Hepatitis C and Psychiatry

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Hep C and Psychiatry: The Themes

• Vulnerability
• Comorbidity
• Psychiatric side effects of medical treatment
• Assessment and management of psychiatric disorder
Mental Health Problems and Hep C:
SIGN Guideline 92

1. Recognise mental illness
2. Once recognised: treat it
3. Alcohol and drug abuse is unhealthy
Why do Patients Discontinue Hep C Treatment?

• haematological toxicity
  – Anaemia (ribavirin)
  – Neutropenia (interferon)

• Other
  – Psychiatric: discontinuation of Hep C treatment due to psych. reasons: 22%
    (Hensley 2000)
Mental Illness is Common (particularly in America...)

American veterans Hep C:
62% depression
20% PTSD
5% SCZ (Nguyen et al 2002)

33,824 American veterans:
85% history of mental illness
31% current psychiatric illness (El Serag 2002)
Roper's survey:

33,000,000 Americans have been abducted by aliens
Mental Illness is Common (in the UK, too)

- depression
- anxiety
- schizophrenia
- well
Mental Illness is Common amongst Hep C Sufferers

- Chronic tiredness
- Prisoners
- Drug abuse – mental illness
- the virus itself
Hep C Infection is Bad for Your Head

Fatigue, depression, poor concentration  (Forton 2001)

But:  little correlation with LFTs

Hep C is a neurotropic virus
Hep C Treatment is Bad for Your Head

Depression: 30%  (Mistler 2006 (review))
- fatigue (64%)
- insomnia (40%)
- irritability (35%)
- weight loss (29%)

Psychosis: 9/121 patients  (Fattovich 1996)

Mania: rare  (Bozikas 2001; Kanno 1999)
Why is Treatment Bad?

Interferon shunts tryptophan away from MA production (animal study, Grassi 2001)
Irritability during Interferon Treatment
(Russo 2005)

Hep C pts on interferon treatment:
Irritability correlates with plasma tryptophan levels
Hep C patient with psychiatric problems

- prisoner
  - Go to prison psychiatry

- non-prisoner
  - with addiction service
    - Go to CADS psychiatry
  - not with addiction service
    - Go to liaison psychiatry
Hep C

Pre-treatment psychiatric screen

- Unstable drug habit
  - Severe alcohol abuse
  - Severely mentally ill

  - Treat mental disorder
  - Stabilise substance abuse
  - Stop alcohol abuse

- History of mental disorder

  - Consider prophylactic medication

- No mental illness

  - 1. Treat Hep C
  - 2. Monitor for mental illness

  - 1. Treat mental illness
  - 2. Consider dose reduction/discontinuation of Hep C treatment
Impact of Action Plan on Forth Valley

- 6,500 active and previous IVDU in FV ~ 40-50% Hep C +ve
- Numbers to be in treatment
  - 2008 – 35
  - 2009 – 70 50% prisoners
  - 2010 – 105
  - 2011 – 140
- Consultant and nurse clinics in 3 prisons and Outreach settings
- Patient pathway co-ordinator
Forth Valley Hep C Services
1997-2008

New referrals: - 983
- 340 DNAs (35%) 

Returns: - 2609
- 350 DNAs (13%) 

Prisoners: - 310
- DNAs rare
Funding Liaison Psychiatry

• 1 senior psychiatrist session/week
• Admin support
Patient Characteristics

- 50 patients assessed
- 40 depressed
- 3 manic episode
- Remainders: mixed
Recognise Psychosis

- delusion
- Hallucinations
- Suspiciousness, withdrawal
- restlessness, aggression
- Disturbed mood: depressed or manic
Treat Psychosis

- Refer to psychiatry
- Antipsychotic medication (Olanzapine)
- Diazepam
Recognise Depression

- main symptoms:
  - anhedonia
  - depressed mood
  - hopelessness
  - suicidal ideas

- screening questionnaires?
Treat Depression

- antidepressant medication
- Referral protocol to psychiatry
- Reassure: time-limited problem!
Depressed or Miserable?

“I know, let’s try role reversal. I’ll drone on and on about my miserable life and we’ll see how you like it.”