



Ballarat Community Health and General Practitioner Hepatitis C Shared Care Program.

A Guide for General Practitioners treating patients with Hepatitis C

In conjunction with Ballarat Health Services Liver Clinic and Ballarat Community Health.

Rationale

The shared care protocol is intended to guide and support General Practitioners when treating patients with Hepatitis C.

Shared care is encouraged by the Liver Clinic as it is designed to benefit patients by:

- Improving the likelihood of good clinical outcomes
- Reducing the frequency of visits to the Ballarat Health Services Liver Clinic
- Reducing travel costs for patients
- Reducing interruption to patients lives

It is recognizes that some patients prefer to have their GP actively involved in their health management and also achieve better outcomes with GP involvement in their treatment journey.

Criteria for Hepatitis C treatment:

Inclusion

Patients must fulfil the following criteria to access treatment under section 100:

- HCV RNA positive
- 18 Years plus
- Compensated liver disease
- Both partners must agree to use two forms of contraception (i.e. oral contraceptive pill or implanted contraceptive (Implanon) and Condoms.
- Female partner of patient must not be pregnant, during treatment and 6 months post treatment.
- Retreatment is available under section 100 for previously treated patients.

Exclusion

- Current significant alcohol use
- Past History of major psychiatric illness
- No support person available
- History of coronary artery disease
- Women who are breast feeding and/or pregnant.
- Client with pregnant partner

Treatment Work up.

Investigations by GP prior to referral:

- HCV PCR, viral load, and genotype (if HCV PCR positive)
- LFT,FBE,TFT
- HIV, HEP B and HEP A serology
- Consider vaccination for Hepatitis A and B in not immune.
- Abdominal Ultrasound

Please ensure all referrals:

- Include the reason for referral
- Indicate if shared care is an option
- Include patients current details
- Detailed medical and psychiatric history
- Referrals on Integrated Hepatitis C /Liver Clinic template preferred.

Referrals and current results to be faxed to:

Dr Mohammed Al-Ansari
Gastroenterologist
Liver clinic
Consulting and Diagnostic Suites
Ballarat Health Services
Fax number 53204472

Dr Hamish Philpott
Physician
Liver clinic
Consulting and Diagnostic Suites
Ballarat Health Services
Fax number 53204472

Copy to:
Kirsty Simpson
Integrated Hepatitis C nurse
Ballarat Community Health
710 Sturt St
Fax number 53326617

Treatment Plan Overview

Consultant, GP and patient agreement is obtained to commence treatment and enter into a shared care agreement for the duration of treatment.

Genotypes 1, 4, 5 & 6-9 48 weeks

Genotypes 2&3 24 weeks

Genotypes 2&3 with stage 3\4 fibrosis of cirrhosis – 24- 48 weeks. (Consult with specialist re length of treatment.)

Education session and first supervised self administration is with the Integrated Hepatitis C nurse this can be conducted at either the Liver Clinic or if requested at the patients local medical centre. GP to provide written correspondence of review visits to Dr Philpott, Dr Al-Ansari (Copy to Kirsty Simpson)
Liver Clinic will provide written correspondence of first education session and subsequent reviews.

Shared Care, treatment plan

Integrated Hepatitis C Nurse -Weekly phone call and/or face to face reviews

Treating Consultant- three monthly review.

Shared Care GP- Fortnightly reviews for first month, and then monthly.

All patients to have psychiatric assessment prior to starting treatment.

Week 0. Commence treatment with Integrated Hepatitis C Nurse.
Patient to collect script and medications, pathology slips.

Week 2. Review with GP side effects/pathology review.

Week 4. Review with Consultant at Liver Clinic

Week 8 . Monthly review with GP.

Week 12 . Review with Consultant at Liver Clinic

Week 16. Monthly review with GP.

Week 24. Review with Consultant at Liver Clinic

Note: Geno type 1 patients will follow same routine through to week 48

6 Months post treatment review by GP to establish SVR , or if patient cirrhotic, review in Liver clinic.

Pathology.

Genotypes 2 and 3:

- FBE/LFT (frequency will depend on the individuals response to treatment)
 - Week 4 PCR
 - Week 12 PCR
 - Week 24 PCR
- (Continued treatment will depend on a two log drop from PCR result)

Genotypes 1,5,6.

