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RESEARCH ARTICLE

PHOBIAS IN SUCESSFULLYTREATED HCVPATIENTS- MALHOTRA SYNDROME

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Abstract

Introduction: Chronic hepatitis C virus (HCV) infection is important cause for cirrhosis of liver all over the world and many patients suffering from this deadly disease require liver transplantation as the definitive treatment. The oral directly acting antiviral for treatment has changed management of its treatment in a significant way, as these drugs like interferon can be used even in decompensated cirrhotic stage.

Aims and Objectives: To determine the fear and apprehensions in Chronic HCV patients who have been successfully treated and achieved sustained virological response (SVR) on oral antiviral drugs compliance among patients who were treated with directly acting oral antiviral drugs (Sofosbuvir 400 mg, Daclatasvir 60 mg, Velpatasvir 100 mg).

Materials & Methods: It was prospective study conducted at Department of Medical Gastroenterology, Post Graduate Institute of Medical Sciences (PGIMS), Rohtak, over a period of five years from 01.11.2019 to 31.10.2024. Out of six thousand patients of Chronic hepatitis C who reported in department in above five years duration, 600 patients pre therapy HCV RNA was not detected; hence they were not treated and were not part of the study. Out of the remaining 5400 patients, 5130 patients (95%) achieved SVR. Out of these 5130, in next five years period, 1100 patient came back for consultation for positive anti HCV antibody test which was done for some other purpose like blood donation or before surgery. Fifteen hundred (1500) patient came back for consultation for complaints like myalgia, pain abdomen, dyspepsia, insomnia, itching etc. and thought it to be due to reinfection with HCV virus and requested for repeat HCV RNA Quantitative test which was done and only in ten patients HCV RNA was detected and in rest 1490, it was negative.

Results: Out of 5130 patients, 2600 (50.68%) came back on their own for retesting in five years duration, just due to phobia of reinfection with HCV, as they attributed all their minor complaints to HCV but in reality, and as per scientific rationale has no relation with the same. This Phobia of recurrence of HCV is most common reason for unwarranted anxiety in them and brings them back for retesting, as they feel that their treatment is failed. On daily basis, author meet at least five SVR achieved patients having this phobia of recurrence of HCV and has termed it as "MALHOTRA SYNDROME".

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Introduction:-

Chronic hepatitis C virus (HCV) infection is important cause for cirrhosis of liver all over the world and many patients suffering from this deadly disease require liver transplantation as the definitive treatment. The oral directly acting antiviral for treatment has changed management of its treatment in a significant way, as these drugs like interferon can be used even in decompensated cirrhotic stage. HCV infection has affected over 71 million people worldwide [1] and proportion of cirrhosis in chronically infected patients is rising and projected to reach 44.9% by 2030 [2]. The pan-genotypic, oral, direct- acting antiviral (DAA) drugs are simple, safe, to be taken orally once a day, well-tolerated, highly effective with reported sustained virologic response (SVR) rates exceeding 95% in patients with compensated liver disease [3]. The SVR leads to improvement in HCV-related liver damage, leading to liver fibrosis regression, and a reduction in the incidence of hepatocellular carcinoma (HCC), thereby prolonging overall survival [4-7]

Aims and Objectives:-

To determine the fear and apprehensions in Chronic HCV patients who have been successfully treated and achieved sustained virological response (SVR) on oral antiviral drugs compliance among patients who were treated with directly acting oral antiviral drugs (Sofosbuvir 400 mg, Daclatasvir 60 mg, Velpatasvir 100 mg).

Material and Methods:-

It was prospective study conducted at Department of Medical Gastroenterology, Post Graduate Institute of Medical Sciences (PGIMS), Rohtak, over a period of five years from 01.11.2019 to 31.10.2024. Out of six thousand patients of Chronic hepatitis C who reported in department in above five years duration, 600 patients pre therapy HCV RNA was not detected; hence they were not treated and were not part of the study. Out of the remaining 5400 patients, 5130 patients (95%) achieved SVR. Out of these 5130, in next five years period, 1100 patient came back for consultation on their own for positive anti HCV antibody test which was done for some other purpose like blood donation or before surgery. Fifteen hundred (1500) patient came back for consultation for complaints like myalgia, pain abdomen, dyspepsia, insomnia, itching etc. and thought it to be due to reinfection with HCV virus and requested for repeat HCV RNA Quantitative test which was done and only in ten patients HCV RNA was detected and in rest 1490, it was negative.

Statistical Analysis

All the data was entered in Microsoft Excel and was analysed using SPSS 15.0 version.

Observations & Results:-

Out of six thousand patients of Chronic hepatitis C who reported in department in above five years duration, 600 patients pre therapy HCV RNA was not detected; hence they were not treated and were not part of the study. Out of the remaining 5400 patients, 5130 patients (95%) achieved SVR. Out of these 5130, in next five years period, 1100 patient came back for consultation on their own for positive anti HCV antibody test which was done for some other purpose like blood donation or before surgery. Fifteen hundred (1500) patient came back for consultation for complaints like myalgia, pain abdomen, dyspepsia, insomnia, itching etc. and thought it to be due to reinfection with HCV virus and requested for repeat HCV RNA Quantitative test which was done and only in ten patients HCV RNA was detected and in rest 1490, it was negative.

Table 1:- Distribution of Patient according to reason of Phobia for revisit.

Total HCV Patient enrolled	HCV Patient treated	SVR achieved	Consultation for Phobia due to HCV antibody test positivity	Consultation for Phobia due to non-specific complaints
6000	5400	5130 (95%)	1100 (21.44%)	1500 (29.23%)

Table 2:- Distribution of Patient according to Phobia for Non-specific Complaints.

