Curing Hepatitis C Is Associated With a Reduced Risk of Death

This is according to an analysis of nearly 5,000 Italians recently treated for the virus.

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Treating and curing hepatitis C virus (HCV) with direct-acting antivirals (DAAs) is associated with a lower risk of death from both liver- and non-liver-related causes according to a recent real-world study conducted in Italy.

Presenting their findings at the 52nd International Liver Congress in Paris, researchers from the prospective RESIST-HCV study examined data on 4,926 people who were treated for HCV with DAAs in Sicily between March 2015 and December 2016.

The cohort members had an average age of 65.9 years. A total of 57.6 percent of them were male. They were followed for a median 65 weeks, and a range of one to 199 weeks. A total of 1,158 (23.5 percent) of them did not have cirrhosis, 3,326 (67.5 percent) of them had compensated cirrhosis (the less severe form of the advanced liver disease) and 442 (9 percent) of them had decompensated cirrhosis (the more severe form of the advanced liver disease).

More than 90 percent of the cohort members achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure).

Following DAA treatment, 53 participants (1.1 percent) died, 23 of them from liver-related causes and 30 of them from other causes, including cardiovascular disease and sepsis.

Compared with those who were cured of hep C, those who were not cured were 28.9 times more likely to die of any cause, including 41.8 times more likely to die of liver-related causes and 14.9 times more likely to die of other causes. Compared with those without the condition, those with decompensated cirrhosis were 29.4 times more likely to die of liver-related causes and 3 times more likely to die of non-liver-related causes.

Body mass index and diabetes were associated with a higher risk of non-liver-related death.

To read a press release about the study, click here.

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