

What Else Can I Do?

Some people can continue working, while others are not able to do so. There can be more serious problems. Some people can't be treated because of heart problems, immune system problems, or serious depression. There are more side effects and reasons people can't be treated. Talk to your doctor.

What else can I do?

- Stop drinking
- Get vaccinated against hepatitis A and B
- Get a pneumonia vaccine
- Get a flu shot each year
- Avoid toxins like paints, gasoline & insecticides
- Check out all medications, even non-prescription medications, with your pharmacist



- Exercise regularly, even if you're tired
- Eat a balanced diet
- Join a support group
- Read all you can about Hep C
- Be careful with any herbs; some may hurt your liver
- Ask a registered dietician about vitamins; avoid mega-doses.

For Further Information, contact:

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HCV & Treatment

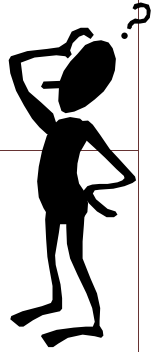


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HCV & Treatment: Should I Be Treated?



HCV & Treatment

Should I be treated?

Hepatitis C is generally a slow-moving disease. You have time to think about what you want to do.

You should get these tests:

1. A liver panel (blood test—measures enzymes such as the ALT and AST, clotting time, etc.)
2. An HCV-antibody test
3. A PCR test (looks for the virus itself)
4. Genotype test
5. Alpha-fetoprotein test or AFP (looks for cancer)
6. Ultrasound (looks for tumors)
7. Biopsy

The first 5 are blood tests. They will give you and your doctor some important information. The AFP and ultrasound should be done at least yearly, and more

often if you have cirrhosis (scarring). The only way to know how much damage has been done to your liver is from a biopsy. You may have a lot of virus, but no damage to your liver, or the other way around. You may have a high ALT, and no damage to your liver, or a low ALT and quite a bit of damage. If your liver is not damaged, you may wish to wait before being treated. On the other hand, if your liver is damaged, and you have signs of rapid progression, you may wish to be treated as soon as possible. Remember:

1. The earlier you start treatment, the more likely you are to respond.
2. The younger you are, the more likely you will respond.
3. The disease progresses faster in men than in women.
4. The genotype test will tell you how likely you are to respond to treatment. Genotypes 1 don't respond so well as other genotypes. People with genotype 1 need longer treatment.

What is treatment like?

The standard treatment is called Rebetron, which is interferon plus ribavirin. The patient injects the interferon in the stomach or legs 3 times a week, and takes 5 or 6 capsules of ribavirin each day. A new treatment, soon to be out, looks like it will be even better. The interferon injection is just once a week, since it is “pegylated,” and the ribavirin is only 4 capsules a day. The side effects of either treatment are much like having a bad case of the flu. They last about 2 weeks, and then get better. Some side effects can be permanent, like thyroid disease or eye problems. Some people lose weight, and have hair loss. Both the weight and the hair return.