself can cause significant deterioration in physical and emotional wellbeing. Research also indicates that the point of diagnosis can be a particularly high-risk period in relation to mental health issues. Even when a person with hepatitis C is not experiencing symptoms, or has been given a positive prognosis, they can be at serious risk of depression or suicide ideation immediately post diagnosis.⁵

Australian research indicates that people living with hepatitis C report problems with physical, psychological and social functioning, and that negative community attitudes and discrimination compound these problems.

The presence of debilitating physical symptoms can lead to minor periods of low mood, dysthymia (long-term, low grade depression) or major depression in some people. Cognitive disturbances such as short term memory loss and reduced ability to concentrate are commonplace.

The widespread experience of severe fatigue associated with hepatitis C has led to suggestions of a connection between the virus and the development of chronic fatigue syndrome.

1 Various studies on prevalence of HIV, cited in Judd. F. 1999 "HIV/AIDS and the severely mentally ill". Primary Psychiatry, No. 37 1999

2 Pirl W. F., Weissgarber, R. N., and Safren S. A. 2001 Prevalence of Communicable Diseases in a State Psychiatric Hospital. Psychosomatics 42;2 March-April 2001

3 Rosenberg S D. et al 2001. Prevalence Of HIV Hepatitis B And Hepatitis C In People With Severe Mental Illness. American Journal of Public Health Vol. 91 (1) p31-37

4 Foster, G.R., Hepatitis C Virus Infection: Quality Of Life And Side Effects Of Treatment 1999, in Journal of Hepatology 1999;31 (Suppl 1), pp 250-254.

5 Rodgers A. J., et al 1999 The Impact of Diagnosis of hepatitis C Virus on Quality of Life. Hepatology Vol 30. No. 5. 1999 American Association for the Study of Liver Diseases.



Management of hepatitis C and mental illness may be further impaired by the complex interrelationship between:

- the cognitive impact of the virus
- management and choice of neuropsychiatric treatment for people with already impaired liver functioning
- misdiagnosis of physical symptoms as depression-related, or a failure to attribute relevant physical complaints to a mental health disorder.⁶

Antiviral treatment and mental health

Of particular concern is the increased risk of depressive disorder caused by antiviral therapy, specifically associated with the use of interferon. The medication can act as a trigger for major depression, which may continue after treatment is completed. Interferon-induced depression carries a substantial risk for suicide hence the government treatment approval criteria (Schedule 100) warn that close monitoring and support during treatment is essential. Some people taking Interferon as part of antiviral therapy have also experienced behavioural changes including impulsivity, a tendency to return to addictive behaviour, and an increased potential for violence.

People with a history of psychiatric illness, including substance use disorders, may be at increased risk of neuropsychiatric side-effects. However, with adequate mental health care and monitoring, people with previous psychiatric illness can successfully undertake interferon treatment for hepatitis C.^{7,8}

Conclusions

The Australian Hepatitis Council takes the view that:

- Discussion around mental health issues for people with hepatitis C has been limited by its close association with the adverse side effects of antiviral therapy – failing to acknowledge the serious nature of mental health issues affecting people with hepatitis C more broadly, irrespective of their use of antiviral therapy.
- The particular mental health aetiology associated with hepatitis C should form a significant component of continuing health maintenance and education programs.
- Further research is required to clarify the Australian context in relation to hepatitis C and mental health.
- In order to respond effectively to these issues, relationships will need to be developed and strengthened between the

hepatitis C sector and relevant mental health services to ensure that appropriate expertise can be made available to people affected by the virus.

In relation to pre-treatment mental health assessment, the Australian Hepatitis Council takes the view that:

- people with hepatitis C who receive anti-viral therapy should not be exposed to potentially life-threatening adverse effects without adequate risk assessment and appropriate support
- mental health assessments should not be used to preclude people from treatment, unless a high risk of serious psychiatric complications is identified
- additional mental health assessment and case management skills are required in hepatitis C treatment services

New pre-treatment mental health assessment guidelines now available

Across the hepatitis C sector there has been widespread recognition of the need for uniform mental health assessment protocols for people with hepatitis C who are receiving anti-viral therapy – given the significantly increased risk of depressive illness, psychotic episodes and suicide associated with the use of interferon.

In 2004, a standardised set of mental health assessment protocols for use in hepatitis C clinical treatment settings was published by Queensland Health.

The new protocols are designed to enhance the knowledge and skills of health services, medical staff, and community organisations working with people affected by hepatitis C, while encouraging coordinated care pathways and a more collaborative approach between services. The document provides mental health assessment tools for primary care workers (particularly useful in treatment settings), specific information on mental illness and disorders relating to hepatitis C, as well as case history and care planning tools.

The Australian Hepatitis Council is keen to see this tool adopted for use nationally in hepatitis C treatment, general practice and case-management settings.

To download a copy of the protocols (PDF), go to: http://www.health.qld.gov.au/mental_hlth/publications/23007.pdf

Information in this paper was drawn from an original education resource, Hepatitis C and Mental Illness – A Resource for Workers, 2001, developed in South Australia by COPE, a division of Relationships Australia SA.

⁶ Qualitative Study of Medical Specialists Perceptions. Australia and New Zealand hepatitis C and Mental Illness Journal of Public health 1999 Vol 23 no 2 p201 – 203

⁷ Wodak A (1998) Aspects of Care For The Hepatitis C Positive Patient. Australian Family Physician, 27: 787-90

⁸ Zidar D., et al 2000 Hepatitis C, Interferon Alfa, and Depression. Journal of Hepatology June 2000 31:1207-1211. American Association for the Study of Liver Diseases