Post-test counselling and initial management

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The importance of a well informed general practitioner who meaningfully engages the hepatitis C virus (HCV) positive person cannot be overemphasised. The establishment of a strong patient–doctor relationship may well determine the success or failure of a patient's long term outcome and follow up.

This update describes the initial consultation between a GP and a person who is about to be told that he or she has a blood test result that is positive for hepatitis C antibodies (anti-HCV). There are a number of key issues that need to be addressed in this initial consultation. These are summarised in *Table 1*.

Pretest and post-test counselling

The importance of pretest counselling

No person should receive a positive diagnosis for HCV without having received counselling before testing to ensure that they understand the purpose and the implications of a positive result. (See previous chapters).

How to give the diagnosis

As stated, the results should be given in person, not over the telephone, and sufficient time should be allowed for the patient to respond to the diagnosis and to express their feelings. ('How do you feel about this news?') The GP will need to provide an adequate explanation to the patient of the meaning and implications of the test result and mention that appropriate referral and/or psychological support may be required. Patients with equivocal (or indeterminate) results should also be counselled with regard to the implications of such a result and the need for further testing.

Natural history and prognosis of HCV

It is important to ensure that patients understand the natural history and the variety of possible outcomes related to a diagnosis of HCV. ('What do you know about HCV?') The availability and knowledge of management options such as antiviral (interferon) therapy should be discussed. The need for future monitoring, especially during the next few months as the staging of the disease is determined, should also be discussed.

Prevention of transmission and the need for contact tracing

It is important that patients are aware of the potential routes of transmission and that they modify their lifestyle to minimise transmission. ('Do you know how people can catch hepatitis C?') Potential contacts should be identified and the GP should emphasise the need for these people to be informed that they are at risk of being infected already with HCV and to be offered testing.

The true prevalence of sexual transmission is not known but is generally regarded as low.[1,3,4] Although HCV is not regarded as a sexually transmitted disease, sexual acts that involve blood contamination may place individuals at risk. Sexual transmission risk may also be increased during acute HCV and this may have implications for the testing of sexual partners.

The prevalence of mother-to-child transmission as measured by HCV RNA varies between 0–9%.[4–7] Higher rates of transmission are also reported in mothers coinfected with HIV (up to 36%).[4,8,9] Limited studies on breastfeeding have not shown any increased rate of transmission.

Infants born to HCV infected mothers will acquire IgG antibodies transplacentally. These will be lost over the first year of life. It is therefore recommended to test these infants after 12 months of age.

Lifestyle assessment and health promotion[10]

Lifestyle modification should be discussed, in particular alcohol consumption and illicit drug use. Prevention of coinfection with other viruses such as hepatitis A and B can be achieved with appropriate vaccinations.

Advice to minimise cross infection

This includes the avoidance of sharing toothbrushes, razors or other grooming tools that might cause

Table 1. Issues to consider during the initial consultation with a person diagnosed with HCV

Pretest and post-test counselling
- The importance of pretest counselling
- How to give the diagnosis
- Explanation about the natural history and prognosis of HCV
- Explanation on prevention of transmission and the need for contact tracing
- Assessment of lifestyle and advice on how to minimise impaired health from HCV
- Assessment of supports and explanation of supports available for people with HCV

Clinical assessment and initial investigations
- Clinical assessment of symptoms and signs of liver disease
- Assessment of the severity of disease
- Initial investigations

Explanation of the need for monitoring and long term management

Referral of appropriate patients and shared care options

Notification requirements and other legal requirements

Follow up arrangements

skin abrasion or penetration. Care needs to be taken with blood spills and open wounds. For those who inject drugs, avoidance of all possible means of blood contamination should be addressed. These measures include safer routes of drug administration (if abstinence is not chosen or achieved), use of sterile injecting equipment, and avoidance of blood contamination during injection.

Alcohol

Alcohol intake has a synergistic effect on liver injury and alcohol intake should be minimised to not more than one standard drink per day.[10–13]

Illicit drugs and other medications

Injection of illicit drugs may impair health and indirectly affect liver function through associated malnutrition and/or alcohol intake. Certain prescribed medications may not be appropriate in HCV, including high doses of paracetamol (>2 g/day), as these may have a synergistic effect on liver injury. Drugs that are metabolised by the liver may need dose modification, particularly in those patients with significant impairment of liver function.

