Hepatitis

Hepatitis C and Depression

In the language of clinical psychology, depression is a syndrome: a cluster of emotional, physical and behavioral symptoms characterized by sadness, low self-esteem, loss of pleasure and, sometimes, difficulty functioning. If these problems persist over time, cause real suffering, and interfere with the business and pleasure of daily life, you may have a clinical depression.

In everyday conversation, people say they are depressed when they are feeling unhappy, down, blue, sad or hopeless. Living with a chronic health condition such as hepatitis C can be stressful and can lead to or exacerbate such feelings, especially when symptoms like fatigue are thrown into the mix.

More than one-third of people living with hepatitis C experience depression. We don't completely understand why this is, but the virus interferes with a number of chemicals in our brains, which can lead to feelings of depression. Studies show that people who undergo hepatitis C treatment and are cured often report that depression is gone. Hepatitis C may also affect sleep, which in turn may cause depression. If you have difficulty sleeping, discuss this with your medical provider.

If the feelings of depression are overwhelming or persistent, you may benefit from seeing a mental health professional, such as a social worker, psychologist or psychiatrist. Professional intervention can reduce suffering and improve your quality of life.

Suicidal thoughts or attempts are one of the most serious symptoms of depression. If you or someone you love is suicidal, you should take the matter very seriously and seek help immediately. A good first step can be calling one of the national suicide hotlines at 1.800.SUICIDE (1.800.784.2433) or 1.800.273.TALK (1.800.273.8255). You can also go to your local emergency room and tell them you are suicidal; they can keep you safe.

In the past, treatment for hepatitis C using peginterferon often caused depression. Fortunately, the newest drugs, known as direct-acting antivirals (DAAs), have radically changed the treatment landscape. These treatments are usually interferon-free, and in most cases, ribavirin-free. Ribavirin may cause mood swings, including depression. However, ribavirin is seldom used, and treatment with the newest DAAs has been a game-changer. In addition to lower risk of depression, the side effects tend to be much milder and treatment lengths are much shorter (usually around 12 weeks).

Before you begin a treatment regimen that includes interferon, it is vital to communicate with your clinician and possibly a mental health professional about any history of depression or other mental

illness you may have experienced. You should keep in close contact with such caretakers while you are on treatment and communicate any feelings of depression you may have, in particular if you have suicidal thoughts.

Before starting hepatitis C treatment, tell your medical provider if you take any herbs, supplements, or drugs that may interact with hepatitis C medications. For instance, St. John’s wort should not be taken if you are also taking Daklinza, Harvoni, Sovaldi or other DAAs.

For more information and support for people living with, and at risk for, hepatitis C, please visit our sister site Hep.

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