

# Letters to the Editor

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## Injection Drug Users Can Be Effectively Treated for Hepatitis C

**Original Article:** Hepatitis C: Diagnosis and Treatment

**Issue Date:** June 1, 2010

**Available at:** <http://www.aafp.org/afp/2010/0601/p1351.html>

TO THE EDITOR: This article is a concise overview of the many issues in diagnosing and treating hepatitis C virus (HCV) infection. However, I would like to point out a discrepancy between the article and the American Association for the Study of Liver Diseases guidelines,<sup>1</sup> which are cited in the article. Active drug use is not an absolute contraindication to treatment. The guidelines state: "Treatment of HCV infection can be considered for persons even if they currently use illicit drugs or who are on a methadone maintenance program, provided they wish to take HCV treatment and are able and willing to maintain close monitoring and practice contraception."<sup>1</sup>

Ample data show that many current or recent injection drug users can be successfully treated for HCV infection.<sup>2</sup> Because injection drug use is a major risk factor, it is vital that these patients receive appropriate care.

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Author disclosure: Nothing to disclose.

### REFERENCES

1. Ghany MG, Strader DB, Thomas DL, Seeff LB; American Association for the Study of Liver Diseases. Diagnosis, management, and treatment of hepatitis C: an update. *Hepatology*. 2009;49(4):1335-1374. [http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Diagnosis\\_of\\_HEP\\_C\\_Update\\_Aug%20\\_09pdf.pdf](http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Diagnosis_of_HEP_C_Update_Aug%20_09pdf.pdf). Accessed July 13, 2010.
2. Grebely J, deVlaming S, Duncan F, Viljoen M, Conway B. Current approaches to HCV infection in current and former injection drug users. *J Addict Dis*. 2008;27(2):25-35.

IN REPLY: As discussed in our article, intravenous drug use is the leading risk factor for

chronic hepatitis C virus (HCV) infection.<sup>1</sup> All persons with chronic HCV infection should be considered candidates for treatment.<sup>2</sup> Providing safe and effective therapy to those most at risk of chronic HCV infection (e.g., persons with active substance abuse) is essential to their future health. The American Association for the Study of Liver Diseases states that more data are necessary to determine the safety and effectiveness of treatment of chronic HCV infection for certain groups, such as persons with renal disease, depression, or active substance abuse; children; and those with human immunodeficiency virus and HCV coinfection.<sup>3</sup>

Risks and benefits of treating persons with active alcohol or substance abuse should be assessed, and treatment for chronic HCV infection individualized. Many persons who are actively injecting illicit drugs are not willing to adhere to HCV treatment and precautions regarding contraception, and are less likely to comply with regular follow-up visits.<sup>3</sup> Active substance abuse may not be an absolute contraindication, but treatment of HCV infection should be considered for persons continuing to use illicit drugs only if they are able and willing to maintain close monitoring and practice contraception.<sup>3</sup> Continued support from drug abuse and psychiatric counseling services is an important adjunct to treatment of HCV infection in persons who use illicit drugs.<sup>3</sup>

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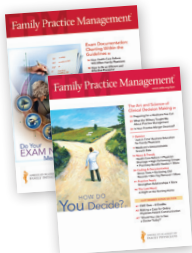
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Author disclosure: Nothing to disclose.

### REFERENCES

1. Kaur S, Rybicki L, Bacon BR, Gollan JL, Rustgi VK, Carey WD. Performance characteristics and results of a large-scale screening program for viral hepatitis and risk factors associated with exposure to viral hepatitis B and C:

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results of the National Hepatitis Screening Survey. National Hepatitis Surveillance Group. *Hepatology*. 1996;24(5):979-986.

2. Strader DB, Wright T, Thomas DL, Seeff LB; American Association for the Study of Liver Diseases. Diagnosis, management, and treatment of hepatitis C. [published correction appears in *Hepatology*. 2004; 40(1):269]. *Hepatology*. 2004;39(4):1147-1171.
3. Ghany MG, Strader DB, Thomas DL, Seeff LB; American Association for the Study of Liver Diseases. Diagnosis, management, and treatment of hepatitis C: an update. *Hepatology*. 2009;49(4):1335-1374. [http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Diagnosis\\_of\\_HEP\\_C\\_Update.Aug%20\\_09pdf.pdf](http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Diagnosis_of_HEP_C_Update.Aug%20_09pdf.pdf). Accessed July 13, 2010.

## Corrections

In the article, "Hepatitis C: Diagnosis and Treatment," (June 1, 2010, page 1351), active alcohol or substance abuse was incorrectly listed as a contraindication to treatment for chronic hepatitis C virus infection in the first full paragraph on page 1354 and in Table 5 on page 1354. Based on the cited source, patients with active alcohol or illicit drug use can still receive individualized treatment for chronic hepatitis C virus infection if they are willing to participate in a substance abuse program (such as a methadone maintenance program) or alcohol support program. The article has been corrected online.

In the patient education handout, "ACL Injuries," (October 15, 2010, page 923) which accompanied the article, "Anterior Cruciate Ligament Injury: Diagnosis, Management, and Prevention," (October 15, 2010, page 917), the arrow for the "Medial collateral ligament" was pointing to the wrong part of the knee anatomy. This figure has been corrected online and is reprinted here. ■

Normal Knee Joint

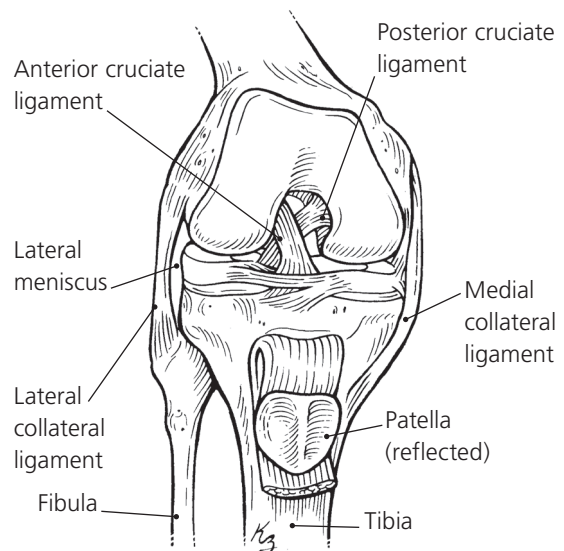


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