

# MENTAL HEALTH AND HEPATITIS C

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## SECTION

## 3

## INTERFERON-BASED THERAPY IN RECOVERY

### Introduction

So-called special populations, that is, persons with a history of addiction, mental illness, homelessness, and the like, represent the majority of patients with *hepatitis C (HCV)*.<sup>1</sup> It is sometimes assumed that these people are less-than-ideal *interferon-based treatment* candidates, incapable of completing HCV therapy. This misconception is driven by unfamiliarity, disinterest, or lack of knowledge.<sup>2</sup> The result? Many needy patients cannot access medical services for HCV. Fortunately, a growing body of evidence suggests that special populations can be successfully tested and treated for HCV in a setting that addresses their special needs.<sup>3-5</sup>

O.A.S.I.S. (Organization to Achieve Solutions in Substance Abuse) is a nonprofit organization located in Oakland, California dedicated to providing state-of-the-art medical care to drug users and other marginalized populations, the majority of whom have HCV. O.A.S.I.S. has developed a unique peer-based model of HCV intervention that combines contemporaneous education, peer support, and medical care. Using this strategy, even the most challenging patients can be successfully treated for HCV. More importantly, this success can carry over into many other aspects of their lives. The O.A.S.I.S. model serves as one example of how to successfully deliver interferon-based treatment for HCV in the setting of recovery, and will be the model discussed throughout this section.

**Evidence suggests that special populations can be successfully tested and treated for HCV in a setting that addresses their special needs.**

### About the Disease of Addiction

The disease of addiction is far more lethal than hepatitis C. According to the Centers for Disease Control and Prevention (CDC), 5% to 20% of people with chronic hepatitis C will develop *cirrhosis* over a 20 to 30 year period, and approximately 3% die of complications of HCV.<sup>6</sup> In contrast, the 33-year mortality of active heroin users is approximately 50%.<sup>7</sup> Despite this, it is common for a patient with both addiction and hepatitis C to focus on the less important viral illness instead of the much more important problem of drug or *alcohol* use. It is not hard to understand why: dealing with one's addiction is vastly more difficult than dealing with hepatitis C.

It is important to understand that addiction is different from drug use.<sup>8</sup> Addiction is a brain disease. People with addictive disorders have well-defined *neurochemical* abnormalities that are slow to resolve and, in some cases, are irreversible. These abnormalities lead to characteristic behaviors such as lack of control over drug use and a lifelong tendency toward relapse. Short-term strategies (such as "detox" or detoxification) are rarely successful because they fail to address the neurochemical underpinnings of addiction. Detoxes are a lot like crash diets — possibly effective for the short term, but

rarely of long-term benefit. Just as losing weight is a lot easier than keeping it off, the hard part of sobriety isn't getting there, it's staying that way.

Addiction shares features with other chronic conditions such as diabetes, *hypertension*, and asthma in which weight loss, dietary restraint, and smoking cessation do not eliminate the predisposition the condition but help minimize the consequences. Similar to these conditions, addiction is highly genetically determined. And as with other chronic conditions, retention (sticking with one's recovery program) is the key to a successful outcome in a patient with addiction. Over time and with continued treatment, alcohol and substance use relapse become less frequent and severe.

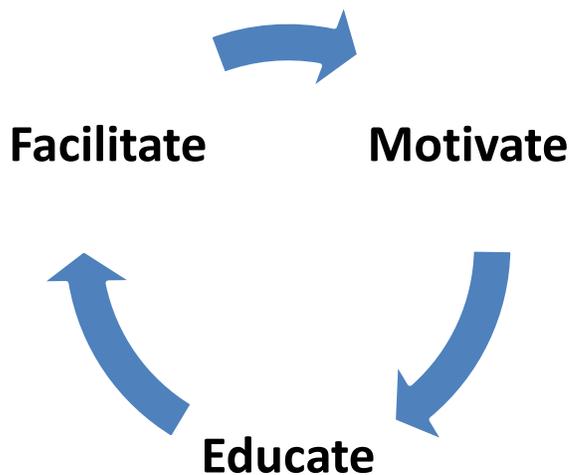
Relapse is part of the definition of addiction. It is not a personal failing. Just as you would not consider a doughnut-eating diabetic hopeless, understanding that drug relapse is a normal and treatable characteristic of addiction is an important aspect of understanding the disease of addiction itself. In order to achieve maximal benefit, a person with an addiction should be guided toward long-term strategies to deal with his/her problem.

For opiate users, maintenance with methadone or buprenorphine is a highly effective strategy to stabilize behaviors and should be encouraged. Twelve-step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are at least as effective as many fancier treatment modalities and are often much more accessible. In some instances, long-term residential treatment may be the only option, especially if less intensive outpatient strategies are repetitively failing. The bottom line? Any treatment for addiction is better than no treatment. Whatever works to maintain sobriety is good, good, good.