Many patients express concern about the possibility of their liver disease being worsened by concomitantly prescribed medications. There have been some reports of NSAID associated rashes in this population. The major risk of adverse drug effects relates to the severity of the liver disease rather than the HCV infection. Advice to these patients should be based on an assessment of the state of their liver function.

Smoking

Smoking cessation should be advised as, for many individuals, this is a greater risk to health than HCV infection.

Vaccination

Hepatitis A and hepatitis B vaccination should be offered to all patients with chronic HCV who do not have protective antibodies (anti-HAV and anti-HBs, respectively) to minimise the risk of decompensation of liver disease associated with a second hepatitis infection. There is an effective combination vaccine for those who have not developed immunity to HAV and HBV.

No effective vaccine has yet been developed to protect contacts of those infected with HCV. Immune serum globulin (ISG) does not confer protection.

Support for people with HCV

The GP should ascertain the availability of people to provide support to the patient at the time of diagnosis. ('Who are you going to tell today?') Psychosocial support for people with HCV, their families and other supporters should be offered. Empathy and understanding by the GP is necessary as the time of diagnosis is often a very traumatic experience. Community resources such as those provided by local HCV councils can be invaluable to patients and their families and other supporters.

Clinical assessment and initial investigations

Clinical assessment of liver disease

The patient should be assessed for symptoms of significant liver disease and physical examination should be undertaken to search for evidence of liver problems. Patients who demonstrate signs of portal hypertension and decompensation require prompt referral to a liver specialist. The absence of signs of chronic liver disease, however, does not exclude severe liver disease.

Initial investigations

Severity of liver disease is best assessed by hepatic synthetic function as measured by serum albumin and international normalised ratio (INR) or prothrombin time. Serum alanine aminotransferase (ALT) levels are not reliable indicators of the severity of liver disease or the degree of inflammatory change.

The following tests are recommended at the initial consultation:

- repeat anti-HCV test (to confirm the diagnosis)
- ALT
- bilirubin
- albumin
- INR, and
- full blood count (especially platelet count).

Monitoring and long term management

People with active HCV infection will require regular monitoring to assess for signs of chronic liver disease, portal hypertension and complications of liver disease. Laboratory tests, in particular tests of synthetic function, will need to be monitored on a regular basis.

Referral of appropriate patients and shared care options

Not every person with a positive anti-HCV test result will require specialist referral. Indications for referral will include:

- when the diagnosis of HCV remains ambiguous; this may include a suspected false positive or a persistently indeterminate test result
- people who appear suitable for treatment and who state they may be prepared to undertake treatment
- people with signs or complications of liver disease
  - falling serum albumin levels
  - prolongation of prothrombin time
  - development of jaundice
  - development of other clinical signs (eg. peripheral oedema, ascites, muscle wasting)[10]
- people with suspected hepatocellular carcinoma including:
  - cachexia
  - worsening of liver disease
  - refractory ascites
  - raised alpha-fetoprotein
- people who may be suitable for liver transplantation, and
- anyone who requests referral.

There are a number of referral options available including referral to liver or hepatitis clinics in public institutions and referral to private hepatologists, gastroenterologists, infectious diseases physicians or other physicians with an interest in HCV. Some GPs also specialise in the care of people with HCV and may be prepared to receive referrals from other GPs.

Notification and legal requirements

- GPs are advised to contact their state or regional based public health units to ascertain local requirements.
- Patients need to be advised that their legal obligations include abstaining from donating blood, semen, ova, body tissues or organs.
- Failure to disclose their positive HCV status at the time of application may jeopardise life insurance cover.
- Standard precautions ensure protection for health care workers who may be exposed to body fluids. People with HCV are often advised to inform health care workers of their infection in order to improve treatment outcomes. However, many feel uncomfortable about disclosing their serostatus for fear of stigmatisation and discrimination.
- Discrimination is a major issue for people infected with HCV. Antidiscrimination legislation may apply to refusal of service, employment and medical or dental treatment on the grounds of an individual's HCV status.
- The Hepatitis C Council in each state can advise and refer individuals seeking legal advice.

Follow up arrangements

At the conclusion of the initial consultation, arrangements should be made for follow up. It is advisable to review people, with the results of initial investigations, within a week of informing them about their diagnosis. The GP should emphasise that she or he is available before this time, if the patient, their family or other supports have particular concerns that they would like to discuss.

References are available for this update, email afp@racgp.org.au or visit our website: http//www.racgp.org.au