

Are there patients that do not respond to this therapy?

Unfortunately, in some patients, who initially responded to the therapy, a relapse (recurrence of the virus) may occur during the treatment or after the medication has been stopped.

There is also the possibility that a patient does not respond to the treatment. In such cases we recommend that the patients seeks help in a centre specialised in diseases of the liver.

New types of treatment continue to emerge, especially as part of study protocols.

Our patient self-help partner

is the "Deutsche Leberhilfe e. V.". Patient information and useful contacts are available at:
Deutsche Leberhilfe e. V., Krieler Straße 100,
50935 Köln, Germany
Tel: +49-(0)221- 28 29 980,
E-mail: info@leberhilfe.org,
Web site: www.leberhilfe.org.

The German Liver Foundation (Deutsche Leberstiftung)

has the mission to improve patient care by promoting research networks and to raise public awareness about diseases of the liver.
Additional information is available online at www.deutsche-leberstiftung.de.

Source:

Deutsche Leberstiftung
Carl-Neuberg-Straße 1
30625 Hannover

Telephone: 0511 – 532 6819
Telefax: 0511 – 532 6820
info@deutsche-leberstiftung.de

Ask the experts

Call 01805 – 45 00 60 (€ 0.14 per minute from German landline network; mobile phone tariffs may differ).

Telephone consultations (in German) are available from Monday to Thursday from 2:00 pm to 4:00 pm.

Donations for research

Our donation hotline 09001 – 38 53 278 offers you an easy and fast way to make a donation via the telephone.

To support the German Liver Foundation, you can also make a donation or an endowment

contribution by direct credit:

Deutsche Leberstiftung,
Account number: 10 55 600,
BLZ (Bank code): 370 205 00
(Bank für Sozialwirtschaft)

If you wish to obtain a donation receipt, please provide your name and your full address.

We appreciate any support you can give!

Our partners:



Deutsche
_Leberstiftung

Hepatitis C

Information for patients and relatives

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In Europe, millions of people are affected by chronic liver disease. Liver cirrhosis (scarring of the liver) is among the top four disease-related causes of death among adults aged 30 to 50 years. Frequently cirrhosis is preceded by hepatitis.

Hepatitis is an inflammation of the liver. Hepatitis may be caused by any hepatitis virus (A, B, C, D, E), and chronic hepatitis may develop in the presence of hepatitis B, C and D virus infections.

In Europe, several thousand new hepatitis B and C infections occur annually, according to estimates. Hepatitis A and E viruses cause acute infections only. Alcohol, fatty liver and metabolic disorders (e.g. diabetes mellitus) may also lead to hepatitis, which in turn may result in chronic liver disease.

How prevalent are hepatitis C virus infections?

In Germany, approximately 500,000 people are infected by hepatitis C virus.

Main routes of hepatitis C virus (HCV) transmission

- Sharing needles with an infected person
- Blood transfusion and blood-clotting factors
- Tattooing/piercing
- In up to 40% of patients the exact route of transmission and time of infection remains uncertain.

Is there a vaccination against hepatitis C?

While vaccinations against hepatitis A and B are available, there is no vaccine against hepatitis C. It is unlikely that a vaccine against hepatitis C will be available in the near future.

Symptoms of HCV infection

- Approx. 80% of those infected have no symptoms during the acute phase of the infection
- Chronic infections may be accompanied by unspecific symptoms, such as fatigue and upper abdominal pain
- There is no specific symptom characteristic of hepatitis C virus infection.

How severe are hepatitis C virus infections?

In more than half of affected patients, the disease takes a chronic course. In some patients, cirrhosis of the liver and liver cancer (hepatocellular carcinoma) may develop.

How is the disease diagnosed?

Detection of antibodies (anti-HCV) and direct detection of the virus (HCV RNA) in the blood. If therapy is planned, it may be important to establish the HCV genotypes (1-6). If necessary, an additional liver biopsy should be performed.

Can hepatitis C be treated?

Yes! In patients with an acute hepatitis C virus infection, injection therapy with interferon-alpha may prevent the transition to chronic hepatitis C, if the diagnosis is established early.

The current standard treatment of chronic hepatitis C is the combination of pegylated interferon and ribavirin. PEG interferon is injected subcutaneously (beneath the skin) once a week. Ribavirin tablets are taken daily.

Treatment duration varies according to the type of virus and viral load between 16 and 72 weeks.

What side effects may be associated with the therapy?

The therapy may be associated with significant side effects, such as flu-like symptoms, but also with transient anaemia. In addition, psychiatric side effects, such as depression and irritability, are not uncommon.