- FBE/LFT (frequency will depend on the individuals response to treatment)
- PCR frequency with triple therapy will vary (Refer to Consultant)

GENERAL PRACTITIONERS

Review for each visit:

Check the patient for:

- Mood swings
- Sleep pattern
- Any weight loss
- appetite
- skin itches and/or rashes
- any other side effects

Check compliance to treatment regime

REINFORCE contraception use

- two effective forms

REINFORCE abstinence or reduction of alcohol use

-two standard drinks for men and women

REVIEW PATHOLOGY RESULTS

- Hemoglobin
- Neutrophils
- ALT
- WCC
- Platelets

| Fax results to Liver Clinic(53204097)

Copy to Kirsty Simpson Hep C nurse ,fax number 53326617

MANAGEMENT OF COMMON SIDE EFFECTS.

PEG/INTERFERON- common side effects.

- Tiredness/lethargy
- Headache
- Muscle & joint aches and pain
- Fevers and chills
- Poor appetite , weight loss
- Hair thinning
- Irritability, anxiety, mood disturbance

Neutropenia

- Decrease in neutrophil counts are common
- Dose reduction may be required for levels < 0.75
- Cessation of treatment may be required if < 0.5
- Neutrophils should normalize after ceasing treatment

Notify LIVER CLINIC of any significant neutropenia.

Thrombocytopenia

- Platelet count decrease in 30-50 % of patients
 - Dose reduction may be required if $< 50,000$
 - Cessation may be required if $< 30,000$
- Notify LIVER CLINIC of any significant thrombocytopenia**

Ribavirin -common side effects

- Dry cough
- Dry itchy skin and rashes
- Anaemia
 - Occurs within 2-4 weeks of commencement of treatment
 - Maximum Hb drop is in the first 8 weeks
 - Monitor Hb at baseline then 2, then 4 weekly
 - Refer to Liver clinic for Hb $< 100\text{g/L}$ for 2 consecutive weeks as dose reduction may be required.

Simple management includes:

- plenty of rest
- Paracetamol and increased oral intake of appropriate fluids for any headaches, temperatures, pain and dry skin or throat.
- Moisturizers for dry skin such as sorbolene

NEUROPSYCHIATRIC DISORDERS

Interferon can cause significant neuropsychiatric side effects including depression, anxiety, impaired concentration, sleep disturbance, irritability, fatigue, sexual dysfunction, apathy and confusion.

Mood disturbance appears to be more common in people who have experienced it in the past.

Monitor:

- Mood swings
- Sleep patterns
- Weight
- Ask about any suicidal ideation if suspicion of depression
- Mood swings and irritability may impact on appointment attendance

Failure to attend appointments will need to be followed up

CONTACTS

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Email: kirstys@bchc.org.au

Ballarat Health Services Pharmacy:
Ph: 53204113

After hours: Contact emergency department at Ballarat Health Services Ph 53204275

GLOSSARY OF TERMS

BHS: Ballarat Health Services

VIDS : Victorian Infectious Diseases Service

HCV : Hepatitis C Virus

PEG/IFN : Pegulated Interferon, a subcutaneously delivered medication. Self administered weekly by the patient.

RIBAVIRIN : Antiviral medication, weight based dose, taken twice a day by the patients.

S100 : Section of the health act where government funding provides access for highly specialized drugs including PEG/IFN + RBV treatment for HCV.

VL : Viral load. Indication of the amount of virus. Expressed as number of viral particles per ml.

PCR : Polymerase chain reaction. Test used to detect HCV RNA. Preliminary test before genotyping and VL.

GENOTYPE : Genetic structure of HCV, classifies virus into sub groupings.

LFTs : liver function tests

ALT : Alanine aminotransferase. A protein found on blood test indicating liver damage.

FBE : Full blood count.

RVR : Rapid virological response, blood test at week four for HCV PCR detection. Early indicator of patient's response to treatment. Does not affect decision making

EVR : Early virological response. Performed for genotype 1&4 at week 12 determine continuation of treatment.

EOTR :End of treatment response. HCV PCR result at completion of full course of treatment.

SVR : Sustained virological response. Elimination of the virus following treatment. Performed 6 months post completion.