## THE O.A.S.I.S. HCV MODEL

The O.A.S.I.S. model of HCV intervention is called Educate-Motivate-Facilitate (see Figure 1). Each component is integral to the model's success. If this model is not available in your area, we hope that the information provided here will help you organize and prioritize information about hepatitis C and the treatment possibilities.

Figure 1. Components of the O.A.S.I.S. Model of HCV Intervention



### Get Educated

Hepatitis C is a complicated disease that affects each individual differently. Some people need interferon-based treatment, but many others do not. Among those who elect interferon-based treatment, there are a number of possible side effects and treatment-related problems. Add to this the bigger issue of addiction and recovery, and there is a lot of ground to cover in becoming educated about hepatitis C and its treatment.

The O.A.S.I.S. model uses peer-based support groups to teach everything from the fundamentals of hepatitis C, anatomy

and *physiology* of the liver, and treatment-related issues. These groups also address how all of these other topics relate to addiction and recovery. We want patients to be active participants in the decisions made about their healthcare. It is not the provider's choice whether to treat. It is a decision to make together. And the more educated you are, the better your treatment-related decisions will be.

## Get Motivated

It is not enough just to know things. The knowledge must be translated into action. If you know that alcohol is a big problem with hepatitis C but continue to drink, then how far have you really gotten? It is easy to get bogged down in your own self pity. Remember, hepatitis C is a treatable and often curable disease — and that is much more than can be said about many other serious conditions.

It is hard to stay motivated without a good support system. In the O.A.S.I.S. program, groups provide not only education but motivation by creating a nurturing environment. People are there to cheer you on, give you a shoulder to cry on, lift your spirits with a phone call at the right time, offer honest and constructive dialog and the occasional dose of tough love that only someone who has “been there and done that” can give. A positive mental attitude and being motivated to take care of your health and well-being will go a long way in making the right choices regarding this and all aspects of your health.

## Get Help/Facilitate

This is often the most challenging aspect of HCV intervention: once motivated, how do you access the services you need? At O.A.S.I.S., we are in the unique position of being able to provide all HCV services on-site. But we know this is the exception rather than the rule. Use all available resources. You may need to assist your provider in finding and accessing the necessary services, which include HCV screening tests, viral tests, and doctors that offer biopsy and HCV treatment.

Mental health services and programs for substance users are important, especially during HCV treatment. Do not forget 12-step programs such as AA and NA. Research has shown that 12-step programs are just as effective as many other types of recovery programs, and they are free.

County clinics are often overwhelmed. Getting an appointment may take weeks to months. It is easy to get impatient, but fortunately, most people with hepatitis C have plenty of time. Please try to remember this important bit of information. It is common to get motivated to address hepatitis C but lose interest when your needs are not met quickly enough to suit you. Hepatitis C tends to progress slowly over a long period of time. Take a deep breath and do not become needlessly frustrated by the process.

## Addiction: Understanding the Stages of Change

Drug users can and do care about their health. You may have awoken from the era of *HIV* with relief that you did not contract it, only to find that you have been infected with another potentially life-threatening medical condition, hepatitis C. This belief can be very destabilizing and contribute to continued use of drugs as well as conscious avoidance of medical care.

Addiction is a chronic illness. Understanding the “Stages of Change” model of substance use behaviors can be useful when seeking help for yourself or someone you care about. The Stages of Change model, which grew out of work in the area of smoking cessation, is now a widely-used approach to substance use.<sup>9</sup> By understanding the stage, we can help create an environment more conducive to a positive change in behaviors.

The Stages of Change is a five-stage model originally developed at the University of Rhode Island by James Prochaska and Carlo DiClemente (see Table 1). All people faced with a behavioral change fit somewhere along a continuum of motivation to accept advice. This applies to all behavioral changes, be it eliminating ongoing drug use, excessive caloric intake, dietary indiscretions, or poor medication adherence. The key to success is recognizing where you are along the continuum, and pursuing an intervention that will help you move through the motivational steps and closer to the goal.

**Table 1. Stages of Change**

Stage	Characteristics
Precontemplation	Not yet acknowledging that there is a problem behavior that needs to be changed
Contemplation	Acknowledging that there is a problem but not yet ready or sure of wanting to make a change
Preparation/Determination	Getting ready to change
Action/Willpower	Changing behavior
Maintenance	Maintaining the behavior change
Relapse	Returning to older behaviors and abandoning the new changes

People in the precontemplation stage are unaware or underaware that their substance use behaviors are a problem or might be contributing to other problems. Obviously, without an understanding of the need for sobriety, a message to stop using drugs at this stage is destined for failure. The key to this stage is being open to information that can help you consider making a behavior change, such as alcohol use makes hepatitis C more dangerous or that drug use may increase the risk of infections.

