

Close-ups

A Patient's Perspective

Treating Hepatitis C in the Family Medicine Office

I am 37 years old and I was incarcerated at the time I learned that I had hepatitis C. It was likely that I got it from a dirty needle. I knew I didn't trust the prison doctors and that this disease could hurt my liver. Just knowing that I had hepatitis C made me feel sick. I was pretty sure I'd have hepatitis C for the rest of my life. I was told that when I went back home I could not even share nail clippers with my son. I didn't know what my options were, and it felt as though there was no hope. But then my family doctor told me she could treat my hepatitis C right in the office (instead of going to see an expensive subspecialist I didn't know). I was so relieved. I did all my blood work there, and the team explained the treatment plan to me. I made an effort to keep my appointments for a few visits, but I wasn't used to making medical appointments a priority. I'm not sure I would have followed through without the support of the pharmacists and my doctor, who called me frequently to encourage me to continue treatment. I am now living at home free of hepatitis C. I continuously tell my friends who have hepatitis C to get help so they can be treated. My own treatment was completed in only 12 weeks, and I have now begun to work on other aspects of my life knowing that I CAN be successful.—D.N.



Commentary

As is the case in many patients with substance misuse disorders, this patient also struggled with attention-deficit/hyperactivity disorder, depression, and anxiety. With this in mind, we worked to find a protocol that was comprehensive, yet simple for our patient to follow, and most importantly, one he would complete.

Our integrated clinical pharmacists worked with the patient's family physician to devise his protocol. Some studies have shown that there is a higher adherence rate for those treated by nurse practitioners (73%) or primary care physicians (63%) compared with subspecialists (56%). Detection of hepatitis C infection continues to rise (greater than a 2.9-fold increase from 2011 to 2015 nationally). Because primary care physicians

routinely screen high-risk patients—including our nation's baby boomers (born between 1945 and 1965)—for hepatitis C, providing potentially curative treatment within a family medicine practice makes sense and is effective.

Stacey Nickoloff, DO; Kelsey Linn, PharmD; and Sarah Winter, PharmD, BCACP

Physician Resources

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- Emmanuel B, Masur H, Kottlilil S, et al. Expansion of treatment for hepatitis C virus infection. *Ann Intern Med*. 2018;168(6):457-459.
- Zibbell JE, Asher AK, Patel RC, et al. Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. *Am J Public Health*. 2018;108(2):175-181. ■

This series is coordinated by Caroline Wellbery, MD, Associate Deputy Editor, with assistance from Amy Crawford-Faucher, MD; Jo Marie Reilly, MD; and Sanaz Majd, MD.

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