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Hepatitis C and Posttraumatic Stress Disorder

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Background: Posttraumatic stress disorder (PTSD), an anxiety disorder marked by an impairment in immunologic responses, and hepatitis C virus (HCV) chronic infection are more prevalent in the U.S. veteran population when compared with the general U.S. population. To establish the interplay of these 2 chronic debilitating conditions, we assessed the prevalence of HCV infection in veterans with PTSD, as well as the prevalence of PTSD in veterans with HCV. Treatment outcomes of HCV and PTSD in a small sample were tracked.

Method: Medical records of 400 HCV seropositive (HCV+) male veterans were reviewed for the prevalence of psychiatric disorders that included PTSD; the HCV+ group was compared with a group matched on age, race, and marital status from the general veteran population (control group). Veterans admitted to an inpatient psychiatry unit for treatment of severe PTSD (N = 340) were screened for HCV. Treatment eligibility and clinical course of a small sample of HCV+ patients with PTSD was surveyed from the medical records. Outcomes of PTSD treatment in HCV+ patients were assessed.

Results: There was no difference in the prevalence of PTSD when comparing the HCV+ veteran group with the control group (50/400 vs. 64/400; $\chi^2 = 1.77$, $p = .18$). Twenty-eight veterans (28/340; 8.24%) admitted to the PTSD treatment unit were HCV+. These patients were admitted more frequently and their PTSD symptoms were more

Table 1. HCV Outcomes of 80 Veterans With PTSD and HCV Infection

Status	N	%
Lost to follow-up	18	22.50
Alcohol/drug use	17	21.25
Treated	14	17.50
Died	12	15.00
Severe mental illness	8	10.00
Patient choice	6	7.50
HCV RNA negative	3	3.75
Medical contraindication	2	2.50

Abbreviations: HCV = hepatitis C virus, PTSD = posttraumatic stress disorder, RNA = ribonucleic acid.

difficult to control than PTSD patients without HCV infection. HCV outcomes of 80 veterans with PTSD and HCV are presented in Table 1. Fourteen patients with HCV and PTSD received treatment with pegylated interferons/ribavirin combination: 2/14 (15%) had a sustained viral response, and 6/14 (43%) did not respond. Therapy had to be stopped due to side effects in 3/14 (21%), and 3/14 (21%) relapsed after 1 year.

Conclusions: The rate of HCV infection in Vietnam-era veterans with PTSD (8.24%) was similar to that reported in the general veteran population (7%). Additionally, there was no difference in the prevalence of PTSD when comparing HCV+ veterans and the general veteran population. Despite these findings, only 1/6 of the veterans with PTSD was eligible to receive HCV treatment, and the treatment outcomes were poor. Additionally, PTSD management was more difficult in HCV+ patients.