Consultation for Phobia due to non-specific complaints	Myalgia and Fever	Dyspepsia and Pain abdomen	Anxiety and insomnia	Itching

1500	930 (62%)	318 (21.20%)	202 (13.46%)	50 (3.33%)
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Table 3:- Distribution of HCV RNA in Patient of phobia for positive anti HCV antibody.

Consultation for Phobia due to HCV antibody test positivity	Repeat HCV RNA test done	HCV RNA Negative on repeat testing	HCV RNA Positive on repeat testing
1100	1100 (100%)	1092 (99.27%)	8 (0.73%)

Table 4:- Distribution of HCV RNA in Patient of Phobia for Non-specific Complaints.

Consultation for Phobia due to Non-specific complaints	Repeat HCV RNA test done	HCV RNA Negative on repeat testing	HCV RNA Positive on repeat testing
1500	1500 (100%)	1490 (99.33%)	8 (0.67%)

Discussion:-

Our department is model treatment centre where free treatment is given to Hepatitis B & C patients on daily basis under National Viral Hepatitis Control Program (NVHCP). It is high flow centre; thus, daily new patients are enrolled and old patients come for follow up. On an average, five new patients of HCV are enrolled and twenty-five old patients come for follow up. The compliance rate is exceptionally high which can be attributed to multiple factors like lesser side effects of directly acting oral antiviral, availability of free treatment on daily basis, issuing of total therapy in the beginning of treatment, constant contact with patients throughout the course of treatment by the treating team. The patients are treated with oral DAA for 12-24 weeks depending upon non-cirrhotic, cirrhotic-compensated and cirrhotic-decompensated status. The SVR is done after 12 weeks of completion of treatment. Once patient achieves SVR, they are clearly explained that anti HCV antibody test can remain positive even life long and it only tells that they have been previously infected with HCV infection but real importance is of HCV RNA quantitative test which is negative and proves that there is no HCV virus in body and is strongest marker of successful treatment outcome. Many times these patients for different ailments seek consultation from different medical specialist who get all the routine tests, including anti HCV antibody test which as expected is positive in majority of patients. This leads to unwarranted anxiety in patient as well as that treating specialist, thus these patients report back for repeat HCV RNA Quantitative test. Many patients, as expected, even after attaining SVR will have normal routine complaints like myalgia, feverishness, dyspepsia, pain abdomen, generalized weakness, itching etc which would have otherwise occurred, even if they had not been treated for HCV in past. But all these patients think it due to be recurrence of HCV infection. The main limitation in this is lack of awareness among treating specialist of different fraternity about prolonged persistence of anti HCV antibody test in SVR achieved patients. Thus, if they are well versed with this fact, then they can allay unwarranted anxiety among these patients, thus not forcing them to again retested for HCV RNA test. As HCV is common in patients of lower socio-economic strata, majority of them are uneducated and thus attribute all their future complaints to HCV even after SVR achievement. This Phobia of recurrence of HCV is most common reason for unwarranted anxiety in them and brings them back for retesting, as they feel that their treatment is failed. On daily basis, author meet at least five SVR achieved patients having this phobia of recurrence of HCV and has termed it as "MALHOTRA SYNDROME". There have been no studies on the same till date in literature worldwide. Now the issue comes that whether these patients with phobia merit repeat HCV RNA testing or not. As per results in our two group, the prevalence was minimal i.e. 0.67% and 0.73%. This even can be explained on basis of reinfection because many patients in our study group were in high-risk groups like intravenous drug abusers, thalassemiacs, dialysis, transgenders etc. Moreover, there are no guidelines for repeat testing of HCV RNA after achievement of SVR, unless there is evidence of suspicion like unexplained rise in transaminases. The patients should be counselled before, during treatment and after achievement of SVR about long time persistence of anti HCV antibody to decrease their apprehension and wrong interpretation of it as treatment failure. Moreover, there is strong and urgent need of awareness of the above fact in all cadre of health care workers because due to lack of knowledge, instead of removing fear of anti HCV antibody test, they themselves force patient to get repeat HCV RNA test for reconfirmation of success of their HCV treatment. The patients should be clearly explained by treating team that achieving SVR does not guarantee that they will not develop any other symptoms or disease related to other organs in future, thus should not attribute it to be as reoccurrence of HCV infection.

Results:-

Out of 5130 patients, 2600 (50.68%) came back on their own for retesting in five years duration, just due to phobia of reinfection with HCV, as they attributed all their minor complaints to HCV but in reality, and as per scientific rationale has no relation with the same. This Phobia of recurrence of HCV is most common reason for unwarranted anxiety in them and brings them back for retesting, as they feel that their treatment is failed. On daily basis, author meet at least five SVR achieved patients having this phobia of recurrence of HCV and has termed it as "MALHOTRA SYNDROME".

Conclusion:-

In developing country like India where HCV is most commonly seen in patients belonging to poor socio- economic status, majority of whom are uneducated, the real challenge is not only to diagnose them and treat them and achieve SVR but to prepare them to live future life without any unwarranted apprehension, anxiety and phobia. The achievement of SVR makes sure that they are cured of physical illness but their mental health is also primary responsibility of treating team. Both Physical and Mental health cure should be goal of treatment of HCV.

Limitation of Study

In the present study, patients who came on their own were included in the study. If all the treated patients were analysed for these phobias of recurrence of HCV infection, then definitely the percentage would have been more because it is natural that many of them have contacted for these phobias to nearby medical specialist.

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