In the contemplation stage, you may be aware that your behavior is a problem but are not yet ready or sure about making changes. You may be torn between the difficulties created by the drug use and the challenges required to stay sober. Interventions in this stage should target some of these challenges as a means of facilitating progress to the next stage. At this stage, you are not yet mentally or physically prepared for sobriety. You will need further education and encouragement to achieve this goal.

Once a decision has been made in favor of change, you have entered the preparation stage. Goals are being set even though drug use continues. Typically, this is a stage at which the quantity or frequency of drug use is reduced, and information about treatment options will be more welcome. A quit date can usually be set.

When the action stage is reached, an attempt to stop using drugs is made. At this stage, your healthcare provider may need to help with withdrawal symptoms. The consequences of sobriety, such as the emergence of an unrecognized anxiety or panic disorder, may also need to be addressed. During this stage, an honest and open partnership is critical. It must be safe and comfortable to discuss problematic behaviors or sobriety will be brief and unsuccessful.

Once you have successfully negotiated the action stage, you enter the maintenance stage. In this stage, new coping patterns for emotions and relationships are developed and the foundations are laid for long-term sobriety. Relapse at this stage is common and often a product of success. People in this stage feel dramatically better after a sustained period of *abstinence*. You may begin to believe you can return to occasional use and maintain other gains. Although it often causes feelings of remorse and shame, relapse is normal and offers an opportunity to learn more about addiction and recovery.

## Treating HCV in Substance Users

There are surprisingly few data about how best to treat HCV in substance users. Perhaps the most important piece of information would be to foster a climate of honesty. Patients need to be honest with providers. And providers need to understand addiction and be willing to work closely with patients dealing with addiction.

If a relapse occurs, you must be able to discuss it with your healthcare providers without fear of retribution. Catching a relapse early and making the proper referrals to treatment programs can allow treatment to continue and further the recovery process.

## Frequently Asked Questions

### HOW LONG DO I HAVE TO BE DRUG FREE BEFORE I CAN START HCV TREATMENT?

A period of six months is generally considered to be a reasonable period of time for patients to be drug-free prior to starting HCV treatment. That is probably not a bad starting point, but there is nothing magical about the six month period. Indeed, some patients with more limited sobriety can do better than those who have been drug free for years. The bottom line is that this decision should be individualized.<sup>10</sup>

### IS METHADONE A PROBLEM?

Overall, patients maintained on methadone do well and should not be detoxed prior to HCV treatment. In fact, it may be easier for patients to be treated while taking methadone because it helps stabilize the craving and drug use behaviors that can potentially be destructive. A recent review of published research found that methadone-maintained patients have virologic response rates no different from nonsubstance users.<sup>11</sup>

### IF I HAVE A HISTORY OF MENTAL ILLNESS, CAN I BE TREATED FOR HCV?

While a history of mental illness necessitates extra planning and monitoring, many people with stable mental health issues can be successfully treated with interferon-based therapy. It can be a challenge for both the healthcare provider and the patient, but in many cases, it can be done successfully. Please see section 2 of this chapter for additional information.

### WHAT IF I RELAPSE?

If you relapse during HCV treatment, you may find it hard to take the medicines as directed. In addition, the drugs or alcohol may affect your *immune system* and lessen your body's response to the HCV medicines. You can also become reinfected during a relapse. Any or all of these circumstances may decrease your chance of getting rid of the hepatitis C virus. It is always best to get help quickly should a relapse occur to help you get the situation under control and to prevent an interruption in your HCV treatment.

### ARE THE INTERFERON INJECTIONS GOING TO MAKE ME CRAVE DRUGS?

Some people are concerned about this potential problem, but fortunately, it appears to be uncommon. If you feel that the syringe might be a trigger for you, please discuss this with your healthcare provider. See if you can have the interferon shots administered at the doctor's office.

Interferon-based treatment can cause *fatigue*, nausea, headache and a general feeling a low energy. These side effects can be a trigger for some people and should be discussed prior to beginning HCV treatment.

## Summary

Addiction and hepatitis C are closely intertwined. Both are chronic medical conditions and both be successfully treated. Although patients with alcohol or drug addictions may have additional challenges when undergoing treatment for HCV, the data show that HCV treatment outcomes in addicted patients are similar to those without a history addiction.

The trick is to find a place where you can be honest about your conditions and that has the expertise to guide you through any barriers that may present themselves. Remember that hepatitis C is almost never a medical emergency; protecting your sobriety is the most important thing that you can do for yourself.

Because of misunderstandings and misconceptions, you may need to learn to be an *advocate* for your own healthcare. The best road to successful advocacy is information. The more you understand about HCV and addiction, the more you will be able to work with your medical provider to make the best decisions for you.

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