Alcohol Use Does Not Impair Response to Hepatitis C Treatment

People with high-risk alcohol consumption were equally likely to achieve a cure with direct-acting antivirals.

January 29, 2024 By Liz Highleyman

Consuming alcohol does not affect the likelihood of achieving sustained virological response (SVR) to antiviral treatment for hepatitis C virus (HCV) infection, according to study findings published in JAMA Network Open. Even people with high-level alcohol consumption did not appear to have lower odds of being cured.

Due to the high cost of antiviral treatment, some health care providers and insurers have put limitations on who can receive treatment, including a demand that patients abstain from alcohol and drug use. But curing hepatitis C has important benefits, including preventing liver disease progression and reducing onward transmission of the virus.

Emily Cartwright, MD, of Emory University School of Medicine in Atlanta, and colleagues assessed whether alcohol use had an impact on the attainment of SVR after direct-acting antiviral (DAA) therapy. SVR, or an undetectable viral load 12 or more weeks after completing treatment, is considered a cure.

For this retrospective study, the research team used electronic health records from 69,229 people who received care from the Department of Veteran Affairs (VA) health system. All participants were born between 1945 and 1965, and the average age was 63 years. As is typical for a population of veterans, most (97%) were men, half were white and 41% were Black. About 3% had HIV coinfection, and about a quarter had advanced liver fibrosis or cirrhosis. Most (84%) had HCV genotype 1, and 15% had received prior hepatitis C treatment before DAAs.

Participants were grouped into alcohol use categories based on their responses to a standard questionnaire used to diagnose alcohol use disorder (AUD). They were grouped into five categories: abstinent without a history of AUD (47%), abstinent with a history of AUD (13%), lower-risk consumption (19%), moderate-risk consumption (5%) and high-risk consumption, or current AUD (16%).

The VA offers access to antiviral therapy for hepatitis C without restrictions. Study participants received treatment between January 2014 and June 2018. More than half (59%) were treated with

Harvoni (sofosbuvir/ledipasvir), the most commonly used regimen.

Overall, 94% achieved SVR. Across all alcohol use categories, there were no differences in the likelihood of achieving SVR after adjusting for other factors. This was the case for people with all stages of liver fibrosis.

“Our findings suggest that DAA therapy should be provided and reimbursed despite alcohol consumption or history of AUD,” wrote the study authors. “Restricting access to DAA therapy according to alcohol consumption or AUD creates an unnecessary barrier to patients accessing DAA therapy and challenges HCV elimination goals.”

Click here for more news about hepatitis C treatment.
